

KEYSTONE PARTNER SURVEY 2023

CARE International



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Executive Summary

In 2023, CARE requested Keystone Accountability to conduct a survey of 304 of their global partners. Partners were assured that the usual Keystone protections of their identities were in place and that their responses are reported in a way that is in no way attributable to any one of them.

THE KEYSTONE PARTNERSHIP SURVEY PROCESS

This report provides a detailed picture of local partners' experience working with CARE in a trans-national developmental or humanitarian relief partnership. There are 66 separate data points (many questions have multiple parts) that together make up partner experience in international development assistance.

The data points cover specific practices (e.g., how CARE responds to formal M&E reports) as well as general relationship dynamics (e.g., how well CARE learns and adapts, or how CARE compares to other international partners).

The questionnaire was sent in their preferred language to 304 local partners, out of which 159 provided a response sufficient to be included in the report, yielding a response rate of 52%. This is a reasonable response rate and gives a good level of confidence that these data portray a representative picture of partnership practices overall.

The report presents overall results for each survey question in a single graphic chart. For rating questions, Keystone employs *Net Promoter Analysis* (described in [Annex 6](#)), allowing it to compare and benchmark CARE's current responses against a benchmark drawn from Keystone's global cohort of social change organizations.

Respondents indicated their region of work, budget size, whether they were women-led or women-focused and the type of work they do, enabling us to analyse the data by these respondent characteristics without compromising anonymity. Where organizations of a particular characteristic (e.g., location or size of budget) vary from the combined response, we highlight these variations in the text accompanying the charts showing the averages rather than creating separate charts.

Selections from open text questions are also included. The complete open text answers, edited to protect anonymity, are included in [Annex 3](#).

FINDINGS AND RECOMMENDATIONS

In many areas CARE scores higher than the Keystone's global cohort benchmark which is the average score for that question calculated from the responses from over 90 INGOs who have taken the survey. The result is a strong validation of CARE's "soft skills" – sensitivity to cultural context, transparency, leadership, listening, learning, supporting and mutuality.

Partners especially commend CARE for the promotion of gender equality in partners' programmes and organization.

However, CARE is rated relatively poorly in its administrative and funds management systems, in its perceived lack of flexibility in enabling partners to learn and adapt, and in its contribution to partner sustainability. The quality and utility of CARE's non-financial support is also rated not very positively.

Another clear pattern appears when disaggregating scores. Broadly, French-speaking and to a lesser extent Arabic-speaking partners give significantly lower scores for most questions. Partners in southern and west Africa also consistently give lower scores.

We also disaggregated scores from women-led and women's rights organizations (WLO/WRO) for all questions. In many areas these scores are slightly more negative than scores of other organizations, but the variances are seldom significant enough to call out in the commentary. Where significant variances occur, these are mentioned below the relevant chart. The specific comparisons can be seen in [Annex 5a](#).

On the other hand, non-CSO partners (government, private and networks) and partners in Europe, and to a lesser extent East and Central Africa, tend to be the most positive.

It should be noted that for most questions, even when overall satisfaction is high, there remain between 20% and 30% of grantees that express reservations about CARE's performance. There is always value in exploring the experience of the minority partners who express dissatisfaction.

Executive Summary

Some of the areas where CARE's partners feel most positive and least positive are listed in the table below.

AREAS WHERE CARE'S PERFORMANCE IS RATED VERY POSITIVELY (NP SCORES ABOVE 30):

- Valuing the knowledge, skills and resources that partners contribute.
- Not feeling pressured to change priorities.
- Clearly explaining conditions imposed by original donors.
- Agreement wording is clear and easy to understand.
- Understanding partner working environment and cultural context.
- Transparent about how CARE uses its funds.
- An accessible complaints procedure.
- Clear shared purpose and outcomes that have been jointly developed.
- Comfortable approaching CARE to discuss problems.
- Listening and responding appropriately to questions and concerns.
- Respectful, helpful and capable staff.
- An ally in localization and decolonization of Aid.
- Asking for systematic feedback from main program participants.
- Easily understood reporting templates and expectations.
- Working with partners to identify useful and relevant ways to monitor and report.
- Contributing to willing engagement from the people we work with, promoting gender equality, resilience to withstand shocks, becoming more inclusive, shifting the power towards local ownership, and effectively collaborating with others.
- Expecting that CARE will use the feedback to improve.

AREAS WHERE THERE ARE SIGNIFICANT DISSENTING VOICES (ONE THIRD OR MORE NEGATIVE RESPONSES):

- Not allowing changes they need to make about how funds are spent.
- Not making an appropriate contribution to overheads.
- All aspects of non-financial support.
- The amount of support not well suited to needs.
- Not understanding, and not penalising small mistakes.
- Not providing enough funds for monitoring and learning.

For more summary comparative tables see **Page 44**. As illuminating as this report is, it is most helpful as a basis for shared interpretation with your partners. This not only leads to richer insights derived from a wider range of perspectives and experiences, but also deepens commitment to shared purpose and provides an opportunity to explore mutual actions for improvement. A detailed, five-step plan for moving together with partners from findings to shared improvement actions is set out in the concluding summary of this report.

Introduction

In 2023, CARE expressed its interest in conducting a *Keystone Partnership Survey* to understand how 304 local partners assessed their experience of working with CARE in an international development partnership. This report provides credible perceptual data from a partner perspective on how well CARE performs its role in the partnership.

Keystone's partnership survey enables INGOs to benchmark their performance ratings against the experiences and perceptions of over 8,000 local partners of more than 90 INGOs (listed below in Table 1) that have taken the survey.

Thematically, the survey explores the most important operational dimensions to international development partnerships – learning, monitoring & reporting, communications, financial support, and non-financial support. CARE's technical competence is further assessed through a series of questions about its sector-specific knowledge, leadership reputation, and value adding abilities. Overall relationship dynamics are captured through questions about how well CARE learns and adapts, how CARE compares to other international partners, and the extent to which the local partner would recommend working with the CARE.

The report presents overall results for each survey question in a single graphic chart. For rating questions, Keystone employs *Net Promoter Analysis* (see **Annex 6**), allowing it to compare and benchmark CARE's current responses against a benchmark drawn from Keystone's global cohort of social change organizations.

Respondents indicated their region of work, budget size, type of organization, the type of work they do, and whether they were women-led. This enables us to analyse the data by these respondent characteristics without compromising anonymity. Where organizations of a particular characteristic (e.g., location or size of budget) vary from the average, we do not present it in a separate chart, but highlight these variations in the text accompanying the charts.

The anonymized raw quantitative data is provided in **Annex 2** so that CARE may do further analysis of the data. Selections from open text responses are included where relevant as direct quotes redacted where deemed necessary to ensure anonymity. The complete open text answers, edited to protect anonymity, are included in **Annex 3**. For a more elaborate explanation of the Net Performance Analysis, please refer to the *Benchmarks and indexes* section below or consult **Annex 3**.

- **Annex 1** includes the questionnaire that was used for the survey
- **Annex 2** includes the anonymized raw quantitative data
- **Annex 3** presents the translated answers to open text questions, redacted where necessary to protect the anonymity of respondents
- **Annex 4** shows how answers to one question correlate with answers to other questions (helps to identify strongly related questions for further interrogation or action)
- **Annex 5a** shows the NPS variations between different clusters of partners
- **Annex 5b** shows the NPS variations between CSO and non-CSO partners
- **Annex 6** sets out how to read Net Performance Analysis
- **Annex 7** introduces tools for regular constituent feedback to improve collaboration impact

SURVEY PROCESS

The survey process was managed by Keystone Accountability. Respondents were invited by email to an online survey. The survey was open from 5 June to 4 July 2023. Questionnaires were sent in English, Spanish, French and Arabic. The invitation emphasised that participation was voluntary and anonymous.

The questionnaire was sent in respondents' preferred languages to 304 local partners. Out of the 304 partners, 159 provided a response sufficient to be included in the report, yielding a response rate of 52%. This is a reasonable response rate and gives a good level of confidence that these data portray a representative picture of CARE's partnership practices from the perspective of local partners.

Questions are not mandatory, so response rates to different questions vary. Keystone does not have a benchmark response rate, but CARE's overall response rate of 52% lies within the 'typical' range of 50% - 60% achieved by most INGOs.

Introduction

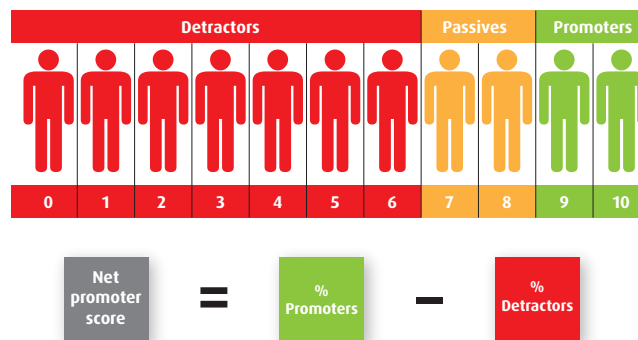
BENCHMARKS AND INDEXES

Throughout this report, CARE's results are compared to the results of more than 90 INGOs listed below who have taken a Keystone Performance Survey (some more than once) since 2016. This is only done for questions comparable with the global cohort: questions specifically customized for CARE were not posed to the global cohort and cannot be benchmarked.

These global cohort benchmarks are calculated by averaging an organization's ratings for each question, and then calculating the average of these average scores so that each organization is weighted equally. This ensures that the benchmarks are not skewed by larger organizations with more respondents.

Bear in mind, however, that the nature of each organization as well as its constituents differ and, as such, comparisons should be interpreted with caution.

As previously mentioned, Keystone uses a technique of feedback data analysis increasingly common in the customer satisfaction industry known as Net Performance Analysis (NPA)¹ to summarise findings into three categories: those whose response can be seen as strongly positive, those who feel 'okay' and those whose response can be seen as negative.



- Those who rate CARE with a 9 or 10 on a 0-10-point scale are classified as **positive**. These are CARE's champions. They are highly likely to be wholehearted participants in activities and consistently recommend CARE to their friends and/or colleagues.
- Those who give ratings of 7 and 8 are classified as **okay**. They do not have major CAREs, but they are not particularly enthusiastic about or loyal to CARE. With the right encouragement, they could well become promoters.
- Those who give ratings from 0-6 are categorized as **negative**. They have significant reservations about the partnership with CARE and shared objectives are likely to be negatively affected as a result.

From the range of responses, we calculate a single 'Net Performance Score' (commonly referred to as NP score or NPS) by subtracting the percentage of negative responses from the percentage of positive responses. This allows for a clear comparison between the two opposite poles – respondents who give very positive scores and those who provide negative scores. It is not uncommon to have negative NP scores. However, the most successful organizations generally have high positive NP scores.

Data from thousands of commercial companies show a clear correlation between high Net Promoter Scores and corporate growth and profitability.² For further information on the NPS and how it is calculated and analysed, please refer to **Annex 6**. Keystone believes that the customer satisfaction approach is even more relevant to development and social change than it is to business. This is so because those who are meant to benefit from the intended change are key to bringing it about.

¹ For more see: www.netpromotersystem.com, as well as the open source net promoter community at www.netpromoter.com.

² Note: You can see typical NP scores for a range of industries at www.netpromoter.com.

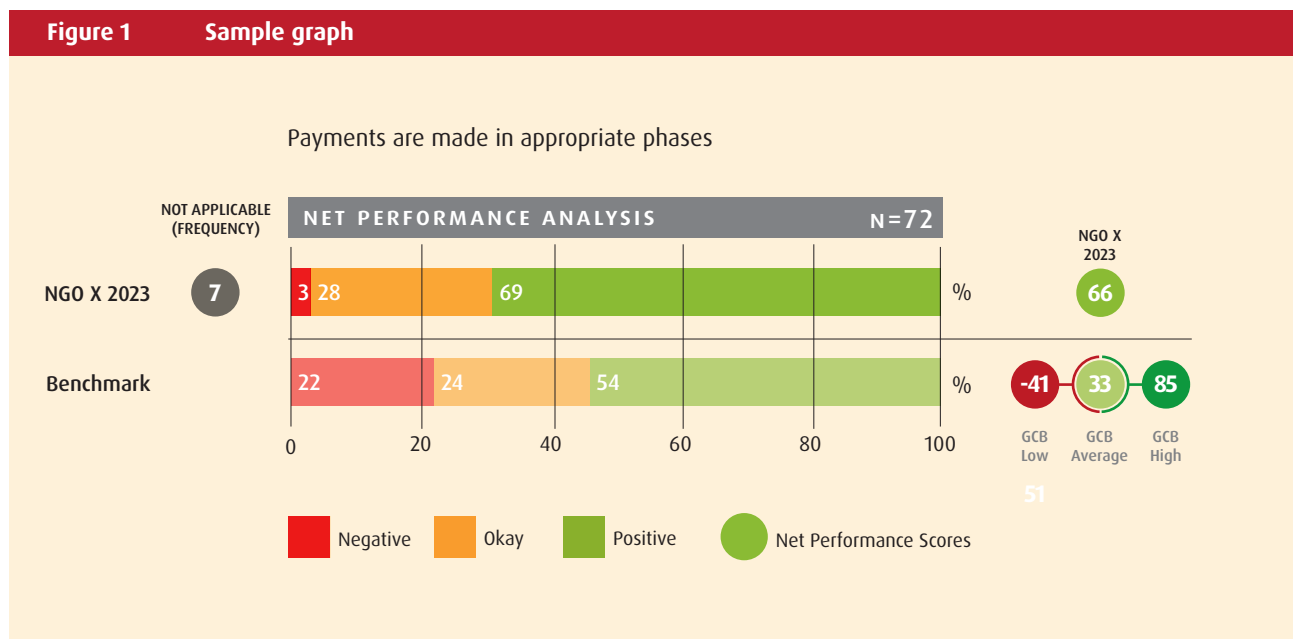
Introduction

Table 1. Organizations making up the global cohort benchmark for INGOs	
ACTEC	Liliane Fonds
ActionAid Denmark	Lutheran World Relief
AGIR	Mennonite Central Committee
ASF-Belgium	Mensen met een Missie
BC Zambia	Mercy Corps US
Blagrave Trust	Methodist Relief and Development Fund
CAFOD	Minority Rights Group
CARE UK	Netherlands Institute for Multiparty Democracy
CARE USA	Open Contracting Partnership
Caritas Belgium	Omidyar
Caritas Luxembourg	Oxfam Canada
Catholic Relief Services	Oxfam International
CBM/IAA	Oxfam Novib
ChildFund International	Peace Direct
Christian Aid	Plan International
Church World Service	Practical Action
CARE	Progressio UK
Cordaid	Red een Kind
Christian Children's Fund Canada	RFSU
Danish Church Aid	Rutgers WPF
Danish Refugee Council	Save the Children International
DISOP	Save the Children Norway
Ecosystems Alliance	Save the Children UK
Entraide et Fraternité	Save the Children US
Fred Hollows Foundation	Schorer
Free a Girl	Self Help Africa
Free Press Unlimited	Simavi
Grassroot Soccer	Skillshare
Handicap International Belgium	Solidarité Socialiste
Helen Keller International	SOS Faim
Helvetas	SPARK
Hivos	Tear Netherlands
IBIS	Tearfund
ICCO	Tearfund ELAC
ICS	Terre des Hommes Netherlands
IDS	Trias
IKV Pax Christi	Trócaire
IM Swedish DP	UMCOR US
International Alert	VECO
International Rescue Committee	Vitamin Angels
International Service	VSF-Belgium
International Planned Parenthood Federation	V.S.O. International
Kinderpostzegels	WaterAid
Kvinna til Kvinna	Wereldkinderen
LEGO Foundation	Woord en Daad

