CARE INTERNATIONAL IN JORDAN

Review of Partnership Practices

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EXECUTIVE SUMMARY

CARE International in Jordan is currently implementing activities in Jordan and southern Syria through four program units: urban protection program, Azraq program, women's empowerment program and the southern Syria program. Two modalities are in use: direct implementation by CARE and indirect implementation through partners. All four programs are working with partners to a greater or lesser extent, in most cases in a sub-granting relationship with partners directly responsible for aspects of the implementation.

To consolidate approaches and determine the key factors for success working with partners, in 2015 CARE initiated a review of partnership practices in the Jordan program. The objective is: *to review partnership practices across CARE Jordan and provide recommendations on how to go forward*. While partnership should encompass all formal and informal relationships with external stakeholders, it was decided to focus on civil society partners funded by CARE through mechanisms such as sub-agreements, letters of support and service agreements (excluding vendors and consultants).

This review was undertaken over a 5 month period (interspersed with other tasks) from August 2015 to March 2016. In addition to reviewing all related materials available, discussions with key staff within CARE Jordan, the regional unit, CARE International and the partners took place, and observations of tasks and systems contributed valuable information.

Findings are presented according to topic, including strategy, the role of implementing partners, sub-agreement procedures, record keeping, partner capacity building, quality and accountability, and staffing. Overall, the review found that the strategic approach to partnership is not well-defined. The implementation of financial arrangements with partners depends entirely on the CARE USA Sub Agreement Management Policy, which does not provide enough detail to properly guide staff. Each program unit has developed their own sets of tools for each stage of the sub-agreement management process, other than two key documents required by the finance team (due diligence and finance reports). Procedures and tools are therefore confusing, lack consistency, lack timelines and lack leadership. Selection and assessment tools are poorly defined and limited in their scope, and partners are rarely provided with feedback – certainly no formal mechanisms exist for this. Tracking and documentation is currently insufficient. However, CARE has a number of excellent staff in key position who have managed to keep the processes working despite these shortcomings and have generally maintained strong relationships with partners.

CARE needs to more clearly define the objective, budgets and roles related to partner capacity building, and rely less on staff who have insufficient skills and time to take a lead role. Moreover, CARE should urgently focus on complaints, feedback and suggestions mechanisms both for beneficiaries and for partners to CARE, and build deliberate feedback mechanisms for partners to assess CARE's performance. At present, CARE's systems result in unequal power relations with partners, resulting in a dictatorial and burdensome approach. CARE needs to elevate and respect the role of partners, to work with them to find strategies, best approaches and strong mechanisms to manage funding arrangements as well as implement strong programs for vulnerable men, women, boys and girls.

The list of recommendations can be found on page 30 of this report.

Introduction

CARE International in Jordan is currently implementing activities in Jordan and southern Syria through four program units: urban protection program, Azraq program, women's empowerment program and the southern Syria program. Two modalities are in use: direct implementation by CARE and indirect implementation through partners. All four programs are working with partners to a greater or lesser extent, in most cases in a sub-granting relationship with partners directly responsible for aspects of the implementation.

To consolidate approaches and determine the key factors for success working with partners, in 2015 CARE initiated a review of partnership practices in the Jordan program. The objective is: *to review partnership practices across CARE Jordan and provide recommendations on how to go forward*. While partnership should encompass all formal and informal relationships with external stakeholders, it was decided to focus on civil society partners funded by CARE through mechanisms such as sub-agreements, letters of support and service agreements (excluding vendors and consultants). These partners present the greatest opportunity and risk to CARE Jordan, as while they can both extend and expand CARE's programming they also carry substantial financial, reputational and operational liabilities. Ensuring strong procedures to mitigate this risk must therefore be a priority for all organizations working through civil society partners.

Methodology

This review was undertaken over a 5 month period (interspersed with other tasks) from August 2015 to March 2016. In addition to reviewing all related materials available, discussions with key staff within CARE Jordan, the regional unit, CARE International and the partners took place, and observations of tasks and systems contributed valuable information.

The following tasks were undertaken to inform this report and the recommendations:

- Meetings with staff from all programs and departments, particularly those responsible for working with partners
- Review of relevant policies, procedures and tools
- Meetings with three partner community based organizations (CBO)
- Review of proposals and project budgets
- Review of job descriptions

While there were additional actions that could have added further proof or information, the findings presented here were consistently reported by multiple staff members and supported by observation and review of documentation. Therefore, while these results are considered credible and robust, for the details of documentation review and revision further work will be required.

