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

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ACRONYMS

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

Introduction

CARE is a signatory to the Grand Bargain¹ and the Charter4Change² and is fully committed to working with partners in emergency response and furthering the global humanitarian localization agenda³. CARE has produced a variety of strategic papers and studies on the broader picture of the localization commitments, but there are gaps around CARE’s understanding of the practical and operational realities of implementing the localization agenda.

CARE has strong examples of effective localization and partnership work in specific contexts that we can learn from and replicate across our operations. However, at CARE, like many organizations, we recognise that we could do more to consistently operationalize our commitment to localization. Our experience in Indonesia highlights several recurring operational challenges that sometimes limit our ability to deliver on the localization agenda and improve the timeliness and quality of CARE’s responses⁴. Other responses have shown that working with the right partners can serve to better reinforce CARE’s strategic goals on women’s empowerment and gender equality⁵. Within this context, this study aimed to unpack the operational realities of working with partners in CARE, by answering the following question:

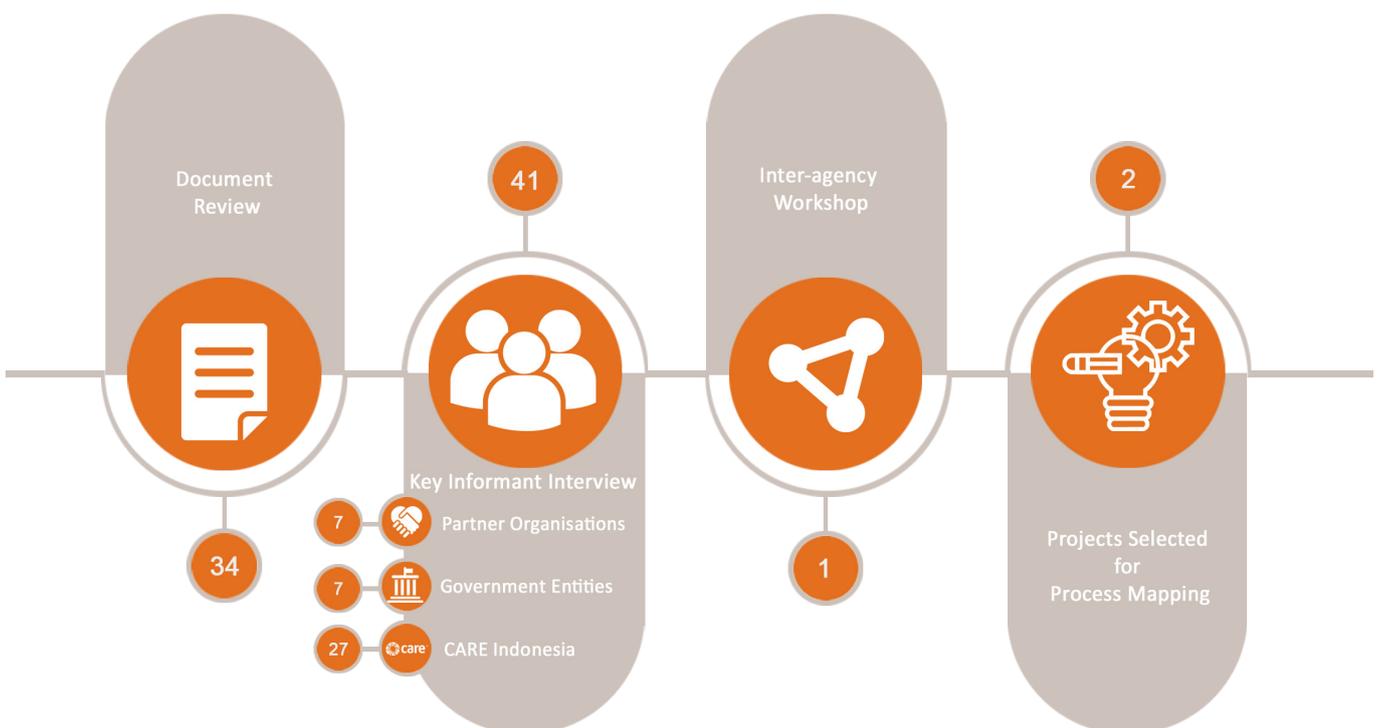
What are the key internal operational barriers, challenges and enablers for an effective, gender-sensitive humanitarian response, which supports localization principles and goals?