READING THE REPORT

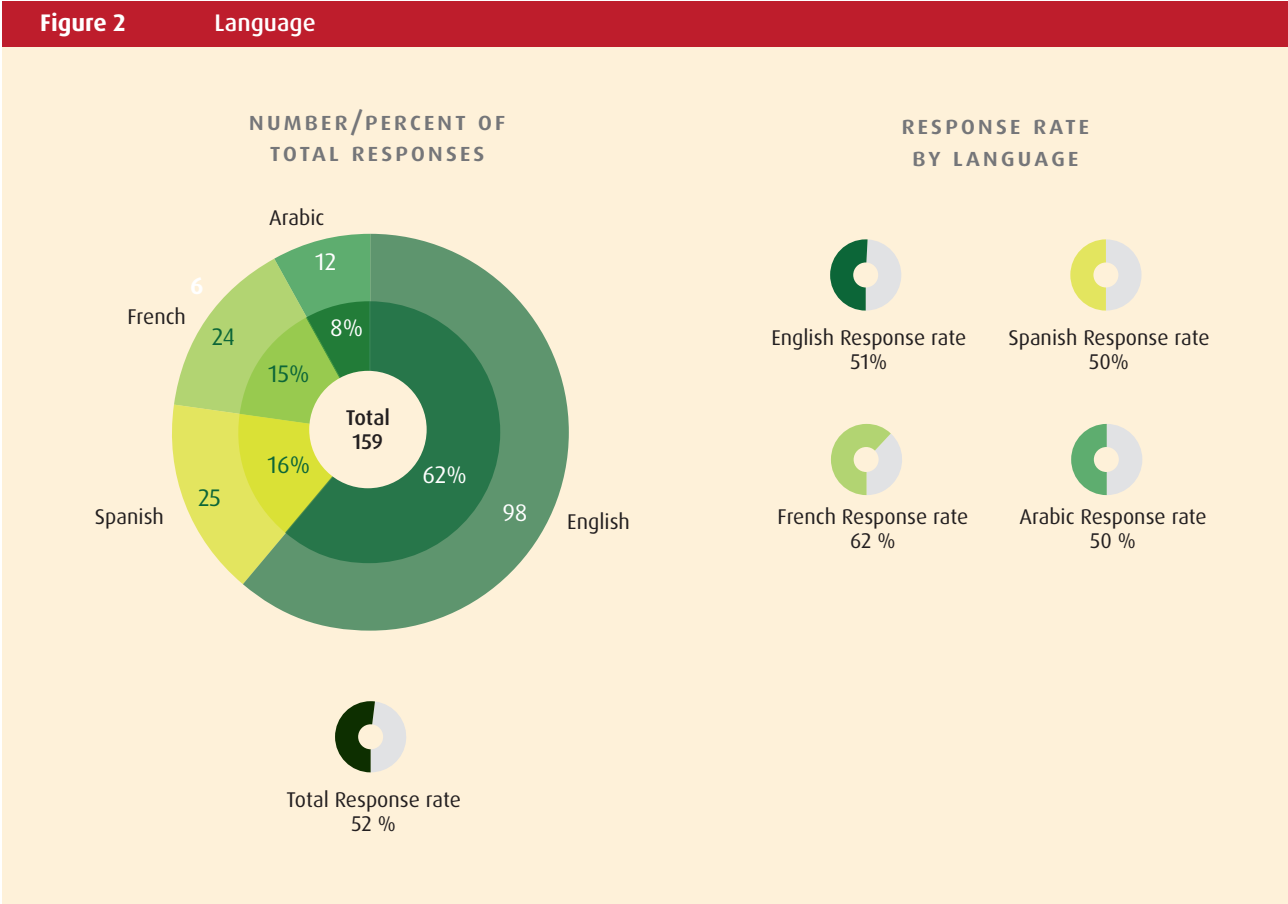
The report presents overall results for each survey question in a single graphic chart. Where we have benchmark data for a question from our global cohort, we present this alongside the chart showing the Global Cohort Average as well as the range of scores (the lowest and highest scores in the cohort). The tables include an 'n-value' where applicable, referencing how many out of the total respondents provided an answer to that question.

For several tables, data pertaining to the global cohort are not available due to customisation. Customised questions were not posed to the global cohort and can thus not be benchmarked.



- Figure 1 shows how *Organization X* is rated based on the statement: ‘*The payments are made in appropriate phases so we can easily manage our cash flow*’. The scores provided by *Organization X*’s respondents are also compared to the global cohort benchmark where applicable. This figure is composed of the following elements:
- The bars show the percentage of respondents who we classify as negative, okay, and positive. The top bar shows responses to the question from the current survey. The bottom bar shows the average scores from the *global cohort benchmark*.
- The NP scores are indicated to the right of the bars. Where applicable, the *global cohort benchmark* NPS includes the lowest and highest NPS in the cohort as a point of reference. In this case, the NPS for *Organization X* for ‘Phasing’ is 66, and the NPS for the global cohort benchmark is 33. The NP scores within the *global cohort benchmark* range from -41 to 85.
- The number in the grey circle to the left indicates the number of respondents who said the question was not applicable to them.
- Some of the reported scores may appear to be a single point off because the values have been rounded to whole numbers for ease of comprehension and reading. (E.g., as in the benchmark bar in the sample graph above.)

Partnership profile

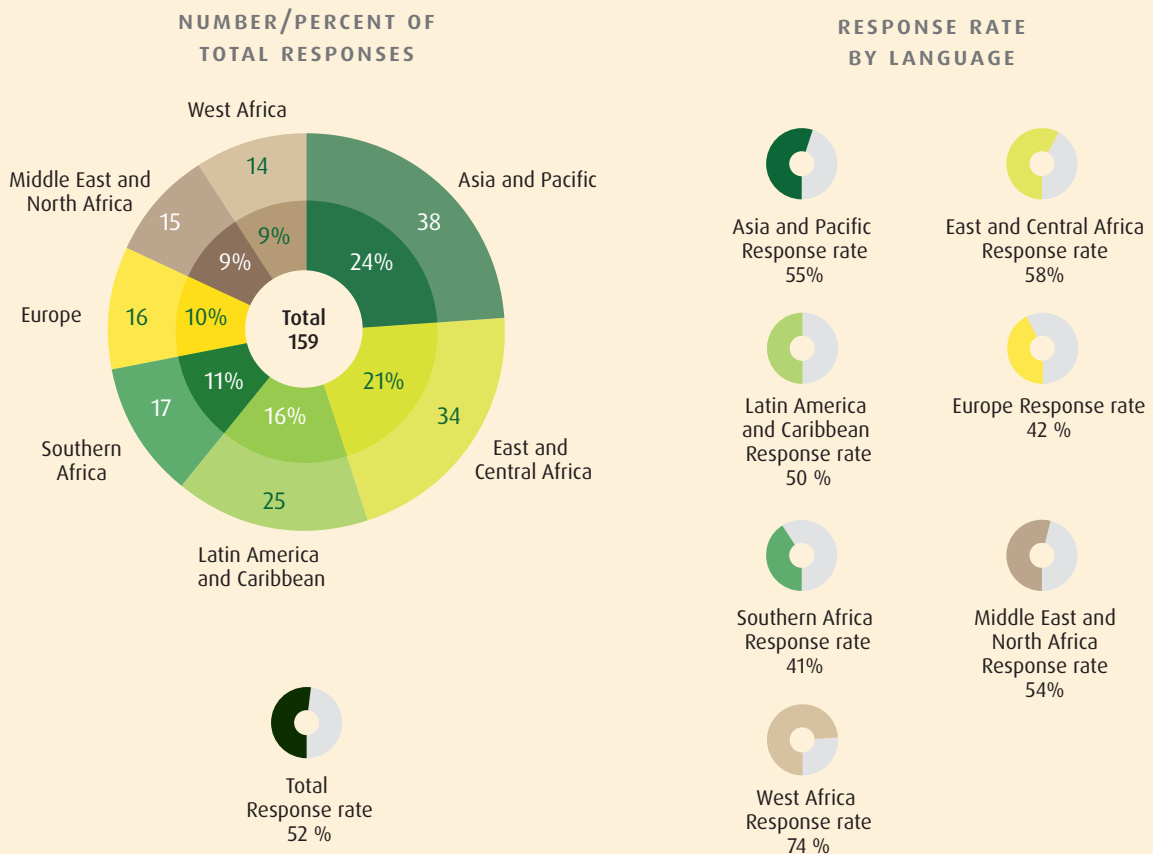


- 62% of respondents responded in English.
- French-speaking respondents had the highest response rate of 62% compared with around 50% for the other language groups.

Partnership profile

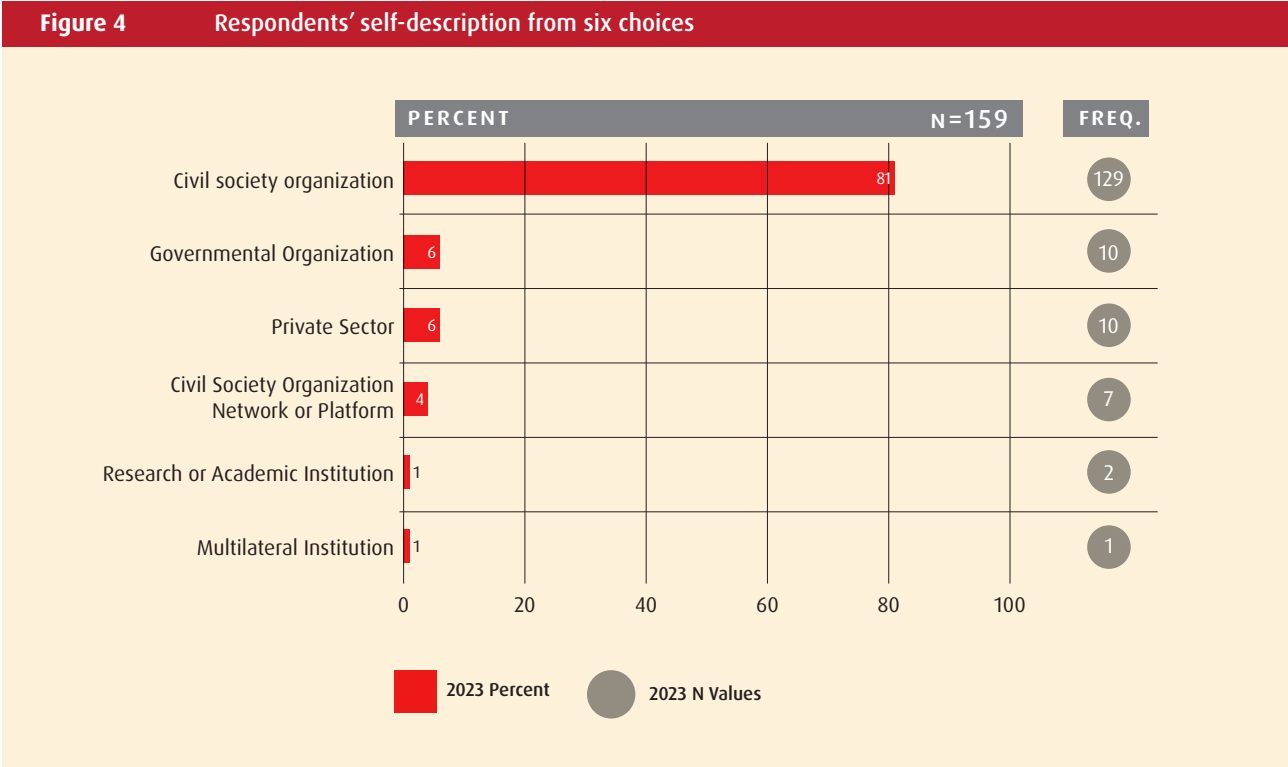
Figure 3 Regional location

Please choose the region which best describes where your organisation is based



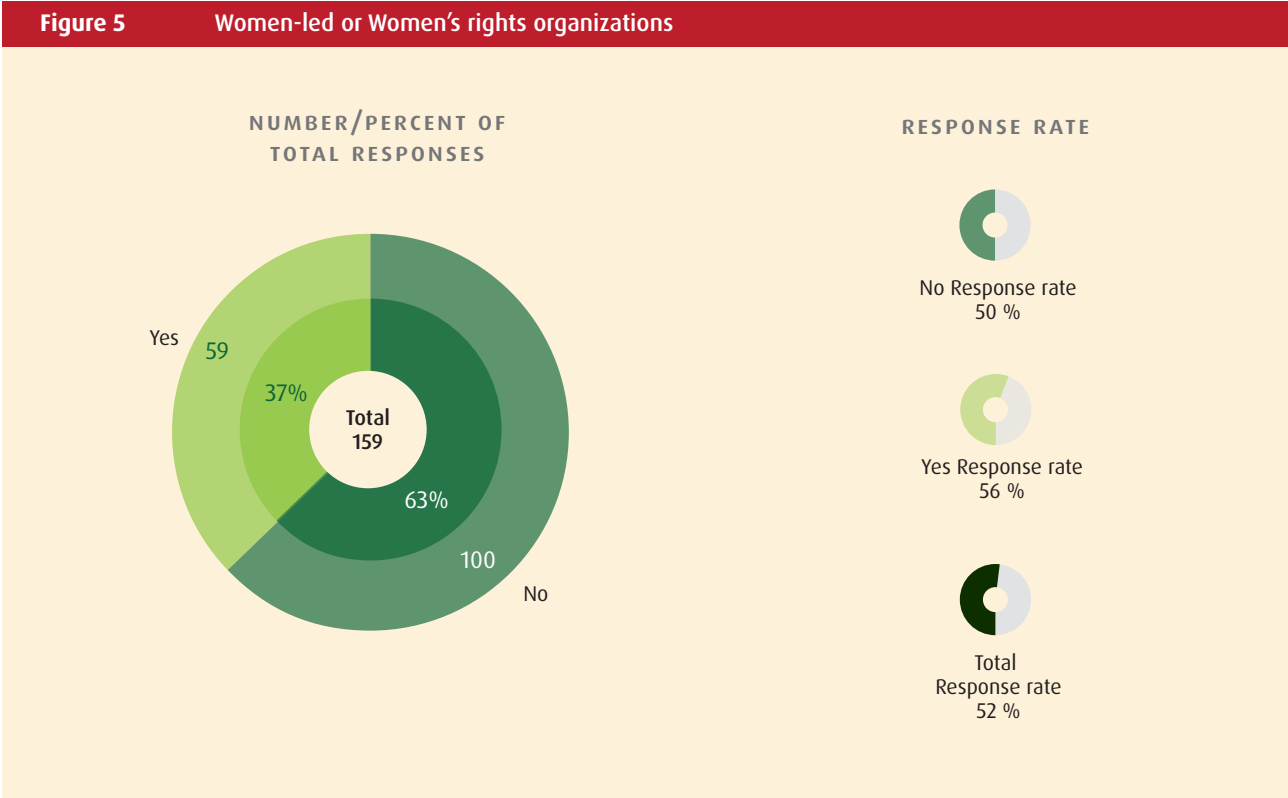
- Response rates from most regions ranged from just over 40% in Southern Africa and Europe to 50% and higher in the other regions. West Africa had the lowest number of partners contacted but the highest response rate of 74%.
- All regions had sufficient responses to be included in the break-out analysis.