Background

The number of partners is increasing year on year as new modalities of working are prioritized across all four programs placing civil society partners in key implementation roles. While these changes have happened independently in each program for a variety of reasons, the outcome is the same across all CARE Jordan projects – a huge increase in the number and variety of partners responsible for

implementing activities in all project sites and all sectors of intervention. In 2015 (calendar year), 56 agreements with 45 partners and 6 implementation arrangements with 2 partners were responsible for implementing 19 donor contracts (some of which were implemented across multiple years). However, this is just a snapshot, and since then additional sub-agreements have been signed. In 2014, the approach to partner grants differed dramatically, with most being implemented through service contracts rather than through sub-agreements. While this figure is not definitive, it was estimated that only around 12 sub-agreements were implemented in 2014, all of which are included in the 2015 figures as they were implemented across multiple years (2014-2015)

CARE in Jordan and Southern Syria is working with large and small Jordanian non-governmental organizations (NGO) and community based organizations (CBO) to implement activities across all sectors of work and with most of the target populations. This includes in protection and psychosocial support, livelihoods and economic empowerment, water, sanitation and hygiene (WASH), non-food item (NFI) distributions and gender-based violence (GBV). A range of sub-granting arrangements using CARE's standard formats are place, dependent on the type of work being implemented by the partner and the budget, including sub-agreements (44 in 2015), letters of agreement (10 in 2015), service contracts (2 in 2015) and informal implementation arrangements (6 in 2015). These agreements are primarily funded by external, institutional donors, with a small amount of funding provided internally by CARE to get the southern Syria program work started.

At present, CARE in Jordan only has two staff members whose role is entirely devoted to partners and partnership – one in the urban protection program and one in the southern Syria program. Other staff have partnership and working with partners as a significant aspect of their role, and some staff are implementing partnership tasks that go beyond their job descriptions. Although the senior management team did discuss setting up a dedicated partnership unit, so far this has not been implemented. Therefore, leadership of partnership strategy, approaches and procedures lies with senior management in programs, finance and program support.

FINDINGS

1. Strategy

CARE USA globally recognizes the importance of working with partners and the key role that civil society particularly can play to provide checks and balances on political institutions, represent marginalized people, and multiply CARE's programming reach. CARE's Unifying Framework for Poverty Eradication and Social Justice defines partnership as:

> *… a relationship that results from putting into practice a set of principles that create trust and mutual accountability, and partnerships are based on shared vision, values, objectives, risk, benefit, control and learning, as well as joint contributions of resources*[1]

Working with partners is the second of CARE's six programming principles, where maximizing impact and extending the reach of CARE's programs is highlighted, along with complementarity and accountability. The Framework itself highlights civil society participation as a core aspect of the enabling environment and improving governance.

At present, CARE USA and CARE International have no dedicated partnership strategy; however, CARE's 2020 program strategy includes extensive discussion of the importance of a range of partners, the need to strengthen partners and the need to include partners in monitoring CARE's work. While building civil society is not identified as a strategic aim in itself, partners are included in the theory of change and mentioned in many of the main strategies for reaching identified outcomes. It is understood that CARE International will be focusing on partnership strategies in 2016 and a new expert staff member has been recruited. The intention is to clarify CARE's vision for working with civil society generally, including as implementing partners, and provide successful approaches that country offices can adopt. Procedural aspects of partnership are not included in this work.

Other CARE country offices have already identified the importance of a more strategic and deliberate approach to building strong relationships with partners and effectively managing sub-agreements. For this report, the partnership strategies or frameworks of CARE Pakistan, Nepal and Somalia were reviewed as well as the lessons learned by CARE Philippines following Typhoon Haiyan. These documents identify strategies, objectives and approaches that seek to empower partners and build relationships more genuinely in line with CARE's definition of partnership above. The approach of these country offices was considered in this report and, in some cases, similar approaches are recommended.

In the Middle East and North Africa (MENA) region, working with and through partners for implementation and complementarity (rather than donor partners) is highlighted in two of the four strategic objectives:

- Objective 1 indicates the need to strengthen communication and advocacy engagement with partners;
- Objective 4 includes the success measure that: 'At least 75% of CARE programs are implemented effectively through mutually-beneficial partnerships'.