This report presents the key findings from the research including examples of best practice and key recommendations. While the focus is on CARE’s operations, we believe they will be relevant for other organisations who may be similarly reflecting on their own experience of localization in operational practice. We hope that by sharing our insights we may contribute further to the essential but sometimes overlooked conversation about the realities of translating localization policy into practice.

Methodology

This research draws on a case study of CARE’s response to the 2018 earthquake and tsunami in Sulawesi, Indonesia as well as an extensive literature review to set the context for partnerships and localization both within CARE and across the sector. By combining learning from the Sulawesi response with experiences in CARE’s programming globally, the authors have sought to highlight key issues, broad trends and suggest potential solutions. The research was undertaken by a team from CARE in cooperation and partnership with the Pujiono Centre, an experienced Indonesian not-for-profit disaster management and climate change adaptation organization. The Sulawesi case study is informed by interviews with current and former CARE staff, national and local organisations and government stakeholders in Jakarta and Sulawesi, a detailed process mapping of CARE projects and an inter-agency workshop held in Jakarta attended by a range of INGOs, UN OCHA, and the ASEAN Coordinating Centre for Humanitarian Assistance (AHA).

The term “Country Presence” used in this report refers to any CARE operational presence in a country.





Localization in the Sulawesi Response

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

CARE Indonesia, in the midst of transitioning to a national entity, made a huge and commendable effort to work in this new partner-led modality and managed to quickly increase the size of the team, carry out assessments, secure donor funding and establish partnerships. Across the sector, the initial response was marked by contextual and operational challenges but CARE managed to deliver essential gender-sensitive WASH, shelter and livelihoods assistance to over 38,000 people in the first three months. Initially CARE focussed on providing timely assistance to meet immediate needs and fulfill donor requirements. To this end, the best option to deliver humanitarian assistance, was entering into short-term project-specific sub-grants with partners. CARE provided support and training related to project activities and operational processes. However, the significant humanitarian need and the urgency to ensure a timely response, meant that there was no space for broader capacity strengthening or for supporting gender transformative work. CARE had to select partners that had operational capacity and emergency expertise. CARE could not partner with organisations that did not meet minimum compliance requirements, even if they may have had expertise in and a commitment to gender, aligned with CARE’s priorities on Gender in Emergencies.

Moving into the Recovery Phase, CARE, which had by this time transitioned into a national organisation (Yayasan CARE Peduli), has been able to take into account lessons learned from the initial response stage and is developing a partnership strategy with gender at the core. CARE/YCP has invested funding and staffing to take this forward in both development and emergency programming and is already working more equitably with partners.

In summary, the key factors that prevented CARE from integrating localization principles from the beginning of the Sulawesi response, many of which are common challenges throughout the sector, included:

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



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Strategic Commitment to Localization

As noted above, CARE is a signatory to the Grand Bargain⁶ and the Charter4Change⁷ and is fully committed to working with partners in emergency response and furthering the global humanitarian localization agenda⁸. Where CARE is engaged in partnerships aligned with localization commitments, this is driven and reinforced by a country-level partnerships strategy and vision. In contexts where a local partnership strategy is lacking, partnerships tend to lean towards traditional top-down short-term model, which lacks a focus on gender transformative approaches. These types of partnerships – usually based on a sub-grant agreement for the implementation of specific project activities – tend to lack a wider partnership vision and are not usually aligned with the principles of localization.

CARE is in the process of operationalizing our global commitments by developing a strategic partnership approach. The aim of this approach will be to support CARE Country Presences to conduct country-level discussions on localization and partnerships, and inform a value proposition for a wider variety of partnerships. As part of the approach, CARE will develop a toolkit to ensure that there are practical tools available for operational teams. This partnership approach and the associated toolkit will help Country Presences assess the risks of partnering (and of not partnering) and provide guidance on how to identify, assess, accept and engage in addressing risks in order to enable Country Presences to establish the right type of partnerships, with the right processes, for the right purpose. It will also contribute to building an organisational culture that promotes transparency, equality and collaboration with local and national partners, replacing the idea of partners as a risk to be managed with an understanding that partners are essential allies without whom the organisation cannot succeed. A strategic approach to localization at the country-level will define CARE's partnering role or roles (for example ensuring that gender is embedded as core within partnerships) and define the added-value the organisation can bring to local civil society, including in contexts where CARE is a national entity. Improving CARE's localization and partnership efforts

requires the continued commitment and enabling support from leadership at all levels to underscore that working in partnership is crucial for achieving organisational goals on gender, and to ensure that resources are allocated in line with this strategic direction.