Partnership profile



- Respondents overwhelmingly self-identify as civil society organizations.
- For the break-out analysis we grouped CSO networks, research and academic, and the single multi-lateral organization into a single category to protect respondent anonymity.

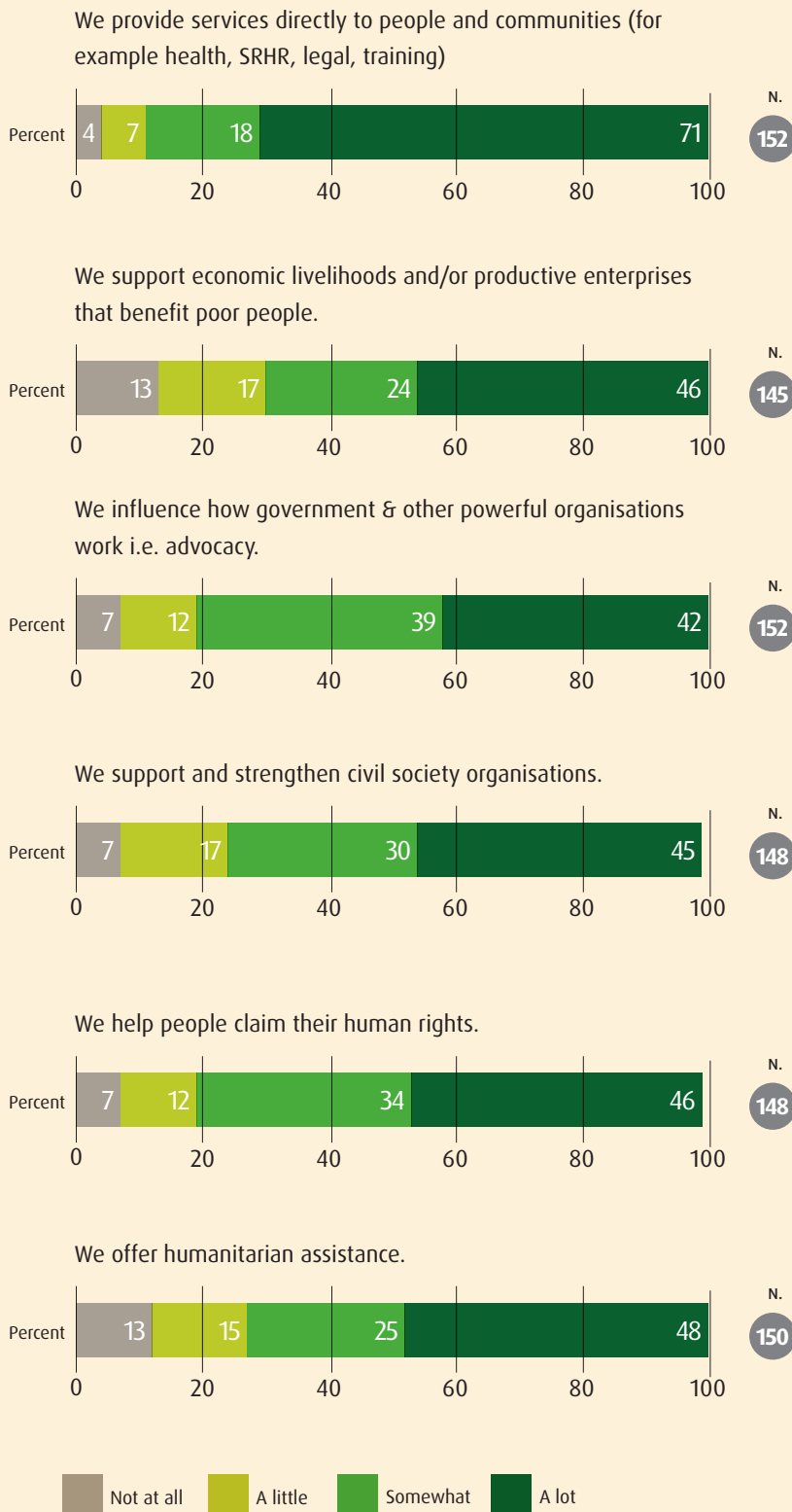
Partnership profile



- 37% of partners self-identified / were identified by CARE as being either women-led or focused on women’s rights.

Partnership profile

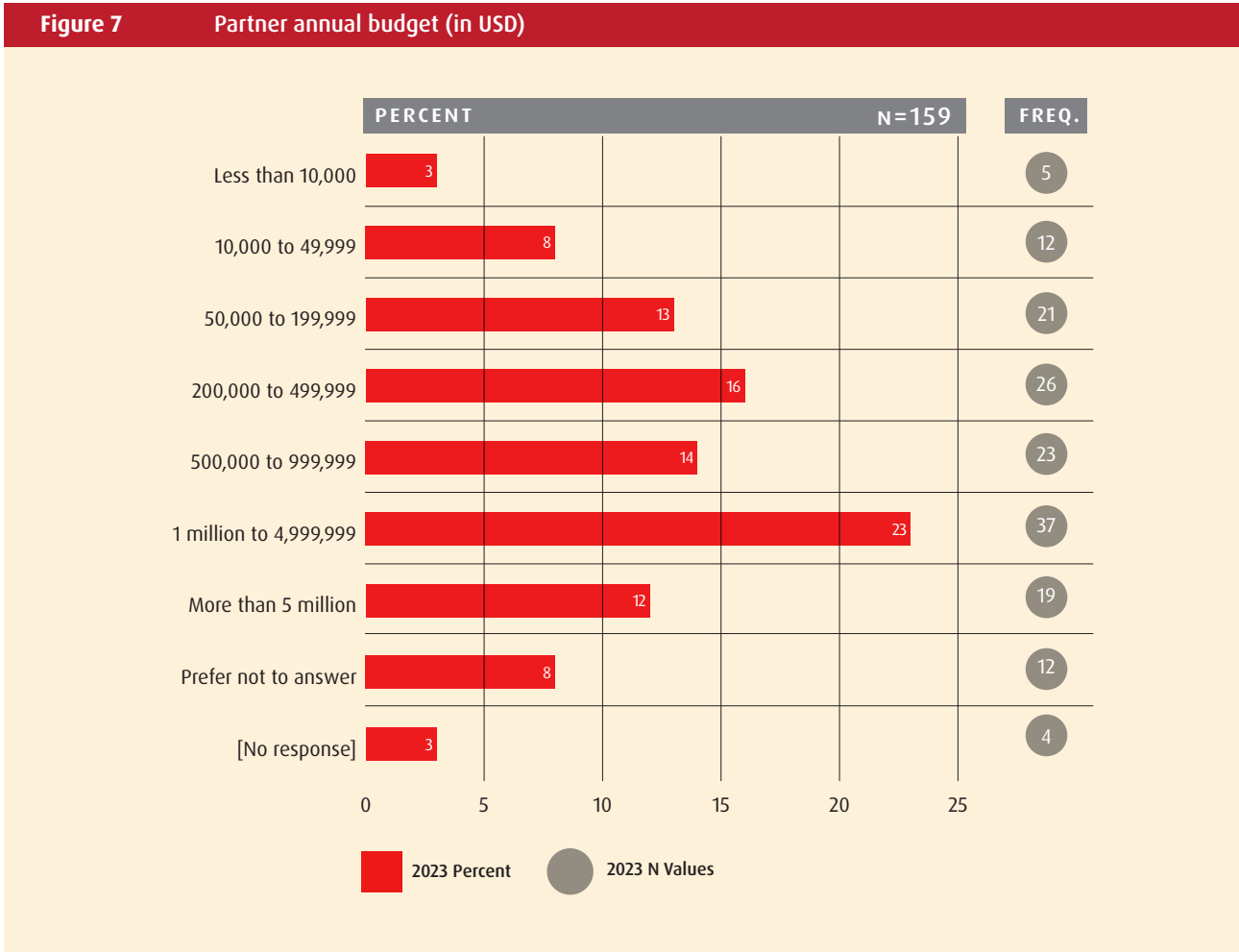
Figure 6 Patterns of work



Partnership profile

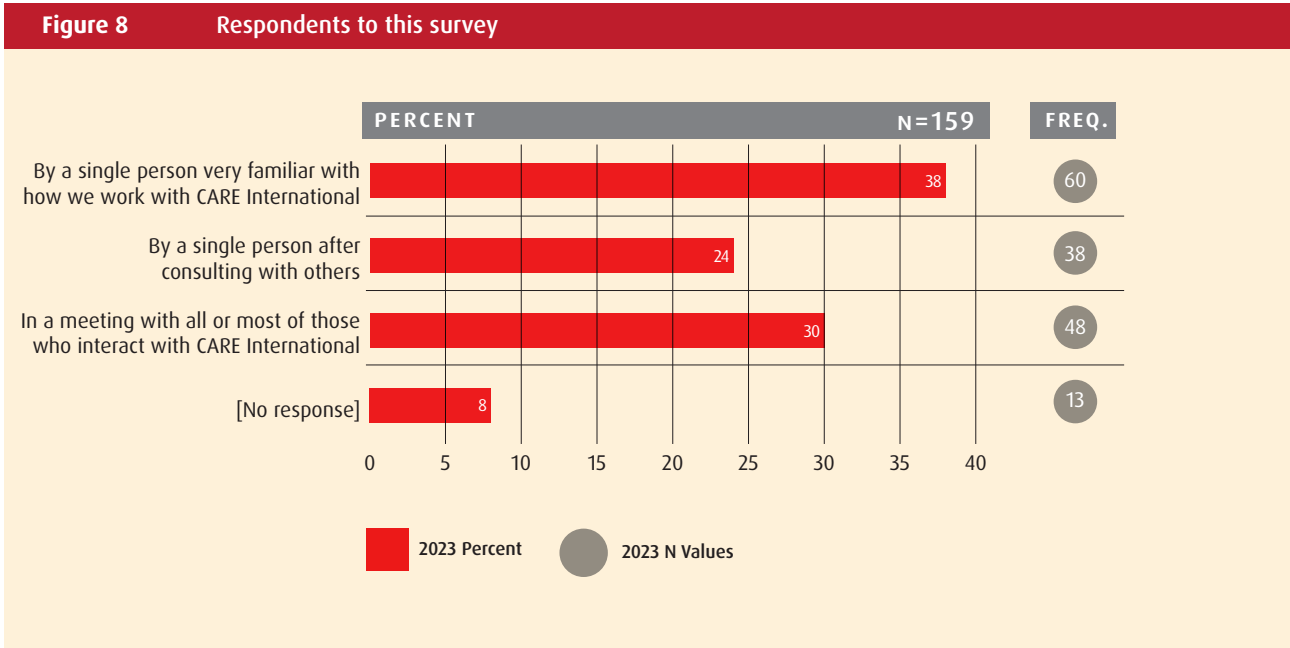
- A majority (71%) said they worked with CARE to provide direct services 'a lot'.
- But 40% or more partners said they also worked 'a lot' with CARE in all the other ways: supporting community enterprise, strengthening CSOs, advocacy and human rights, and humanitarian assistance.

Partnership profile



- Annual budget is a good indication of the size of partner organizations, and CARE’s partners range considerably from small community-based organizations to large ones.
- 35% of partners said their total annual budget was \$1 million or more.
- 30% have annual budgets between \$200,000 and \$1 million.
- 24% have annual budgets below \$200,000.
- 11% of respondents did not respond to this question or indicated they would prefer not to answer.

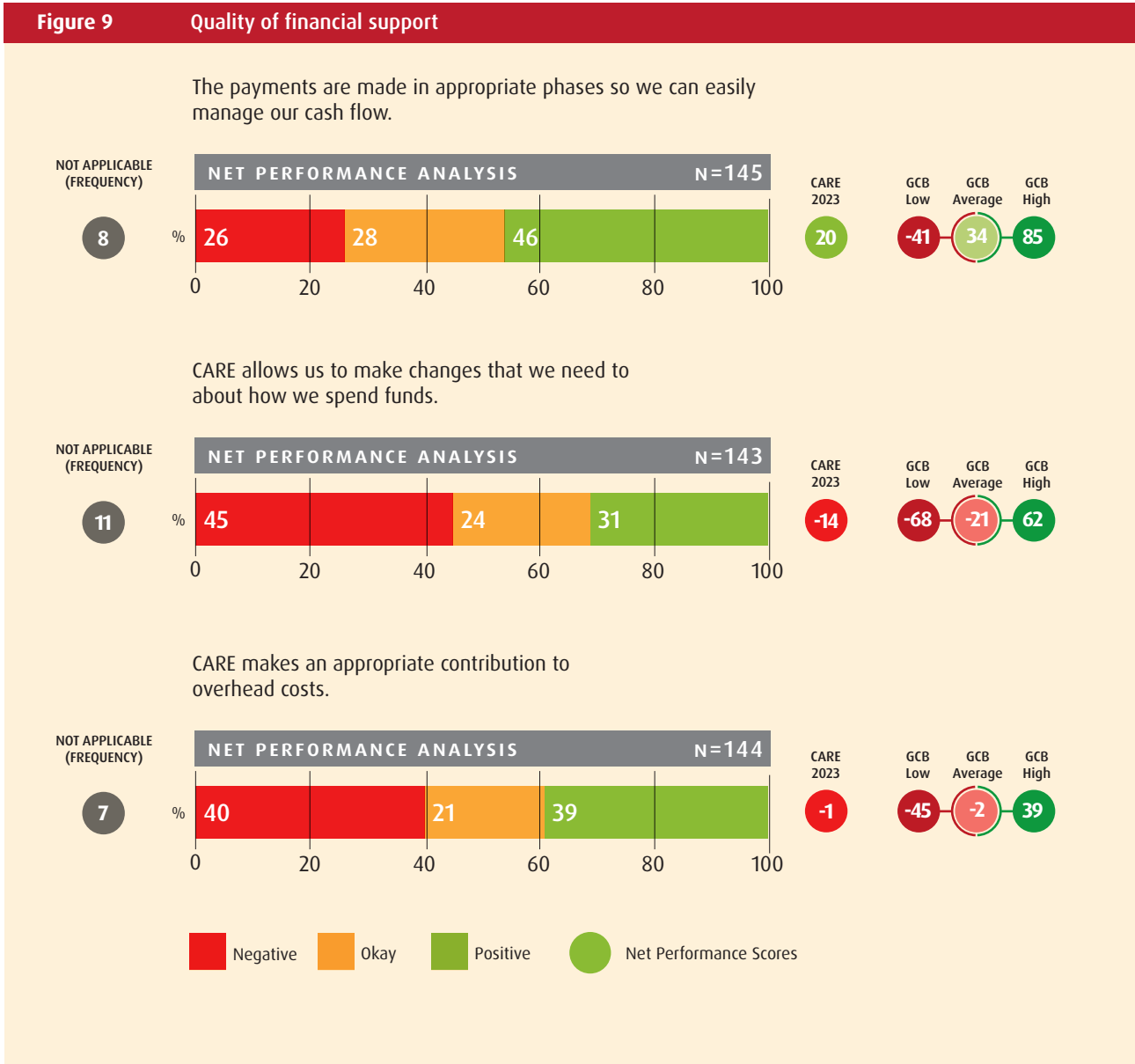
Partnership profile



- 38% of surveys were completed by a single person who claimed they were very familiar with working with CARE.
- 54% of respondents said they either consulted with other staff or that they convened a meeting of staff who interact with CARE to respond to the survey.
- This suggests that the survey results reasonably reflect the organization’s experience and perspectives.