[1] Unifying Framework for Poverty Eradication and Social Justice: The Evolution of CARE's Development Approach, January 2005, p12

In the MENA Social and Gender Justice Framework 2015-2030, CARE commits to strengthening partner capacity to implement gender-sensitive programming, improve gender and diversity in their workforce. It promotes strategic and long-term alliances with a diversified group of partners to achieve the region's objectives in gender equality and women's voice, inclusive governance and reliance.

In Jordan, CARE's Long Range Strategic Plan (LRSP) highlights throughout the importance of partnerships at every level. Implementing partners are indicated as entry points to communities, as vital support for marginalized women, as innovators and agents of change, and as multipliers. However, no clear vision for implementing through partners is presented with little detail on the reasons for working with civil society organizations, the impact on the programming this may have, or the change the country office intends to make. The LRSP commits to preparing a partnership strategy and recruiting knowledge management and learning functions that would include partnership. Two of the four programs also have strategies:

- The CARE Jordan Cross-Border Emergency Response Strategy emphasizes the role of local Syrian civil society actors as the only way to reach target populations, given poor security that restricts access. This clearly identifies CARE's reason for implementing indirectly through the partnership modality, and also highlights building the capacity of these partners as well as wider civil society as a clear commitment.
- The Women's Empowerment and Gender Equality strategy (2013) emphasizes the role of Jordanian CBOs and NGOs (and other types of partners) throughout, considering them a potential target group, highlighting the need for capacity building and partnership development, and outlining their importance to other target groups as a service provider.

Jordanian CBOs and NGOs participated in design workshops for both the LRSP and the Women's Empowerment strategy, and extensive discussions with southern Syria partners took place before the cross-border strategy was prepared. Although no urban protection program strategy was identified, the Accountability Framework 2014 lists the program's strategic partners[2] and anecdotal information indicates a full process was implemented to identify these partners.

All discussions with staff involved in this review started with the question 'why does CARE/ your program work with partners. A variety of answers were provided, including:

- The need to reach beneficiaries CARE cannot reach
- For empowerment and sustainability
- To build local civil society to function once CARE has left
- Because the proposal included the modality
- Their knowledge, understanding and acceptance from communities
- Their expertise, both with beneficiaries and to help CARE staff
- It allows CARE to focus on quality
- It mitigates the perception of international NGOs as 'western'

[2] Some staff members indicated that extensive strategic discussions had taken place for the urban protection program that resulted in the identification of strategic partners as well as other strategic decision making. Attempts were made to identify the related documentation, but it had not been identified at the time of writing the report.

While it is to be expected that different programs have different strategic approaches, the lack of consistent answers within the programs – and the difficulty some staff had answering this question – suggests that the reasons why CARE chooses this modality over direct implementation lacked clarity and was not well communicated to teams. While some staff members had very clear ideas of the value of working with local partners, they were often not sure why the modality had been selected for their program or how the partners had been chosen. In many cases, donor proposals do not explain the reason for working through partners either, further confusing the situation. There was also uncertainty as to why some projects included capacity building funds and others did not. There is a need to more clearly link the strategic approach generally and in the case of specific projects to the project design, to ensure the increase in budget and workload working with partners creates is fully incorporated into the design, work plan and budget.

Recommendations

1.1 Identify an overarching partnership strategy or framework to guide the design, implementation, monitoring and evaluation of project activities implemented through civil society partners. This needs to reflect CARE's global and regional strategies, and be reflected in the CARE Jordan program strategies. It is recommended to incorporate this into wider country office and program strategies to keep it relevant and highly visible. The approach should then be reflected in donor proposals. The strategy should be designed in consultation with partners and staff, and should be properly budgeted, include indicators to measure success and opportunities for further reflection.

1.2 Design and document a proper project design process to be implemented for each proposal that fully considers CARE Jordan strategies, including for partnership. This does not need to be time-consuming, but should include the opportunity to discuss the merits of direct or indirect modalities, consult staff currently working with partners and consult with partners.