Best Practice Example – Partnership Models in CARE

Philippines CARE established the Humanitarian Partnership Platform in the Philippines in 2016. Building on partnerships in the Typhoon Haiyan response, the platform has adopted a decentralized model – this sees 7 major partners working with their own network of local partners (over 30 in total) to prepare for and respond to crises. CARE acts as a convenor, donor, relationship and knowledge broker, capacity builder, and can provide surge support and direct implementation (as a last resort). The benefits of this approach are proven in the increased timeliness, coverage, access and relevance of responses as well as more robust and confident partners – some have been able to access funding directly⁹.

Tonga Before Cyclone Gita struck Tonga in 2018, CARE had a formal partnership in place with Live and Learn (a local NGO in the Pacific region) since 2012 which promoted improved emergency preparedness and response. CARE had also worked with MORDI (a local NGO in Tonga) on preparedness planning in 2017. When the cyclone struck the three organizations joined together in their response with CARE providing technical support and access to funding opportunities. The partnership led to increased reach, swift response, efficient administration, cost-efficient procurement, increased sustainability and strengthened MORDI's capacity¹⁰.

Syria CARE Syria's partnership approach outlines three models: 1) Core Partnerships with actors who can provide quality programming to reach more participants; 2) Strategic Partnerships with actors whose vision and goals align with those of CARE (including on gender equality) and where funding and project implementation are not necessarily relevant since the partnership emphasises a "notion of solidarity" with goals and objectives aligned towards achieving a lasting impact; 3) Service Contracts with actors who can help CARE operate at-scale but who require intensive direction, management and oversight¹¹.

Commitment of Resources to Support Localization



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CARE's successful work in localization and partnerships has been supported by a degree of flexible funding and staff with partnership skills, both of which have facilitated long-term partnerships beyond projects and investment in preparedness. For example, CARE's work in the Philippines was supported by pooled funding from the Typhoon Haiyan response and in Tonga CARE's partner-led response to Cyclone Gita was significantly enabled by investments in preparedness supported by the Australian government.

As exemplified by the the Sulawesi response, in CARE partners for humanitarian response are generally selected for their technical expertise, experience in emergencies, their geographic location and their ability to meet due diligence requirements¹². As such, partnership mapping, identification and selection processes are weighted towards larger, more established partners who are seen to pose less risk for the organisation and who can scale up quickly and respond with quality interventions. These requirements – while aligned with some of CARE's key priorities – tend to result in an approach that does not necessarily align with the principles of localization or CARE's commitment to Gender in Emergencies¹³.

For example, CARE has found that it is often more impactful to partner with women's led or gender-focused¹⁴ organisations because of the added-value they bring on gender, specifically technical knowledge and expertise as well embodying values, attitudes and approaches aligned with a gender-focus. Prioritizing partnerships

with organizations or groups which already have similar strategic goals – around gender equality and women's voice – and focusing on strengthening their operational and response capacity, not only supports CARE's strategic vision, but can reinforce local actors' ability to engage on longer-term social norm change. However, pushing further on the localization agenda would require a shift in behaviour in which INGOs value local knowledge and goals above their own, supporting partners' in the plans they have defined for themselves.

There is a need for CARE globally and donors to carefully allocate unrestricted funding and ensure that funding regulations enable meaningful partnership, including with smaller, gender-focused, women's rights organizations, and local-level partners who require investment and time to meet due diligence requirements. In addition, human resource planning and decision-making needs to take into account the amount of staff time and the partnering skills required to enable localization in practice. The resources required are not necessarily huge but decision-making needs to take into account the strategic investments required to support partnerships and localization.



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Systems and Processes which Enable Localization

Research has shown that with the sector becoming increasingly risk-averse, risk management for partnerships is affected by the power imbalance between INGOs and national or local partners, whereby INGOs tend to focus on the risks of partners, rather than the risks to partners with an overwhelming focus on fiduciary risk, followed by legal and compliance¹⁵. This is reflected in the content of INGO partnership policies and in the positioning of partnership functions within finance and compliance teams. Ultimately, by transferring risk to partners and taking a punitive approach to partnerships, INGOs and donors are contributing to a vicious cycle of risk. A supportive and collaborative model, which emphasizes transparency, trust and capacity strengthening and accepts some level of risk, will be more conducive to effective partnering¹⁶.

This research reflects some of CARE's own operational experience. Repeatedly in CARE responses, heavy, bureaucratic and risk-averse systems and processes (particularly in contracts and finance) have overwhelmed partners and led to delays in implementation. In the Sulawesi response, cumbersome and overly-vigilant internal sign-off processes combined with protracted donor negotiations led to an extremely short window for implementation. This undoubtedly placed CARE's partners under great pressure.