Financial support

Figure 9 Quality of financial support



- Partners appear mostly satisfied with the scheduling and timeliness of CARE’s disbursements, although the score is somewhat lower than the GCB average.
- French-speaking (NPS -46), West African (NPS -14) and southern African (NPS -53) are significantly more negative, while European partners (NPS 60) and non-CSO partners (NPS 31) are the most positive.
- However, almost half the partners feel that CARE could be more flexible when it comes to changing spending decisions – although sentiment is more positive than the GCB average.
- French-speaking partners (NPS -95), west African (NPS -92) and southern African (NPS -47) are again the most negative, while government organizations (NPS 17), non-CSO partners (NPS 6), European (NPS 73) and Latin American (NPS 5) are positive outliers.
- Partners seem divided over whether CARE makes an appropriate contribution to overhead costs. French-speakers (NPS -73) and partners from West Africa (-43) and East and Central Africa (NPS -32) were the most negative. Non-CSO partners (NPS 29) and European (NPS 73) and Latin American (NPS 14) partners were more positive.

Financial support

Open text comments were mixed with some constructive suggestions.

In our experience, CARE always listens to its partner and is ready to amend or modify the plan if it is essential to modify.

Funds arrive on time and where they are needed.

The funding we received from Care was really good, it build our capacity as staff and organization, the funds was flexible and we able to acquire some office assets for examples Computers, office furniture's, and one motor bike.

Reduce administrative procedures. They facilitate processes and respect the autonomy of the organization, very supportive. Currently, the project has limited resources for administrative and logistical costs.

There is a significant delay in the financing transfer, which is also causing a delay in the start of activities. To avoid delays in fund disbursement, it is important to adopt a biannual disbursement instead of three tranches in a year to spare partners from delays in activity implementation.

Your financial payments are always late.

Sustainable institutional support will help bring young female and youth CSOs from creation to maturity.

In our project CARE also has almost the same structure and staff as the field operations; I think CARE can reduce its field-based office and staff and keep a minimum of staff to support national or local partners staff through technical and financial management support. ... it empowers local partners to strengthen their implementation capacity rather than a 'sub-contractor.'

Improve general costs in favour of organizations because sometimes there are unforeseen events that we do not know how to respond to in the implementation of projects.

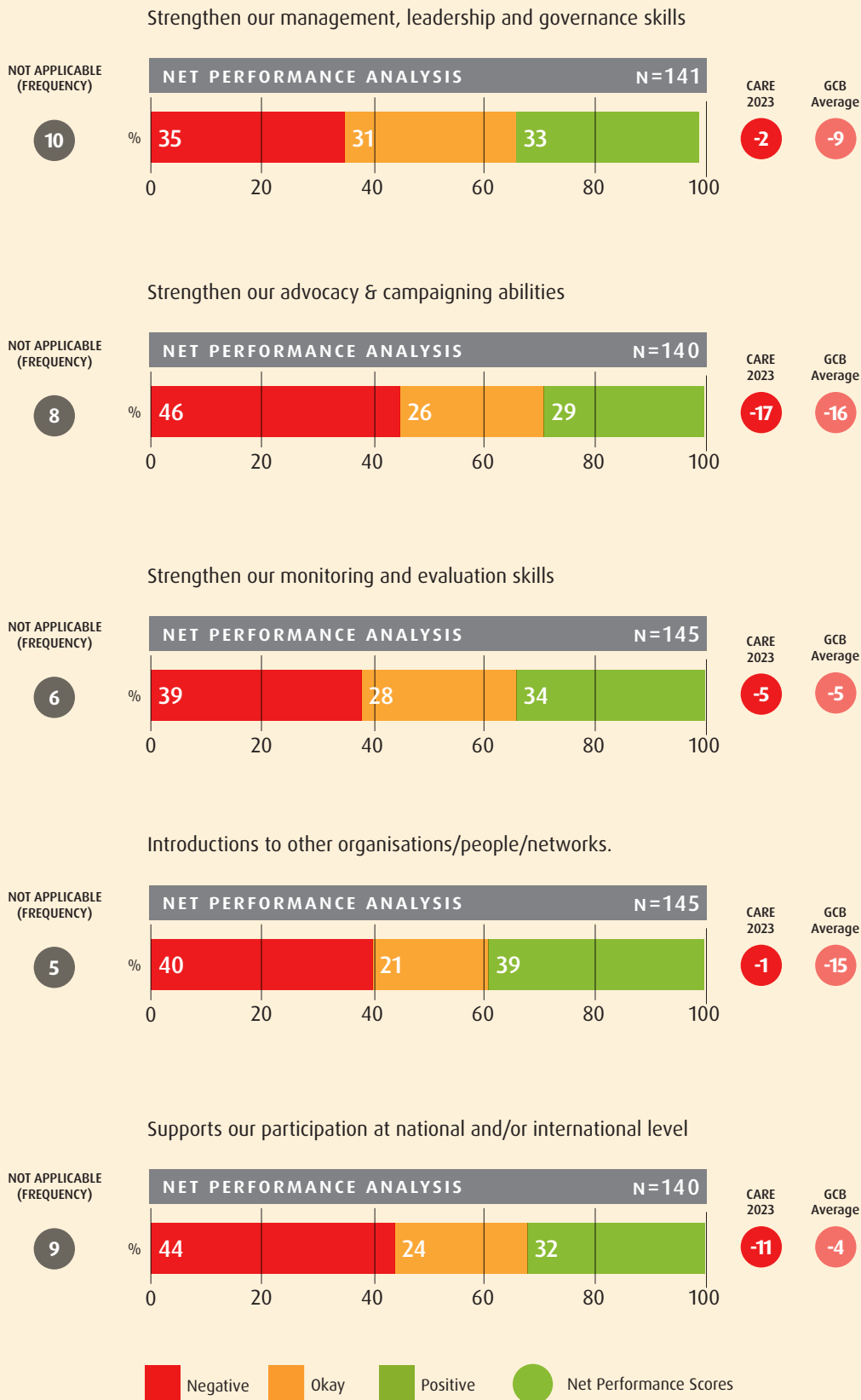
Care must invest in localization and above all offer administrative costs for national NGOs.

Improve in communicating timely and adequately to partners about changes in budgets.

The payment/refund deadline is never respected. Payments in contracts should be paid within 30 days of invoice submission, however there were cases where payment was not made until 3 months or more.

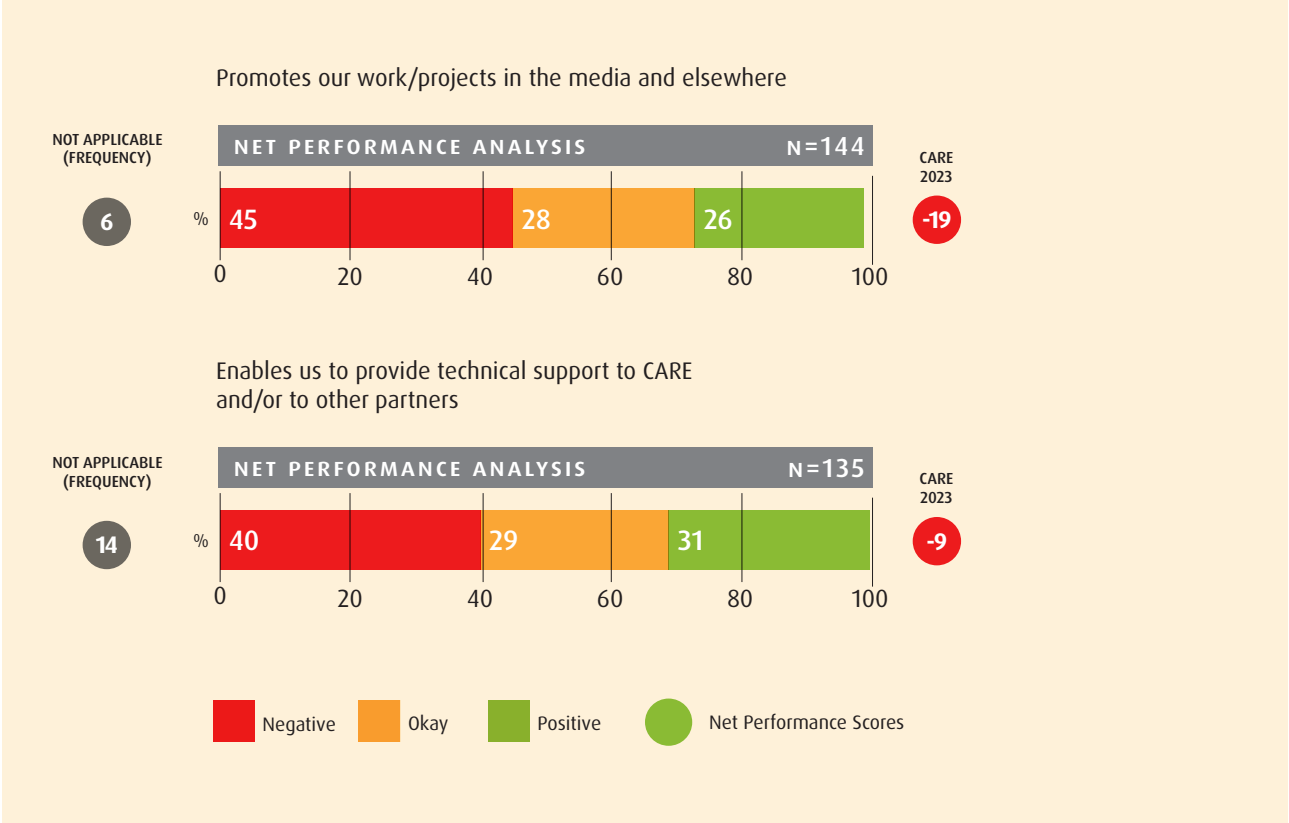
Non-financial support

Figure 10A Value received from non-financial support



Non-financial support

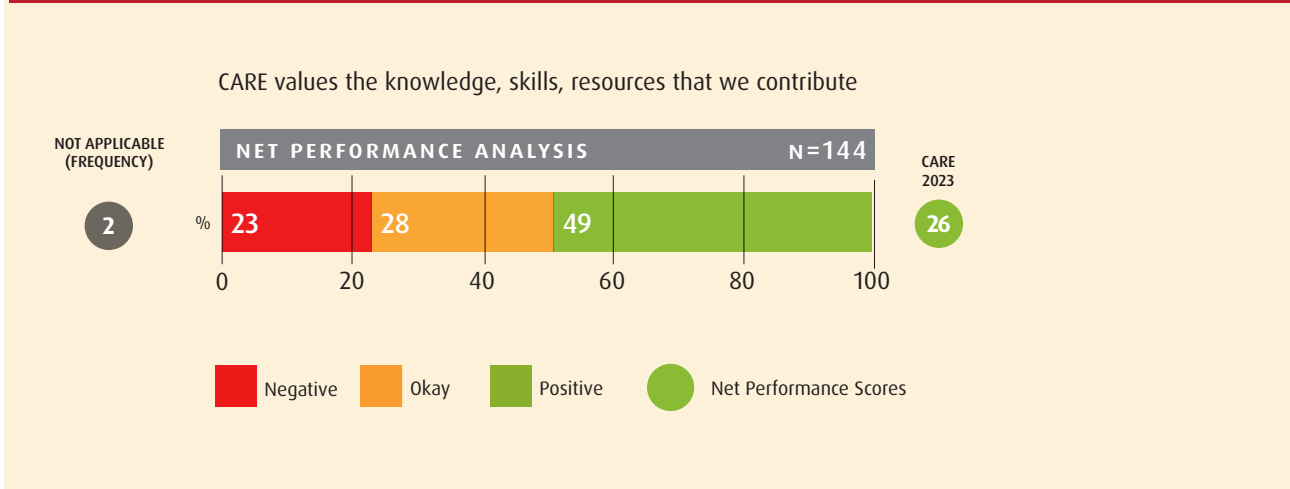
Figure 10B Value received from non-financial support



- Partners' experience of CARE's non-financial support seems to range widely, with roughly 30% feeling very positive and roughly 40% expressing some dissatisfaction in most areas. Where we have benchmarks, they closely follow the GCB averages.
- The most negative areas are advocacy support and promoting the work of partners.
- French-speakers are again the most negative with NP scores between -29 and -70 in all areas. English and Spanish-speakers were generally positive. Arabic-speaking partners (NPS -50) felt negatively about advocacy support and introductions to others.
- In all but one of these areas non-CSO partners gave positive NP scores of between 5 and 20.
- European, East and Central African and Latin American partners are the most positive regions with positive NP scores in all areas. Southern Africa and West Africa tend to be the most negative regions.

Non-financial support

Figure 11 Does CARE value the knowledge skills and resources that partners bring to the partnership?



- This question is unique to CARE and so there is no global benchmark.
- Most partners feel that their knowledge, skills and resources are highly valued.
- Non-CSO partners felt especially positive (NPS 61).

Open comments to explain their score included:

You have a very high-level experts, but sometimes they don't know the local context

...We have not gotten the opportunity to share our knowledge.

Our name was almost not mentioned in the project, but only those of CARE. The project management structure did not value the partner structure; too much top-down.

CARE speaks in meetings and monitoring that the partner organization values, but that is not so noticeable in its communications. On its main site, for example, the work done in the country is not even up to date.

In our experience, CARE ... respects the partner's values and norms and provides support to enhance the capacity for advocacy and networking with humanitarian agencies and other development partner organizations to expand the good practices of partner organizations.

CARE always mobilizes the participation of partners in discussing how to implement and methods of implementation.