2. The role of implementing partners

Despite the strategic commitments outlined above regarding equal relationships with CARE's partners, the process in Jordan results in unequal power dynamics, a lack of "shared vision, values, objective, risk, benefits, control and learning". In part, this is due to the lack of clarity around why and when CARE works with partners and in part due to overly burdensome and unclear internal procedures (discussed further below). Specifically, this includes:

- There were no identified cases of the partner suggesting the project which CARE then took up. While partners felt able to talk to CARE and openly discuss their projects, project ideas had come from CARE.
- For the majority of projects, CARE had approached partners and asked them to implement projects according to proposals already written, reducing the opportunities for partners to take their own approach or suggest amendments. In only one identified project was a call for proposals done (which is an excellent example of good practice); however, even in this case the scope of work was already identified in detail. While in most cases there was dialogue with partners, this depends on the team to decide the greater or lesser extent that this will take place as there is no procedural requirement to include partners in any aspect of the design process.
- Documentation is led almost entirely by CARE. In the one case where partners submitted proposals and competed for the grant, this document did not form any part of the official documentation. The standard sub-agreement format allows for a 'scope of work', but in every case this was prepared by CARE in great detail and forms a set of instructions for the partner.

The only part of the sub-agreement that comes from the partner is their budget. This approach misses an opportunity to build the capacity of partners to extend their project design and proposal writing skills, and so independently approach donors.

- The sub-agreement document is highly complex and technical in most cases, even in English. While partners can be given an Arabic version, staff identified the quality of the translation as a concern, and indicated that even in Arabic many smaller partners still struggle to properly understand the articles or their implication. While it is understood that CARE is protecting itself, more needs to be done to help partners understand the content, particularly those unable to afford legal support.
- The sub-agreement is almost impossible to change based on feedback from the partner, adding to the perspective that CARE is a powerful donor rather than an equal partner. While it is understood that CARE is a custodian of donor funds and must ensure their proper usage, it is not unreasonable to expect to be able to take account of reasonable partner feedback on their contract. Staff reported 'off the record' conversations with the larger, more capable partners where they had tried to persuade them not to ask questions or demand changes, as getting helpful feedback from the CARE legal team is time consuming and never had resulted in contract amendments. There needs to be continued advocacy with CARE internally for the legal team to be more responsive to partner feedback – different methodologies could be explored for this, such as simplified procedures for amending the contract, a waiver system or general/ specific conditions.
- Documents produced by CARE about the partners were not shared with partners, emphasizing the power dynamics and reducing opportunities for partners to learn. In most cases, this only relates to due diligence and a limited number of monitoring documents as no capacity assessments were identified. These documents are key learning tools for partners, however, and should be routinely shared and openly discussed. Unless these tools and processes are properly systemized with partner signatures required, this is unlikely to take place.

As no agreed systems are in place within CARE, the organization is highly reliant on individual staff members taking a good approach and attitude towards partners. CARE does not have any training for staff on how to work with partners and has no standards or documented expectations regarding building respectful relationships, promoting positive interaction or promoting partners roles in tasks such as monitoring. So far, for the most part, CARE has been fortunate with this approach. However, in some cases poor communication between CARE and the partner staff had caused anger and distrust. It is therefore suggested that CARE pay full attention to the relationship aspect of partnership, and ensure staff with key communication roles are fully supported in this important task with guidance and training.

Given the importance of partnerships and indirect implementation to CARE, senior management should play a stronger role in the oversight of partner relationships and difficulties faced by staff with related procedures. Senior management should have periodic discussions with partners to highlight their importance to CARE, provide a forum for raising concerns or questions, and ensure senior management are well aware of the role and activities of partners. Governance structures, such as the senior management team meeting, the extended management team meeting, program meetings and program support meetings should have standing agenda items regarding partnerships and partnership procedures, to elevate concerns, resolve difficulties, highlight needs for procedural adjustments and find constructive approaches to challenges.