Collaboration and coherence between Program and Finance teams is crucial, focussing on enabling work with local and national partners, which would see CARE playing a stronger role in capacity and system strengthening

and collaboration rather than enforcement. Simplifying and streamlining financial and contractual systems, and ensuring coherence with program and partnerships goals, to better enable quick and flexible programming with partners would greatly reduce the complex and time-consuming demands of partnering with CARE and directly enable higher quality and more timely programming. Combining this with capacity strengthening in advance of emergencies (for example, piloting smaller grants) will not only lead to stronger systems and capacities but will also create a platform to build a strong, trusting relationship which promotes transparency and honesty. All of these factors should ultimately lead to reduced levels of fiduciary and compliance risk.

While these changes in financial systems and processes are essential for the localization agenda to succeed, there continues to be a tension between the compliance requirements of donors and localization. Since CARE is a large organization, responsible for multiple millions of dollars, and must be accountable to those who provide funding but there is a need for CARE to better understand actual donor requirements vs our own perception of those requirements, a factor which contributes significantly to the level of risk aversion in the organisation. Many of our systems and process have been developed to respond to donor requests but the onus is on organizations like CARE to look at the implications this may have on our ability to realize the localization agenda in practice. Where necessary we should be making such implications clear to donors and pushing for greater support for localization.

Practical and Timely Operationalization of Localization Commitments



As the Sulawesi case study has illustrated, the realities of scaling-up in a sudden onset emergency will never be conducive to establishing meaningful partnerships which support Gender in Emergencies. But, if supported by emergency preparedness planning with partners, an emergency can become an opportunity to expand and build upon an existing partnership and provide a gender-sensitive response aligned with the principles of localization.

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

1. Establishing partnerships, including pre-award arrangements to enable partnership in response, drafting boiler plate proposals and agreeing in advance sectors and initial response activities;
2. Preparing protocols, tools and templates which are agreed by all partners, clearly understood and can be easily tweaked in an emergency;
3. Establishing emergency response teams, defining structure, roles and responsibilities, ways of working and decision-making processes;
4. Strengthening the capacities of staff and systems, in particular to ensure that our staff has gender capacity.

Best Practice Example – Capacity Strengthening through Emergency Preparedness

The partnership response to Cyclone Gita in Tonga from CARE, MORDI and Live & Learn counted capacity strengthening among one of its key achievements. The partnerships had focused on capacity building around emergency preparedness and response in the years leading up to the cyclone which laid strong foundations for an effective response. During the response, CARE also provided a considerable number of training workshops as well as support through mentoring and accompaniment as part of technical deployments.. These approaches led to the increased capacity of MORDI to respond to and lead in future responses.

By investing in preparedness in the Philippines, the Humanitarian Partnership Platform has developed protocols for key processes and ensures that all partners are familiar with these prior to an emergency. The protocols are backed by light systems and tools and include an assessment protocol with assessment and reporting templates, a media and communications protocol with tips and tools, and a response protocol outlining the information-sharing and decision-making process for response, with a light response proposal. They are socialized and pre-tested during simulations and preparedness exercises and make a significant difference for timeliness and quality.



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Conclusion

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

This study has brought together a range of evidence to show what is required to meaningfully move forward the localization agenda in practice within CARE. Encouragingly there are several successful examples to learn from and build on, as well as a strong commitment to the principles at many levels in the organisation. The task ahead is by no means impossible but it must be driven by a strategic vision, supported by resources and enabled by systems, processes and staff with the right skills. The four key recommendations which may have relevance beyond CARE for other organisations are summarised as follows:

1. **A Global Partnership Approach accompanied by a practical toolkit**, to clarify the organisational position on localization and equal partnerships and to inform strategic vision at all levels.
2. Localization commitments must be supported by **investments in funding, staffing time and partnering skills from organisations and donors** to enable meaningful gender responsive partnerships, includ-

ing with smaller and local-level partners.

3. Program and Finance colleagues must work together to **simplify and streamline financial and contractual systems** to enable quick and flexible programming with partners, which may require clarifying donor requirements or advocating for donor requirements to be more supportive of localization.
4. The operationalization of localization commitments must be supported by **practical and timely emergency preparedness planning** with partners, increasing the quality of our responses and aligning to our Gender in Emergencies commitments.