CARE has been a long-time partner who communicates effectively. quarterly catch-up meetings are one of the platforms that allow exchange of information and updates.

We gave this rating because CARE contacts us and associates us in everything related to the partnership. CARE organizes workshops and the various resolutions are subject to the validation of all partners. Which we very much encourage.

Our partnership with CARE for more than two decades is a testimony of their confidence on us. Which means CARE values our skills and experiences. Otherwise, the partnership would have ended earlier.

Non-financial support

CARE officers always discuss and consult us in the whole process from design, implementation, reflection, adjustment, and so on.

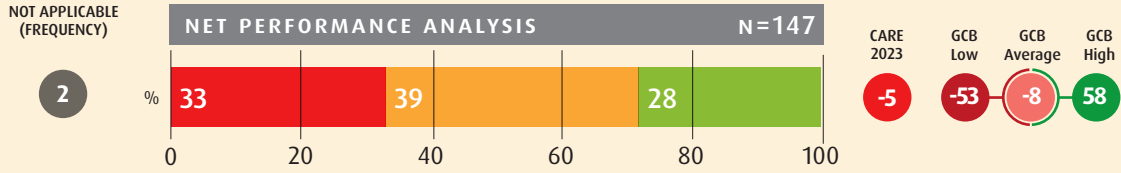
CARE took the “risk” to give one of the biggest contracts to a small NGO, with a project proposal that implement innovative activities, trusting in our team knowledge, skills, and experience.

Care encourages partners to work in consortium and lead the process. For example, care has taken lead to establishment of the Humanitarian Partnership Platform (HPP)/Hub.

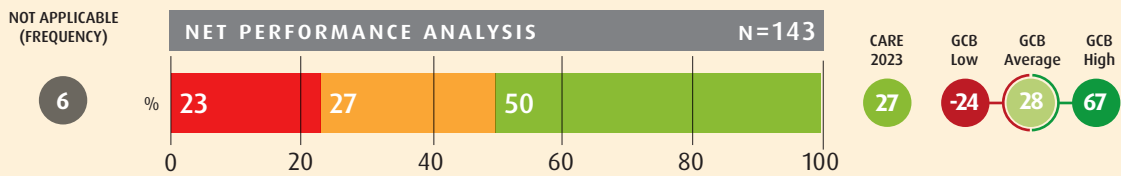
Relationship, administration, and communications

Figure 12A Developing and finalising the agreement

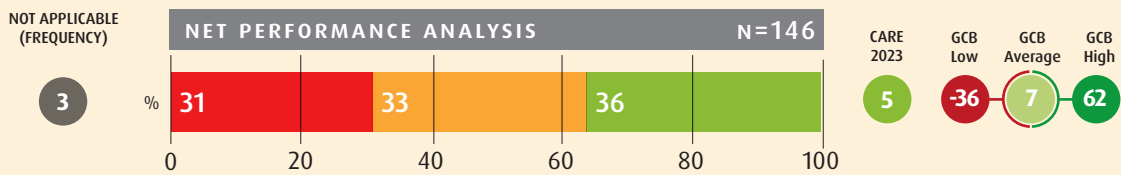
The amount of support is well matched to our needs/deliverables



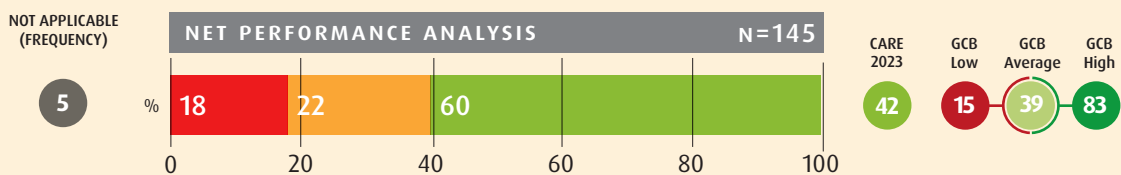
During the agreement process, we did not feel pressured by the organisation to change our priorities.



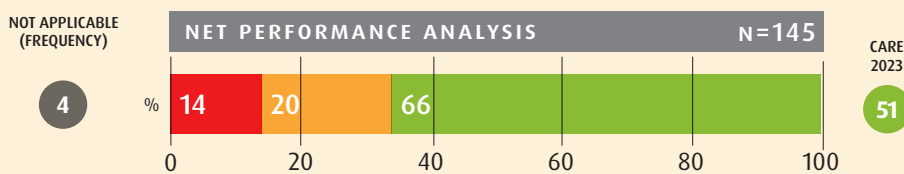
They are flexible and willing to adapt the terms of their support to meet our needs.



CARE clearly explains any conditions imposed by the original donor who provides the funds.



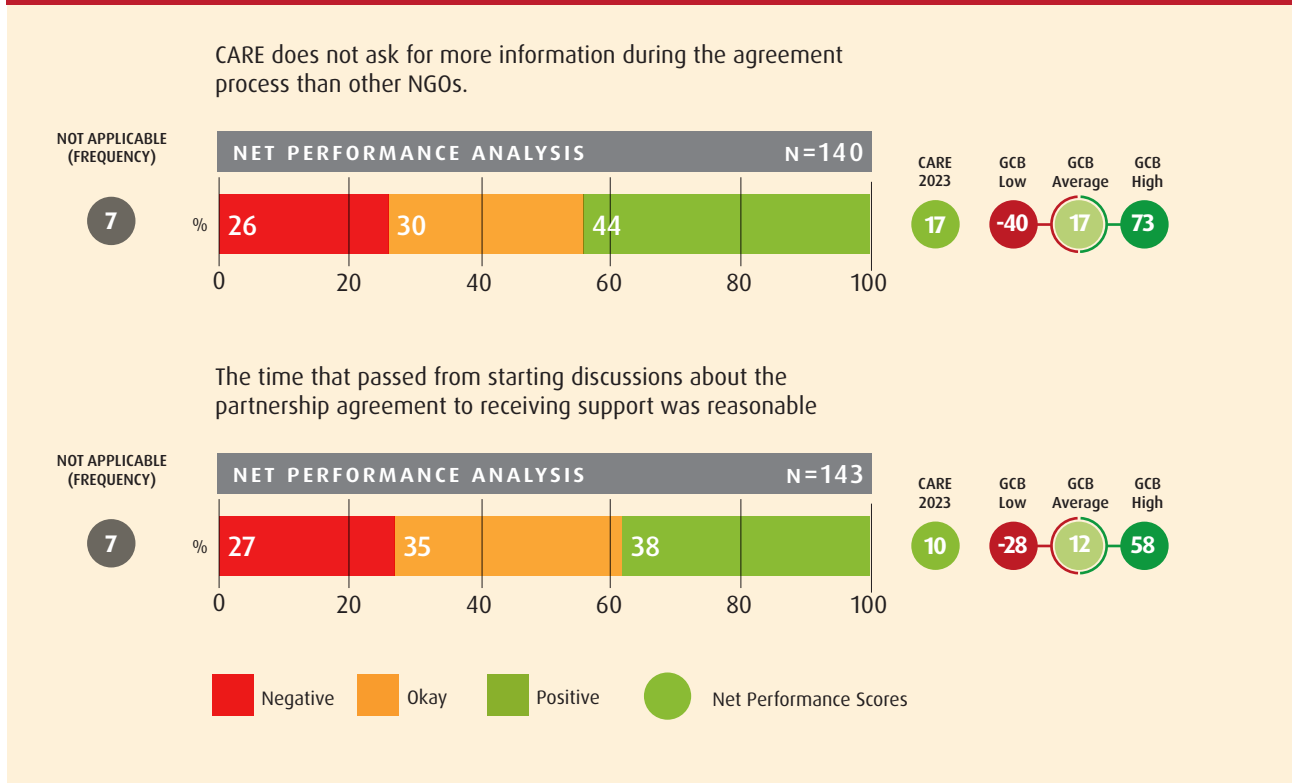
The agreement uses wording and language that is clear and easy to understand.



■ Negative
 ■ Okay
 ■ Positive
 ● Net Performance Scores

Relationship, administration, and communications

Figure 12B Developing and finalising the agreement



- These questions cover important partnership practices around transparency, accountability, communications, financial and other operational administration. A number of these questions are new to the Keystone Partnership Survey, so there are no benchmarks available yet.
- Partner experience of developing and finalising the agreement with CARE is much more positive. In most areas it tracks the GCB average.
- Arabic (NPS -50) and French-speakers (NPS -39) are the most negative on the amount of funding meeting their needs. East and Central Africa (NPS 3) and Europe (NPS 47) are the only positive scores in this area.
- Most partners felt no pressure from CARE to change their priorities, except those from Southern Africa (NPS -13).
- Arabic (NPS -30) and French-speakers (NPS -57) as well as those from the Middle East (-17), Southern Africa (NPS -13) and West Africa (NPS -31) were least happy about CARE’s flexibility and willingness to adapt the terms of support to meet their needs.
- CARE partners feel much more positive than the GCB average that CARE asks for less information than other INGOs during the agreement process. However, on this point, there are still some negative outliers: WLO/WRO (NPS 2), Arabic (NPS -10) and French-speakers (NPS -13), non-CSO partners (NPS -17), and partners in Southern Africa (NPS -33).
- French-speakers (NPS -26), and partners from East and Central Africa (NPS -11) and southern Africa (NPS -6) were the most negative about the time passing from agreement to receipt of funds.

Relationship, administration, and communications

Open text comments on the agreement process included:

You are flexible. when we have needs to change something, Care always support us

The agreement was good, but it was subject to the conditions of the donor, and we feel that [Org name] in this project is restricted by procedures that you cannot bypass and ... we were bound according to them. It is true that there is flexibility in methods and great interest on their part, and great keenness on us, but the nature of the German-backed project has tightened the noose on everyone

Very easy process for small organization like [Org name] during that time

Sometimes we have modified the plan with mutual understanding by considering the local scenario. Like human resources, administration cost, field-level activities, etc.

... The good point is Care [country name] has a spirit to support. Maybe Care international has some restricted policies which can't be flexible with a social movement who is active in communities but has low technical on financial management.

Care manages to develop projects with implementing partners.

There was a delay by the regional office of CARE in signing the agreement which caused a delay in starting the project on time.

CARE is a good partner development, always explain partners clearly about the Project goal and provide capacity building to partners that fit to we needs.

The time Care took to finalize the agreement took a reasonable time but there was a delay due bureaucracy of the Humanitarian Assistance Committee.

We have been impressed with CARE staff and the level of support provided to us, though all phases

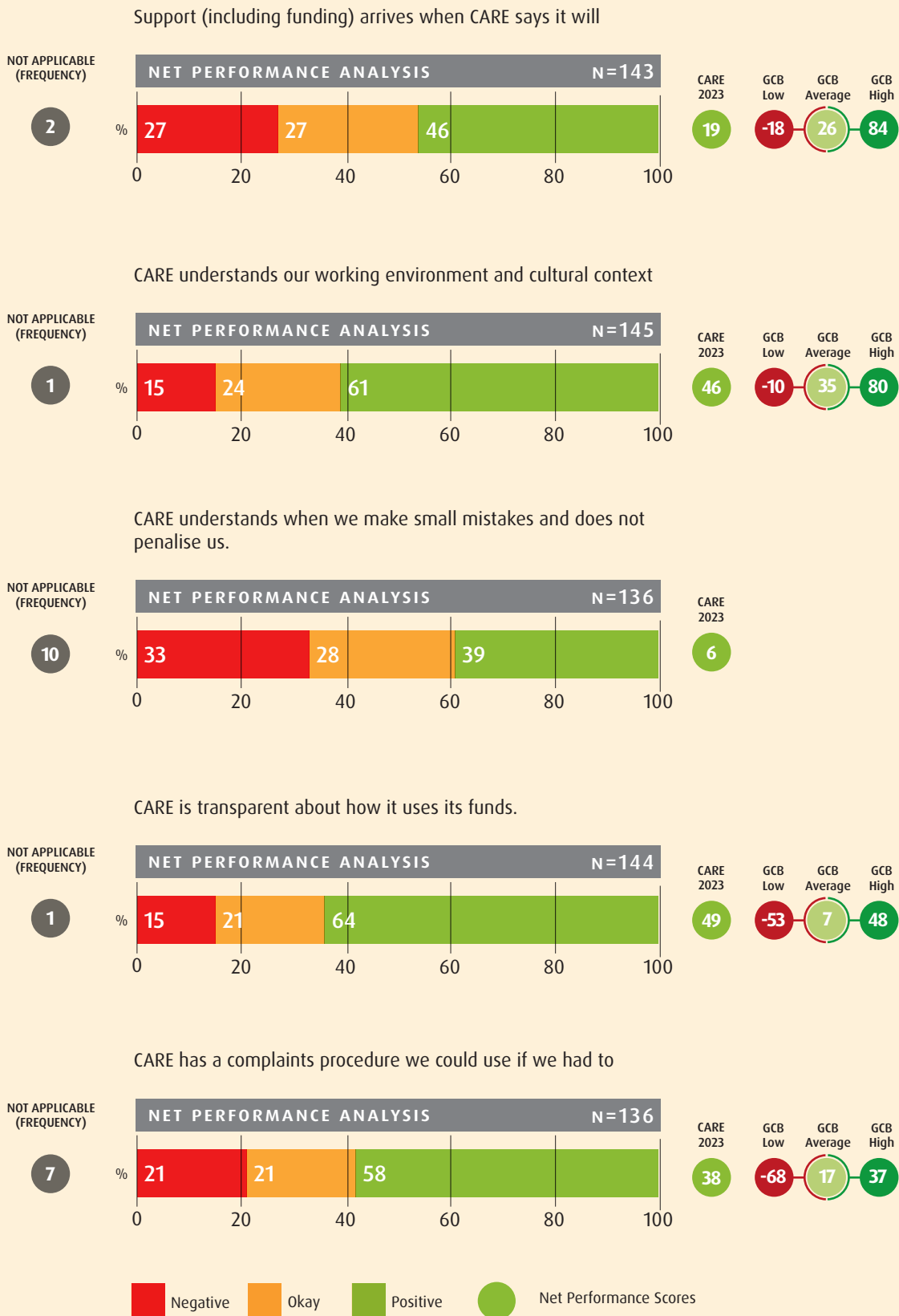
Because not all the staff from the NGO speak fluently English, is important and useful to have also the Romanian version of the contract and main documents ... provided by CARE.

Interventions are already finalized. They provide agreement only for (us to) read and sign not to say suggestions and feedbacks.

The CARE partnership was started for an emergency crisis. Finalizing The agreement and due diligence process took more than 3 months, until any funds were received. In the context where all partners were spending from their own money from day 1 of the disaster.