Recommendations

2.1 All tools, systems and procedures should be designed to promote at a minimum full participation by partners, and where possible their empowerment. By using CARE documentation to give them proper feedback and information, they are in a stronger position to take control of internal changes and improvements. By supporting their approaches and ideas, CARE substantially contributes to their empowerment and builds on their experience and knowledge of their beneficiary groups.
2.2 Immediately institute a process of proposals from partners, which would then form the 'scope of work' component of the sub-agreement. CARE can create a format to ensure all important information is included, and work with partners to build their capacity to effectively complete documentation.
2.3 Continue to advocate with CARE USA legal team to create more partner-friendly approaches to sub-agreements.
2.4 Provide proper support to partners before they sign sub-agreements to ensure they fully understand the contract they are entering into. This could be documented explanations in Arabic, or a discussion with a key staff member. CARE must proactively offer this, rather than waiting for the partner to ask questions.
2.5 Every two years CARE should host partner forums that include all existing and strategic partners. The forums can include training, highlighting the achievements of partners, consulting on and explaining key strategic milestones and other context-specific information. It is recommended that the first is linked to the production of the new strategy and ensures partner perspectives are included in this vital decision-making.
2.6 CARE produce training tools for staff on building respectful relationships with partners and accompanying guidance or communication protocols.
2.7 Include partnership procedures and relationships as a standing agenda item in key governance structures, such as the SMT and ESMT.

3. Sub-agreement procedures

At present, the only policy document governing CARE's procedural approach to sub-agreements is the Sub Agreement Management Policy (version 1.0, February 16, 2010). This document, prepared by CARE USA Donor Compliance and Assurance Unit (DCAU), governs the process of selecting, contracting, monitoring and closing-out implementing partner grants. It is not intended to be a guide to managing partner relationships or the strategic approach a country office may choose to take to partnership; rather, it outlines the procedural process required to manage a financial relationship with an organizational sub-recipient for all CARE USA country offices. CARE USA is currently reviewing this Policy, led by DCAU; it is anticipated that CARE Jordan will have an opportunity to input into this process.

The Sub Agreement Management Policy specifically states that it does not include standard operating procedures, although minimum management requirements are included as Appendix B to guide the implementation of the Policy. Discussions with the regional DCAU representative indicated that their expectation is that the operationalizing of the Policy is the responsibility of each country office, which should be done to contextualize the policy, determine roles and responsibilities, and provide detailed guidance to staff. The Policy does not, and is not intended, to play this role.

The CARE Jordan country office has not prepared additional operating guidance for the management of sub-agreements, and therefore this contextualization has not taken place (see Annex 3 for a list of the current steps implemented in CARE Jordan for the sub-agreement documentation). This has resulted in a lack of clarity of key aspects of the process, ad hoc decision-making, lack of transparency, lack of good

record-keeping, lack of coordination between the programs and weak tools. Aspects of the Policy are currently implemented incorrectly while others are not implemented at all, and different interpretations of particular articles result in miscommunication between departments and, in the worst cases, with partners. Some of the strongest and most positive aspects of the policy are not in place, and opportunities given by the policy to strengthen and streamline processes have not been taken. For the most part, the Policy presents no difficulties to CARE Jordan programs; however, the proper implementation of the Policy needs to be urgently addressed by all departments and programs.

Perhaps because the only formal document related to partnership is the Sub Agreement Management Policy, or perhaps due to a wider CARE culture, it was observed that the approach to partners tends towards compliance and a fear of disallowed costs. This is not only seen in the quantity of documentation required and its excessive completeness (such as 100 percent perfect beneficiary lists), but also in the attitude of staff. When faced with challenges staff have a tendency to ask 'is this allowed' rather than: 1) what does the CARE program/ partner need to achieve, 2) what does the partner need to do this, 3) what do we need to do to make that happen. On occasion this has resulted in tension between staff or tension between staff and partners. While compliance is an important component of project implementation, a more constructive 'can-do' attitude supported by strong procedures could unblock some of the blockages experienced by staff when trying to finalize agreements, reports or deal with problems. Placing excessive requirements for field-documentation on partners may also push them towards fraudulent practices in order to comply with the impossible.

This attitude can also be seen in the interpretation of policies. For example, the southern Syria team was told that they could only work with registered partners for compliance reasons. The Sub Agreement Management Policy does not state that all partners must be registered – it mentions the need for "documentation of legal incorporation and registration or signatures of at least 2 members of the officers of the organization" in section B of Appendix C – Required Documentation. However, in Jordan, the Jordanian government requires all implementing CBOs to be registered with the government, so this issue had never arisen until CARE started implementation inside Syria. An approach to partnership that goes beyond funding and compliance could have resulted in a wider consideration of this point, potentially resulting in a different range of partners and a greater emphasis on smaller, community-based organizations.