CARE is hopeful that action to address the findings and recommendations presented in this report will act as a catalyst to push forward the fundamental changes required to strengthen localization in practice within the organisation and beyond.

NOTES

- 1 The Grand Bargain is an agreement between more than 30 donors and aid providers to improve the efficiency and effectiveness of humanitarian aid. It includes specific commitments to increase support and funding to local and national responders. See <https://interagencystandingcommittee.org/grand-bargain-hosted-iasc>
- 2 The Charter for Change is an initiative, led by both National and International NGOs, to practically implement changes to the way the Humanitarian System operates to enable more locally-led response. See <https://charter4change.org/>
- 3 http://media.ifrc.org/grand_bargain_localisation/
- 4 Austin, S, Dunbar, K and Greco, M (2018). 'CARE Indonesia - Sulawesi Earthquake Real Time Review'. Palmer, V, Foran, S, Sikder, S, Rahman, H and Shukakidze-Demuria, T (2018). Mid-Term Review of Refugee Response Programme - CARE Bangladesh. Lehoux, F (2018). 'Briefing to the H&O SLT: Direction of travel on Partnership/Localization & Engagement of H&O SLT'. CARE (2018). 'Lessons From South Syria Rapid Response'. Raud, W (2017). 'Gender & localising aid: the potential of partnerships to deliver'. CARE.
- 5 CARE (2016). Gender Transformative Partnerships in Emergencies. Lindley-Jones, H (2018). 'Women responders: placing local action at the centre of humanitarian protection programming'.
- 6 The Grand Bargain is an agreement between more than 30 donors and aid providers to improve the efficiency and effectiveness of humanitarian aid. It includes specific commitments to increase support and funding to local and national responders. See <https://interagencystandingcommittee.org/grand-bargain-hosted-iasc>
- 7 The Charter for Change is an initiative, led by both National and International NGOs, to practically implement changes to the way the Humanitarian System operates to enable more locally-led response. See <https://charter4change.org/> and http://media.ifrc.org/grand_bargain_localisation/
- 8 CARE (2016). Gender Transformative Partnerships in Emergencies. CARE Humanitarian Partnership Reference Group (2017). 'A Call to Action: Delivering on our Commitments to Humanitarian Partnership & Localizing Aid. Results from Consultations, Emerging Framework, and the Way Forward.'
- 9 Lehoux, F (2017). 'Turning aspirations into reality: CARE Philippines' Humanitarian Partnership Platform'. Interview with CARE Philippines Country Director.
- 10 CARE, Live & Learn and Mordi (2019). Summary of tropical Cyclone Gita response program evaluation.'
- 11 CARE (2018). 'Whole of Syria Partnership Approach – 2018-2020 - draft'.
- 12 CARE (2016). Gender Transformative Partnerships in Emergencies. CARE Humanitarian Partnership Reference Group (2017). 'A Call to Action: Delivering on our Commitments to Humanitarian Partnership & Localizing Aid. Results from Consultations, Emerging Framework, and the Way Forward.'
- 13 CARE's humanitarian mandate is to meet immediate needs of women, men, girls and boys affected by natural disasters and humanitarian conflicts in a way that also addresses the underlying causes of people's vulnerability, especially as a result and cause of gender inequality. The impact of crises on people's lives, experiences and material conditions differ based on their gender and sexuality. Our activities during a humanitarian response can increase and reinforce, or reduce, existing inequalities. Integrating gender into every stage of a response is therefore a core part of CARE achieving their humanitarian mandate.
- 14 CARE (2016). Gender Transformative Partnerships in Emergencies. Palmer, V, Foran, S, Sikder, S, Rahman, H and Shukakidze-Demuria, T (2018). Mid-Term Review of Refugee Response Programme - CARE Bangladesh. CARE (2018). 'Grand Bargain report 2018'.
- 15 InterAction and Humanitarian Outcomes (2019). 'NGOs and risk: managing uncertainty in local-international partnerships'. The report outlines six main risk areas: security, fiduciary, legal/compliance, operational, information, reputational and ethical. Ibid.
- 16 Pujiono Centre & Humanitarian Advisory Group (2019). 'Charting the new norm? Local leadership in the first 100 days of the Sulawesi earthquake response'. Humanitarian Horizons Practice Paper Series.
- 17 CARE (2016). Gender Transformative Partnerships in Emergencies. CARE Humanitarian Partnership Reference Group (2017). 'A Call to Action: Delivering on our Commitments to Humanitarian Partnership & Localizing Aid. Results from Consultations, Emerging Framework, and the Way Forward.'





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

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