Relationship, administration, and communications

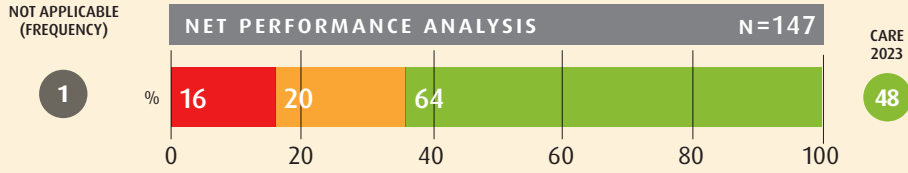
Figure 13A Partnership practices, administration, and communications



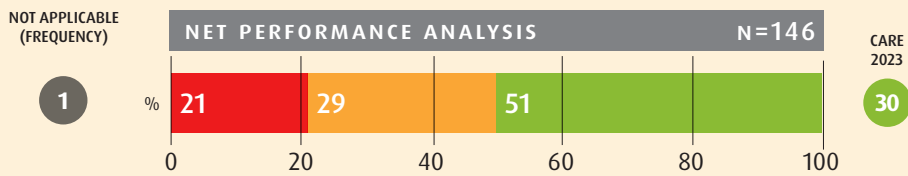
Relationship, administration, and communications

Figure 13B Partnership practices, administration, and communications

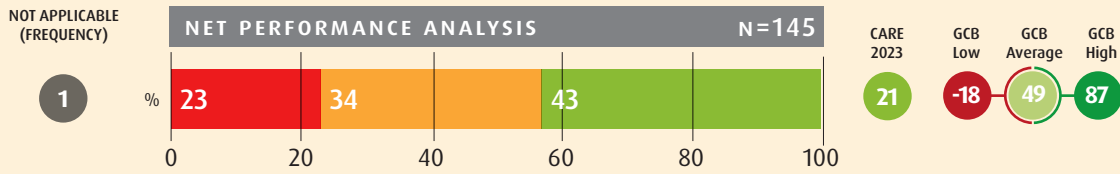
We have a clear shared purpose and outcomes for our partnership with CARE, that have been jointly developed



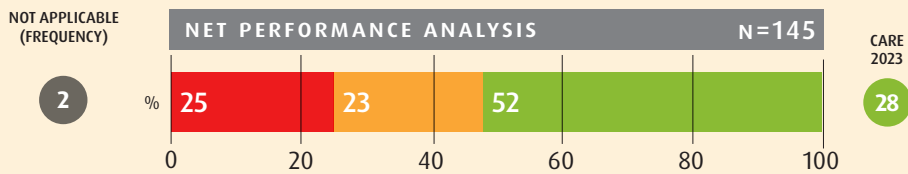
We have significant decision-making power and responsibilities in our partnership with CARE for project design, management and monitoring and evaluation



We understand how CARE makes decisions about the partnership (the content of the partnership and its end)



We have mutual trust and adequate resources to manage major risks we might face in our partnership with CARE



■ Negative
 ■ Okay
 ■ Positive
 ● Net Performance Scores

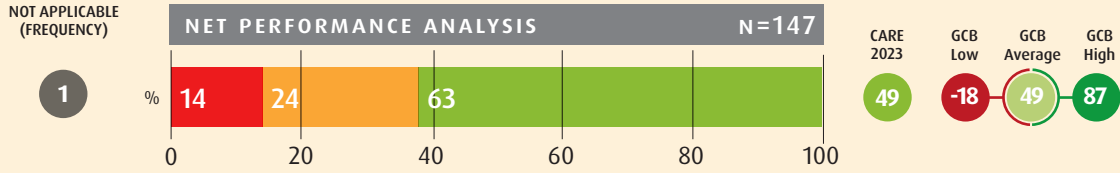
Relationship, administration, and communications

- Partners rate CARE highly, and often above the GCB averages across all these areas.
- Arabic (NPS -40) and French-speaking (NPS -22) partners and those from southern Africa (NPS -19) are negative outliers to the generally positive sentiment about timeliness of payments.
- Middle Eastern (NPS 15) and Southern African (NPS 13) gave the lowest, but still positive, scores for understanding of local context. Non-CSO partners (NPS 67) were most positive.
- French-speakers (NPS -45), Asian (NPS -18) and West African (NPS -23) felt most negatively about being misunderstood and penalised for small mistakes.
- French-speakers (NPS -4) were the only negative scores for transparency. And southern African (NPS 7) and West African (NPS 0) were least aware of a complaints procedure.
- There were no negative scores to the statement on shared purpose and outcomes, though the score of French-speakers (NPS 4) was the lowest.
- French-speaking (NPS -22) and West African partners generally (NPS -15) were the only negative scores for the question on feeling that partners had significant decision-making powers. Non-CSO partners (NPS 67) were very positive.
- French-speaking (NPS -43) and West African partners (NPS -31) were extreme outliers from the generally positive sentiment about mutual trust and resources to manage risks.

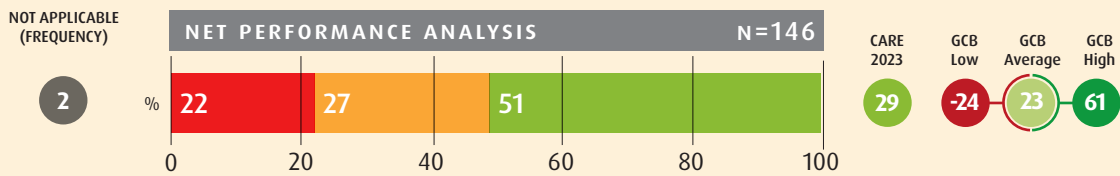
Relationship, administration, and communications

Figure 14A Mutuality in relationships – fair, respectful, solicitous, open, responsive

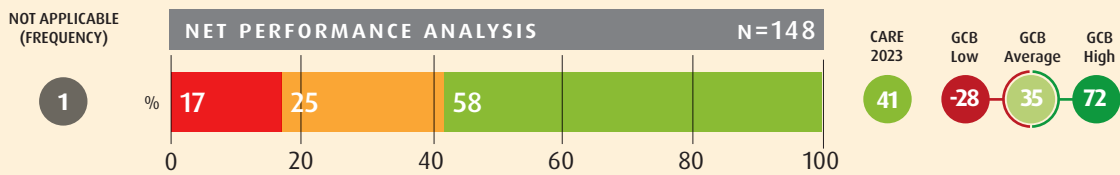
We feel comfortable approaching CARE to discuss any problems we are having.



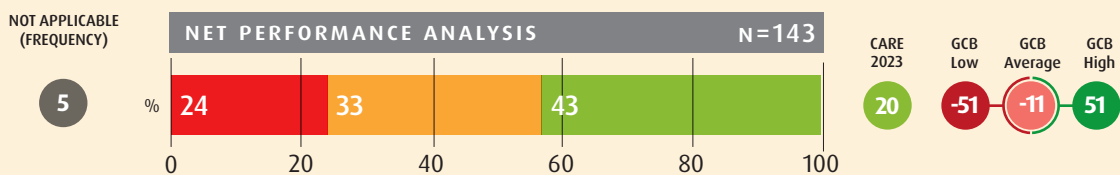
We feel comfortable questioning CARE’s understanding and actions if we disagree with them.



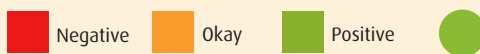
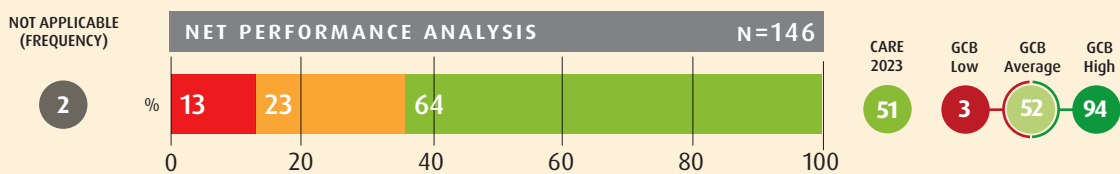
CARE listens and responds appropriately to our questions and concerns.



CARE’s staff ask us for our advice and guidance

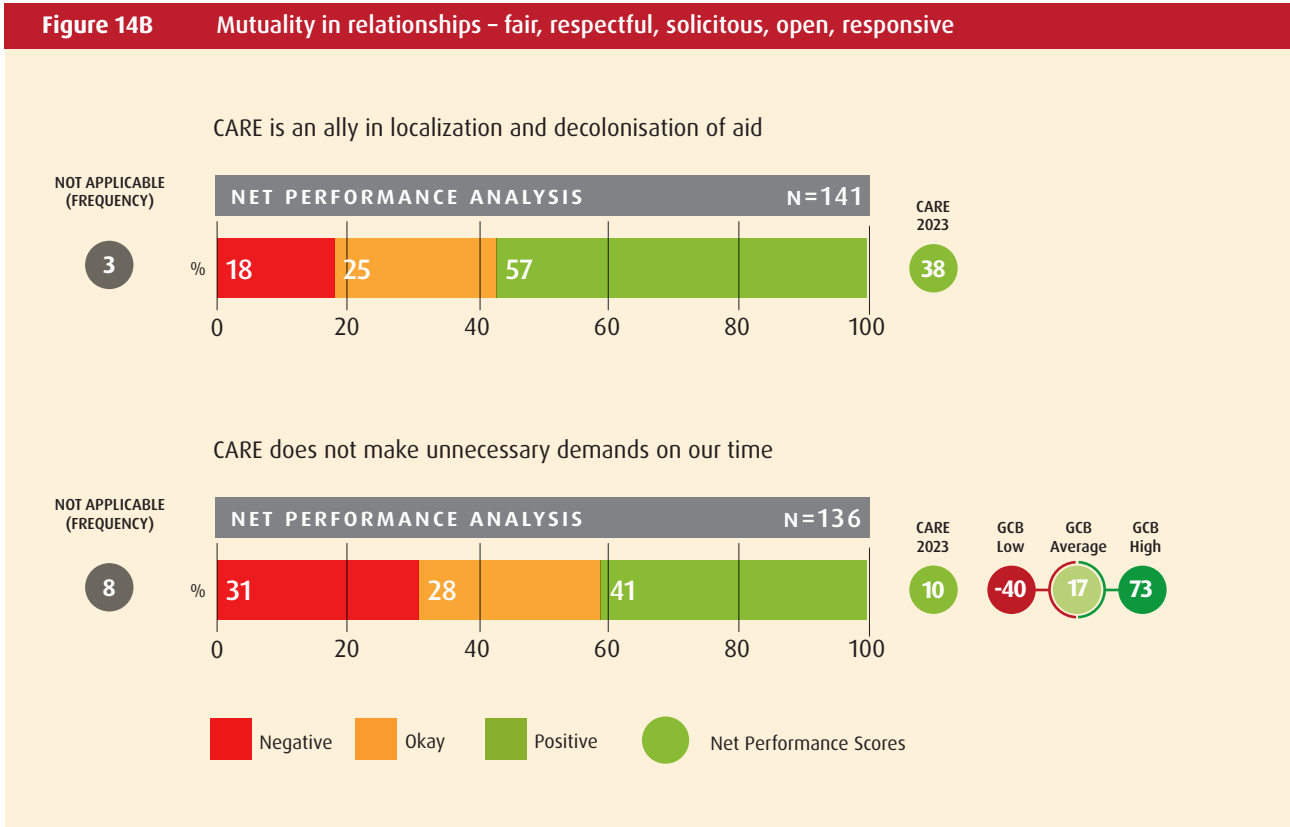


CARE’s staff are respectful, helpful and capable.



Relationship, administration, and communications

Figure 14B Mutuality in relationships – fair, respectful, solicitous, open, responsive



- In development, relationships drive outcomes. These questions home in on the most important partnership qualities best summarized as mutuality, and include themes like fairness, respectfulness, responsiveness, and openness.
- This is another area of evident strength in which CARE closely tracks the GCB averages – except that CARE partners feel more consulted than the GCB average.
- French-speaking partners (NPS -35) and West African partners (NPS -8) are stand-out negative outliers who feel relatively uncomfortable questioning CARE if they disagree with an action or understanding. WLO/WRO (NPS 13), while still positive, score lower than other organizations (NPS 39).
- French-speaking (NPS -9) and southern African (NPS 0) partners feel less positively that CARE listens and responds appropriately.
- French-speaking (NPS -50) and West African (NPS -46) partners don't feel consulted. WLO/WRO (NPS 6), while still positive, score lower than other organizations (NPS 27). Non-CSO partners (NPS 48) were especially positive.
- All partners feel that CARE staff are helpful, respectful and capable, and that CARE is an ally in localization and decolonizing aid. Non-CSO partners (NPS 53) were again especially positive.
- However, the same outliers return in the area of making unreasonable demands on partners' time.

Relationship, administration, and communications

Open text comments related to the relationship, administration and communication included:

We have more than two and half decades of development partnership with CARE. It's an excellent real partnership.

With CARE we have a fluid communication with the staff who work directly on the project. We want to see greater involvement of accountants in the process of programming and implementing and reporting activities.

When we have concerns, they attend to them and help us to better understand them.

The relationship with CARE is very good. However, other staff mainly from HO make demands on our time without adequate prior notice.

CARE often contradicts its own instructions.

The approach of equitable partnership is salutary in the fight against poverty and the entire associative movement. Through Care, the localization of aid is underway.

There are many impromptu requests, which take a lot of time, with a very short deadline. Communication and planning should be improved.

Timely feedback is our main problem.

Sometimes we don't feel that our partnership with CARE is on equal footings. For example, our recruitment of project staff is not free from CARE influence. Often we see their recommendations are biased on personal ground. We can't protest, even if we differ in opinion with regard to performance of the applicant.

All CARE staff have been very supportive and caring, and it has not taken any time to develop great relationships with them.

We had one of the best experiences with CARE staff during this collaboration, being sustain by them in any difficult situation we encounter.

Through the leadership meetings that are regularly organized, all issues that may arise about our partnership are timely sorted out. This is something to be kept up.

It depends on which staff you are working with. Some of the staff have bad attitude.

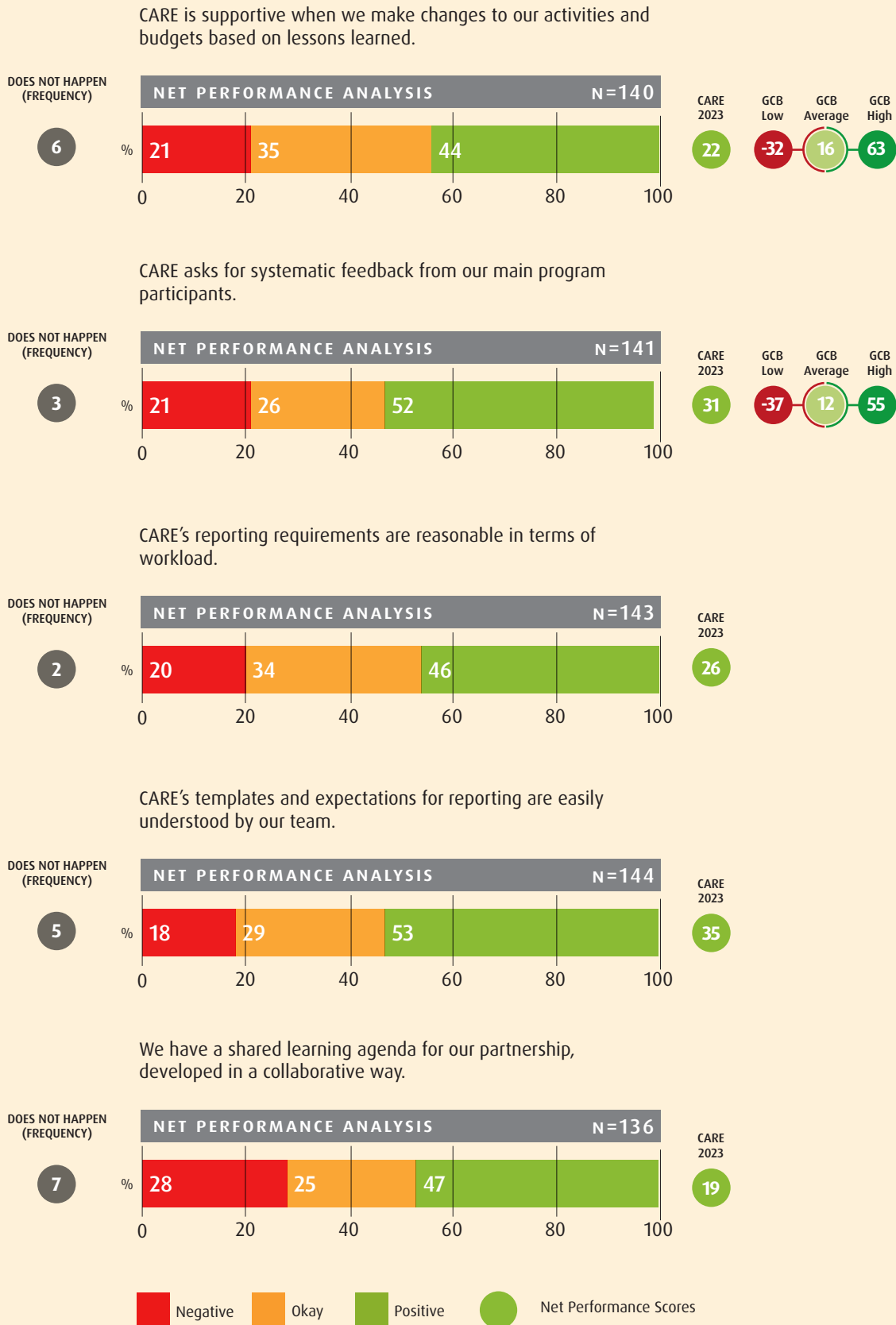
CARE is generally great on this area but can improve their communication team capacity and adjust their audit staff approach.

Monitoring and reporting

We asked five questions to assess the dynamics around monitoring and reporting. In **Figures 15** and **16**, respondents rate the usefulness of and benefits from different monitoring or reporting related practices. They could also indicate that the practice “does not happen”. The NP scores for these questions subtract “Does not happen” and “Negative” from “Positive” on the logic that if it does not happen, it cannot be useful.

Monitoring and reporting

Figure 15 Experience and usefulness of CARE’s monitoring, learning and reporting practice



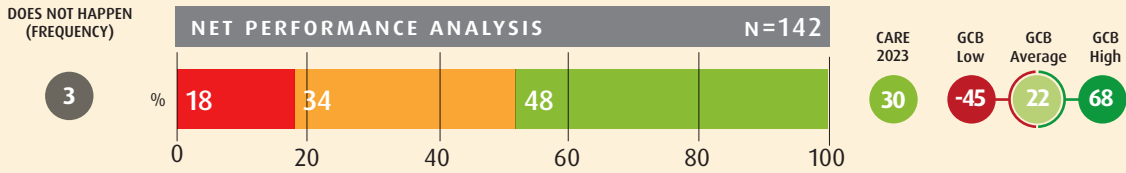
Monitoring and reporting

- CARE scores positively in all areas, and higher than the GCB in the two areas for which we have benchmarks. This suggests that most partners see CARE's monitoring and reporting practices as a learning opportunity rather than just an administrative formality.
- Arabic(NPS -10) and French-speaking (NPS -39) partners were most negative together with. Partners in MENA (NPS 0), Southern Africa (NPS 0) and West Africa (NPS -31) felt CARE was less supportive about making changes based on learning.
- Non-CSO partners (NPS 47) feel especially positive about a shared learning agenda. WLO/WRO (NPS 6), while still positive, score lower than other organizations (NPS 26).
- French-speaking partners feel that CARE does not ask for feedback from main participants (NPS -50), that CARE's reporting requirements are excessive (NPS -30), that reporting templates are not easily understood (NPS -18), and that there is not really a shared learning agenda (NPS -59). This probably influences scores in West Africa as a whole where the scores are only slightly higher.

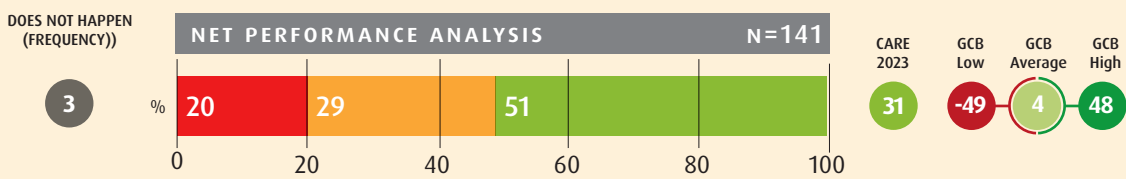
Monitoring and reporting

Figure 16 Benefits of CARE's monitoring and reporting requirements

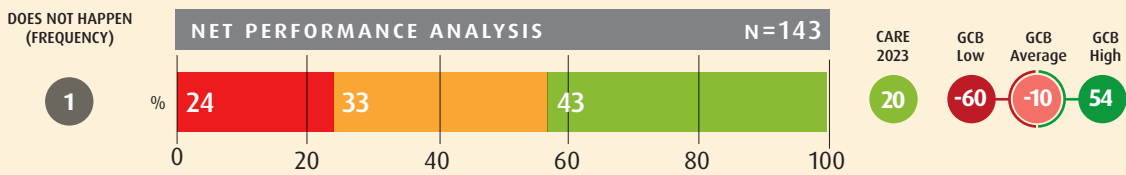
CARE gives us useful comments about the reports we send them.



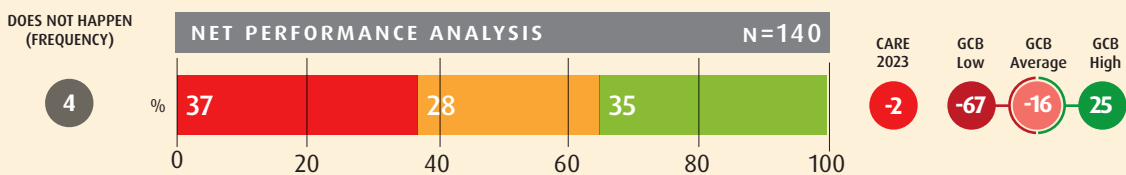
We work with CARE to identify useful and relevant ways of monitoring our impact.



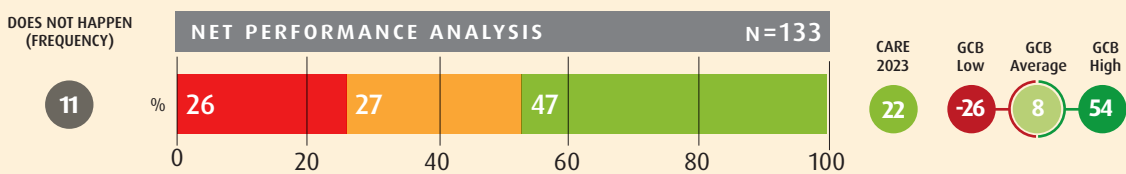
We understand how CARE uses the information we provide.



CARE provides enough funds and support for us to monitor and report on our work.



CARE learns from its mistakes and makes improvements to how it works.



■ Negative
 ■ Okay
 ■ Positive
 ● Net Performance Scores

Monitoring and reporting

- On the benefits of CARE's monitoring and reporting practices, CARE partners give scores consistently higher than the GCB averages. Non-CSO partners are especially positive in most areas.
- The noticeable exception is about providing sufficient funding for monitoring and reporting. Here European partners (NPS 75), non-CSO partners (NPS 22) and networks (NPS 29) are the only strong positives, while French (NPS -48) and Arabic-speaking partners (NPS -20) together with partners in Asia and Pacific (NPS -19), East and Central Africa (NPS -23) and West Africa (NPS -15) are the most negative.
- On providing useful feedback on reports, French-speaking partners are still negative (NPS -18) but the overall score for West Africa is relatively high (NPS 31). However, French-speaking (NPS -32, -49, -48, -43) and West African partners (NPS -8, -15, -15, -25) return to the mostly negative pattern for all the other areas.

A follow-up open text question invited reflections on what was good, what should be stopped, and what might be changed. Comments included the following.

There are employees who we feel do not have sufficient flexibility in dealing with reports and forms, and rely on the rigid template and cannot abandon it if clarifications appear about it.... Perhaps these are individual cases and not a policy, but taking care of the ideal forms of reports and plans is weak for many of the employees we dealt with.

Care should provide enough funds for tailored project monitoring.

CARE's monitoring tools and data collection methodologies are comfortable to practice in the field.

Our reporting system on quarterly basis to CARE was good, but ... the funding was limited for monitoring field activities. We would urged CARE to organize more training on monitoring and evaluations

The funds are obtained according to the donor, and established amounts, so we must adjust to this situation.

CARE needs more monitoring and reporting skills training.

CARE gives constructive feedback most especially during project reviews.

CARE's monitoring system is incomprehensible. For example, their official instruments for collecting information do not respond to the logical framework.

We do not get feedback on our program reports but mostly on finance.

It would always be important to organize joint monitoring and evaluation missions.

Reporting system usually top down, lack of clarity of expectations, and often in an unreasonable time.

Reduce the number of formats for reporting and monitoring and be careful with attendance lists as they request sensitive information.

Looking at the relevance of the monitoring and evaluation work, we would recommend to have fulltime staff for monitoring and evaluation staff on programs ... (as of now we have contribution of 15% and in

Monitoring and reporting

that case our staff is not fully available to supporting the program on daily basis). There is also a need to organize robust evaluation and formative research to inform the next models...

A few issues were not mentioned at the beginning of the project, like financial reporting rules (proper bank balances, accounting information) which resulted in a few-weeks delay while preparing the first report by us.

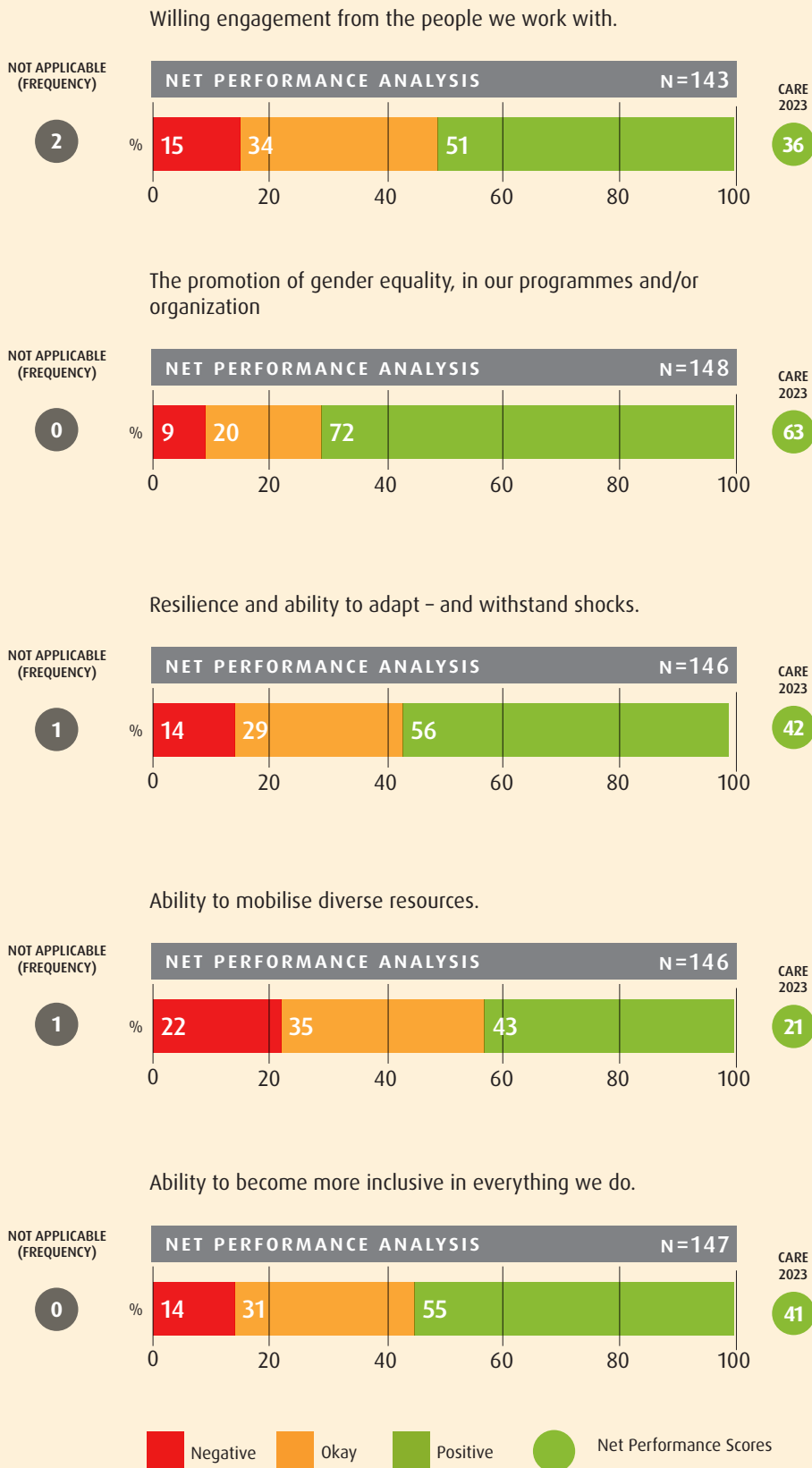
Not all reporting and compliance requirements are made clear at the beginning of a project - it would be helpful if all requirements were clearly communicated in advance.

Every month we send expense support documents to CARE. However, in the audits we have to upload these same documents again, which generates a rework.

Financial reporting procedures should be simplified a bit

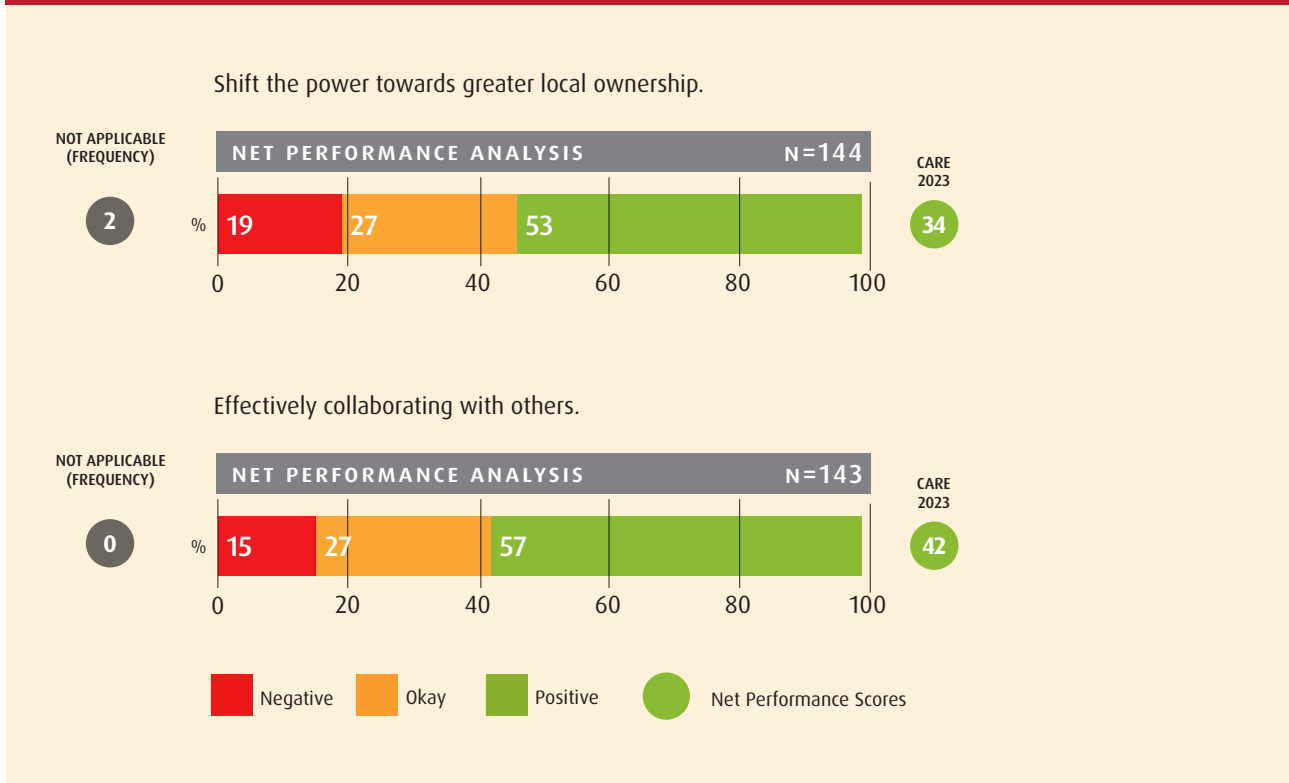
Adding value

Figure 17A The transformative value of the partnership with CARE



Adding value

Figure 17B The transformative value of the partnership with CARE



- This new set of questions this year in the *Keystone Partnership Survey* explores the extent to which the international NGO contributes to a set of core themes that have been shown to be of high importance to local partners over the twelve years of the KPS. INGOs that are seen to be contributing to these areas are leading international development practitioners.
- Because these are new questions, there are not yet any global benchmarks.
- Over 80% of partners feel positive or extremely positive that their partnership with CARE has added value for the organization in all of these areas.
- The highest scores were in promoting gender equity in programmes and in the organization – where even French-speaking partners (NPS 26) and southern African partners (NPS 19) gave positive NP scores. The lowest scores were in strengthening partners’ ability to mobilise diverse resources.
- In most of the other areas the most significant variances from the average were still the negative NP scores from French-speaking and West African partners and the relatively positive scores from non-CSO partners.
- Non-CSO partners were especially positive about inclusivity (NPS 67), shifting the power (NPS 65) and effectively collaborating with others (NPS 68).
- One area with interesting variations was CARE’s contribution to shifting the power towards greater local ownership. Here there was more critical sentiment from partners in the Middle East and North Africa (NPS -15), West Africa (NPS -8), and from French-speaking (NPS -14) and Arabic-speaking (NPS -10) partners.

Final questions

Figure 18 Compared to others and how likely to respond to the feedback



- Partners were asked to compare their experience with CARE to other INGOs, to say how confident they felt that CARE would respond meaningfully to the survey findings, and to give an overall assessment of their experience of completing the survey.
- In these final questions CARE is again rated highly by most partners - significantly above the GCB averages.
- Comparing their experience with CARE to that with other funders, the lowest scores predictably came from French-speaking (NPS 0) and Southern African partners (NPS 6), but these were still positive.
- The confidence expressed by partners that CARE would use their feedback constructively was much higher than the GCB average, with the only detractors being French-speaking (NPS -25) and West African partners (NPS 0) partners.
- All except West African partners (NPS 0) said they found the survey process useful.

Summary findings and recommendations

The quantitative and qualitative data in this report provide valuable insight into how local partners experience their partnership with CARE. They provide a snapshot of your normal working relationships made up of 66 data points.

In many areas CARE scores higher than the Keystone's global cohort benchmark which is the average score for that question calculated from the responses from over 90 INGOs who have taken the survey. This is a strong validation of CARE's "soft skills" – sensitivity to cultural context, transparency, leadership, listening, learning, supporting and mutuality.

One area of especially high satisfaction is the promotion of gender equality, in partners' programmes and organization.

However, CARE is rated relatively poorly in its administrative and funds management systems, in its perceived lack of flexibility in enabling partners to learn and adapt, and in its contribution to partner sustainability. The quality and utility of CARE's non-financial support is also rated not very positively.

We also disaggregated scores from women-led and women's rights organizations (WLO/WRO) for all questions. In many areas these scores are slightly more negative than scores of other organizations, but the variances are seldom significant enough to call out in the commentary. Where significant variances occur, these are mentioned below the relevant chart. The specific comparisons can be seen in **Annex 5a**.

Another clear pattern appears when disaggregating scores. Broadly, French-speaking and to a lesser extent Arabic-speaking partners give significantly lower scores for most questions. Partners in southern and West African partners also consistently give lower scores.

On the other hand, non-CSO partners (government, private and networks) and partners in Europe, and to a lesser extent East and Central Africa, tend to be the most positive.

It should be noted that for most questions, even when overall satisfaction is high, there remain between 20% and 30% of grantees that express reservations about CARE's performance. There is always value in exploring the experience of the minority partners who express dissatisfaction.

Some of the areas where CARE's partners feel most positive and least positive are listed in the table below.

AREAS WHERE CARE'S PERFORMANCE IS RATED VERY POSITIVELY (NP SCORES ABOVE 30):

- Valuing the knowledge, skills and resources that partners contribute.
- Not feeling pressured to change priorities.
- Clearly explaining conditions imposed by original donors.
- Agreement wording is clear and easy to understand.
- Understanding partner working environment and cultural context.
- Transparent about how CARE uses its funds.
- An accessible complaints procedure.
- Clear shared purpose and outcomes that have been jointly developed.
- Comfortable approaching CARE to discuss problems.
- Listening and responding appropriately to questions and concerns.
- Respectful, helpful and capable staff.
- An ally in localization and decolonization of Aid.
- Asking for systematic feedback from main program participants.
- Easily understood reporting templates and expectations.
- Working with partners to identify useful and relevant ways to monitor and report.
- Contributing to willing engagement from the people we work with, promoting gender equality, resilience to withstand shocks, becoming more inclusive, shifting the power towards local ownership, and effectively collaborating with others.
- Expecting that CARE will use the feedback to improve.

Summary findings and recommendations

AREAS WHERE THERE ARE SIGNIFICANT DISSENTING VOICES (ONE THIRD OR MORE NEGATIVE RESPONSES):

- Not allowing changes they need to make about how funds are spent.
- Not making an appropriate contribution to overheads.
- All aspects of non-financial support.
- The amount of support not well suited to needs.
- Not understanding, and not penalising small mistakes.
- Not providing enough funds for monitoring and learning.

RECOMMENDATIONS

In this report, partners suggest many areas where they feel things can be better understood and improvements can be made. Keystone cannot recommend specific improvement actions. We also cannot say which areas matter most to partners.

Some powerful pointers to what partners would most like to see are revealed in the open comments. But the best way to explore the issues and agree on meaningful actions is to share and discuss this data with partners. The opportunity here is to build confidently from the strong validation of CARE's "soft skills" – listening, learning, mutuality, and related practices.

We suggest the following process:

- 1** CARE develops a management response to the data. This would include a summary of key findings from a management perspective - perhaps further developing the short summary above. From this summary it should formulate a set of key messages or insights about CARE's partnership practice that emerge from the data. It can also develop a set of questions to discuss further with partners.
- 2** CARE shares this report with partners - together with the management response.
- 3** CARE then convenes one or more dialogues with partners at which they collaboratively validate and expand on the insights and explore the questions. These discussions could focus on specific findings, or on the entire report. They could take the form of physical meetings or online webinars or forums. From these discussions, CARE and partners together develop a list of *key shared insights* and *practical improvement actions* for both CARE and partners. They could also agree on targets for future question scores.
- 4** CARE and partners then agree on clear improvement plans that identify specific improvement actions that they both wish to prioritize and set out specific pathways and timelines to follow. Improvement actions that fall within CARE's or partners' sphere of control will be easy to implement. Other improvements may be more complex. They might involve multiple role-players or depend on deeper change processes that take time. It is important to work on a few, manageable actions at a time.
- 5** CARE conducts another 'mini-survey' of local partners in six months. This follow up survey is short, for its sole purpose is to track the progress and impact of specific improvement actions.

Overall reflections from a decade of partner feedback

CARE's partners raise many of the same issues as partners everywhere. And although we have not done detailed analysis, our data suggests that in the sector as a whole there has been little real improvement in partner experience over the 12 years that we have conducted the survey. Partners continue to raise the same issues year after year. We share some of these here.

One overall trend in the data on partner experience reveals that most INGOs find it difficult to be flexible and put in place the monitoring and learning systems that will enable partners to adapt their strategies as they discover what will best enable them to achieve meaningful and sustainable results. This comes through quite strongly in the open comments. Most traditional project management approaches don't do this well and there is a real need for innovation here.

The other area where INGOs often score relatively low is in fostering local ownership and shared decision-making. For a decade, since we started the KPS surveys, these scores have remained stubbornly low, which suggests there has not been much innovation in the way development partnerships are imagined and managed.

Discussing the issues raised in the open comments from partners (such as covering core costs, making monitoring and reporting more useful, technical capacity building and even supporting long-term financial sustainability) can lead to meaningful improvements. But the deeper structural problems in international development assistance, such as those highlighted by the Decolonising Aid movement, requires more than just implementing traditional internationally funded projects "effectively".

Finally, partners everywhere want to become more financially self-reliant. Is it possible to create an ecosystem wide program for financial self-reliance? What might that look like? How can individual organizations begin to foster new ways of working with partners and each other to influence systemic changes?

Summary comparative tables

COUNTRIES WITH MORE THAN 5 PARTNER RESPONSES (FROM ALCHEMER RESPONSE DATA)

Country	Number of responses
United States	11
Cameroon	8
Honduras	7
Vietnam	7
Bangladesh	6
Cambodia	6
Guatemala	6
Rwanda	6
Ethiopia	5
Madagascar	5
Malawi	5
Mali	5
Nepal	5
Romania	5
South Sudan	5
Ukraine	5
Total	97

Summary comparative tables

TEN HIGHEST NET PERFORMANCE SCORES

How much you agree or disagree with each of the following statements	NPS
The promotion of gender equality, in our programmes and/or organization	63
Do you expect that CARE will use the feedback from this survey to improve its work?	54
CARE's staff are respectful, helpful and capable.	51
The agreement uses wording and language that is clear and easy to understand.	51
We feel comfortable approaching CARE to discuss any problems we are having.	49
CARE is transparent about how it uses its funds.	49
We have a clear shared purpose and outcomes for our partnership with CARE, that have been jointly developed	48
CARE understands our working environment and cultural context	46
CARE clearly explains any conditions imposed by the original donor who provides the funds.	42
Effectively collaborating with others.	42
Resilience and ability to adapt – and withstand shocks.	42

TEN LOWEST NET PERFORMANCE SCORES

How much you agree or disagree with each of the following statements	NPS
CARE allows us to make changes that we need to about how we spend funds.	-1
CARE makes an appropriate contribution to overhead costs.	-1
The amount of support is well matched to our needs/deliverables	-2
To what extent has your collaboration with CARE contributed to:	NPS
Strengthen our management, leadership and governance skills	-5
Strengthen our advocacy & campaigning abilities	-5
Strengthen our monitoring and evaluation skills	-9
Introductions to other organisations / people / networks	-11
Supports our participation at national and/or international level	-14
Promotes our work/projects in the media and elsewhere	-17
Enables us to provide technical support to CARE and/or to other partners	-19

Summary comparative tables

TEN HIGHEST NP SCORES COMPARED TO GCB

How much you agree or disagree with each of the following statements	NPS	GCB average	Difference
CARE does not ask for more information during the agreement process than other NGOs.	17	-48	65
CARE will use the feedback	54	10	44
CARE is transparent about how it uses its funds.	49	7	42
CARE's staff ask us for our advice and guidance	20	-11	31
We understand how CARE uses the information we provide.	20	-10	30
We work with CARE to identify useful and relevant ways of monitoring our impact.	31	4	27
CARE has a complaints procedure we could use if we had to	38	17	21
CARE asks for systematic feedback from our main program participants.	31	12	19
Usefulness of survey process	39	25	14
CARE provides enough funds and support for us to monitor and report on our work.	-2	-16	14
CARE learns from its mistakes and makes improvements to how it works.	22	8	14
Introductions to other organisations / people / networks	-1	-15	14

TEN LOWEST NP SCORES COMPARED TO GCB

How much you agree or disagree with each of the following statements	NPS	GCB average	Difference
CARE's staff are respectful, helpful and capable.	51	52	-1
Strengthen our advocacy & campaigning abilities	-17	-16	-1
During the agreement process, we did not feel pressured by the organisation to change our priorities.	27	28	-1
The time that passed from starting discussions about the partnership agreement to receiving support was reasonable	10	12	-2
They are flexible and willing to adapt the terms of their support to meet our needs.	5	7	-2
CARE does not make unnecessary demands on our time	10	17	-7
Support (including funding) arrives when CARE says it will	19	26	-7
Supports our participation at national and/or international level	-11	-4	-7
The payments are made in appropriate phases so we can easily manage our cash flow.	20	34	-14
We understand how CARE makes decisions about the partnership (the content of the partnership and its end)	21	49	-28

Annexes

Annex 1: Survey questionnaire

Annex 2: Anonymised raw data

Annex 3: Redacted open text responses

Annex 4: Correlation Analysis

Annex 5a: NPS variations

Annex 5b: NPS variations – CSO & other organizations

Annex 6: Net Promoter Analysis

Annex 7: Introducing regular constituent feedback in your partners' management systems