A particular problem associated with this lack of contextualization is the lack of agreed and formalized tools for all aspects of partner management. At present, the only common tools are the due diligence and partner budget formats; all other formats are created by each program or staff member resulting in a number of different approaches of varying quality, entirely dependent on the skills and experience of individuals. It was noted particularly that key processes, such as monitoring, are largely undocumented, there are no tracking systems in place for partner narrative reporting, and partners rarely receive feedback. This lack of systemization is also a time-consuming burden for staff, who are constantly reinventing documents already created by other teams. It also means it is impossible to track partner implementation or capacity progress, with all knowledge regarding individual partners retained by a small number of key staff.

Recommendations

3.1 Urgently prepare a full SOP to contextualize the Sub Agreement Management Policy that includes step-by-step procedures, roles and responsibilities, tools, timelines and record-keeping requirements. It is important that these procedures are not entirely compliance led, but also takes account of strategic aims to build partner capacity and the reality faced by program teams

regarding the operating environment and partner capacity. Without this approach, there is a strong chance that the SOPs will fail, and the process for working with partners will continue to be barrier to achieving partnership strategic objectives. To be really effective, the SOP should allow for a strong connection between capacity building and sub-agreements, enabling partners to increase the size of their grant over time and improve on the documentation gradually, emphasizing donor requirements initially.

A. Responsibilities

The Sub Agreement Management Policy requires each country office to allocate roles and responsibilities for managing sub-agreements. Specifically, the Policy suggests a Decision-Making Committee (DMC) should be established and supported by Project/ Program Management and Agreement Management roles. In CARE Jordan, the DMC has not been established and no record was found of any ad hoc/ un-named committee taking the equivalent role. Selection is primarily done prior to proposal submission by the staff members involved with writing the document. In the few cases where decisions were not taken prior to proposal submission, selection decisions were mostly taken on the basis of properly documented discussions with partners (outlined in more detail below), and then the program manager deciding on the basis of a score. While the scoring is transparent (and to be supported), the lack of a systematic, wider process including a greater number of staff members, properly documented at the time of decision-making, is problematic.

The roles of Program Management and Agreement Management in this process overlap in the CARE Jordan office, with the Program Management role frequently taking on the task of preparing the sub-agreement and orientating the sub-recipient to its terms and conditions. This not only places one individual in a powerful role, but also results in that individual taking the pressure of decision-making and process implementation. Staff frequently in this position reported a level of fear regarding this, as they felt that if something went wrong with the implementation of the project they would be blamed entirely. By properly utilizing a DMC, the concentration of decision-making is dispersed, sharing responsibility between all staff involved.

It is recognized that properly transparent and inclusive processes are difficult in the frequently short timeframe provided to prepare donor proposals. However, the Policy allows for agreement of 'strategic partners', a process that would enable quick decision-making without recourse to a DMC in each case. In cases where quick decisions are required without strategic partners being in place, a documented simplified decision-making process could be established that includes one ad hoc meeting of the DMC to enable a proposal to proceed. While this may be imperfect, it would nevertheless be transparent, inclusive and documented, facilitating later procedures in the event of a successful proposal.

Recommendations

3.2 The sub-agreement management SOPs should include a DMC responsible for reviewing and finalizing the selection of implementing partners and detailing other roles related to the process. The DMC should meet periodically to review implementation progress, deal with any challenges arising from partner's implementation (amendments or terminations), review potential new partners and review selection documentation. All meetings should be properly chaired and documented, with action points followed up at the next meeting.

3.3 Ad hoc meetings of the DMC for urgent partner selection should be formalized with agreed procedures and record-keeping.

B. Selection of partners

A number of processes for selecting partners as sub-recipients were identified:

- Call for proposals - done for one women's empowerment program project. The selection process was good and CARE should consider replicating this when opportunities arise.
- Strategic partners – the urban protection program has a list of strategic partners, which is also used by the women's empowerment program when relevant. In 2015, 25% (11 of 44) sub-agreements were with partners identified as strategic. However, documentation relating to the selection process could not be identified and reviewed, and staff in the programs were not aware of the strategic status of these partners. At present, the identification of strategic partners has no impact on the selection or management of their sub-agreements.
- Ongoing – with many of the projects with annual donor proposals the same partners are included each time with no additional selection process. Their selection is therefore based on their access to beneficiaries, experience, knowledge and existing activities. This is potentially acceptable if decision-making were more transparent.
- Invitation and scoring – based on local knowledge of potential partners, CARE staff invite a number of organizations to 'apply' to be a partner. CARE then sets the criteria and assesses the partner against the criteria, applying a score to make the selection. In the examples reviewed, this process was well documented and considered a totally acceptable approach. However, the DMC should be used to finalize and record the selection. While this approach is transparent, it is not empowering, and CARE should be clear why this is being used rather than requiring proposals from potential partners.
- Unknown – there were many cases where during the proposal production phase program teams had identified partners for a number of technical or practical reasons. Similar to those selected due to their ongoing activities, partners were probably selected based on their access to beneficiaries, experience, knowledge and existing activities, as well as their willingness to be a partner in a proposal. However, in most cases this is not documented fully and no wider discussions take place. Staff then responsible for preparing sub-agreements were not aware of the reasons for the selection of that partner, and therefore had difficulties completing the required selection documentation – it should also be noted that completing selection documentation after the fact is a fake and time consuming process. Most troubling were the cases where the partner themselves were unaware that they were included in a proposal, and had to be approached after the fact. This process should immediately end, with an expedited and simplified DMC taking place in every case.

It was clear that frequently no deliberate decision had been taken on the partner selection process to identify which procedure is best suited to the circumstances, and often decisions regarding partnerships are taken late in the project and in a rush. In many cases staff did not know what selection procedures were available to them as these are currently undocumented and therefore they simply followed the steps enforced for compliance reasons, preparing the selection memo for the file after the fact if necessary. While a full evaluation of a sub-recipient prior to the submission of a proposal is unlikely in every case, it is possible to simplify and expedite this by having a shortened version based on CARE knowledge and experience of the partner, documented discussions with the partner on specific topics and a basic review of key documents.

No cases where the partner had suggested (formally or informally) an approach or project were found, and while there were a many cases where partners had been consulted, claims that partners had taken a full role in the project design could not be verified as these meetings were undocumented or not

available. Moreover, CARE has no mapping of potential partners that staff can use to identify potential new partners.

While the Sub Agreement Management Policy does not outline a procedure by which partners can be pre-selected and designated as strategic, discussions with DCAU staff and other country offices have made it clear that this could be acceptable. This approach could enable CARE Jordan to go beyond grant-based funding to partners, and take a longer term approach to partner capacity needs and empowerment. By building a shortlist of strategic partners, for whom due diligence and capacity assessments are periodically undertaken regardless of their funding, CARE will be able to select these partners for inclusion in proposals with minimal additional procedures, overcoming some of the difficulties managing proper selection procedures in the time allowed by donors for producing proposals. This would also allow partners to build up skills regarding CARE's procedures, reducing the amount of time CARE staff spend coaching new organizations to meet CARE's complex and lengthy documentation requirements.

Recommendations

3.4 Design and implement a strategic partner pre-selection process that includes periodic due diligence and capacity assessments, capacity building, selection processes for specific grants, and clear tools. The process should be approved by senior management and DCAU. Each program should be encouraged to identify an appropriate number of strategic partners based on agreed criteria who are then properly tracked, selected for grant opportunities where relevant, and have their capacity built against well-defined capacity building goals. While it is accepted that without funding it is difficult to target specific partners, it is clear from the list of 2015 grants that the same partners are working with CARE in multiple grants in many cases, or repeatedly year on year. Therefore, it is anticipated that a good pre-selection process will result in partners that are generally in receipt of funding from CARE. In the periods of time in between they can be included in relevant training where possible, invited to discussions and meetings, and be involved with relevant project design processes.

3.5 As part of the partnership SOPs, outline additional acceptable selection processes for use by programs and guidance on selecting the appropriate approach that includes timelines, roles and responsibilities, key documents required and formats. All tools can be designed to have standard sections and guidance on creating activity or project specific sections. Record-keeping is an essential component and should be properly managed to ensure all processes are properly documented and retained.

Possible processes (in addition to the strategic partner approach) should include:

- Call for proposals – tools should include a proposal format, criteria format and scoring system, proposal review committee, timelines for consideration of proposals and a feedback tool for applicants (successful or unsuccessful). Guidance on how to prepare and advertise a call for proposals would be a useful addition.
- Invitation to apply – tools should include a proposal format, criteria format and scoring system, proposal review committee, timelines for consideration of proposals and a feedback tool for applicants (successful or unsuccessful). If it is considered inappropriate to use a full proposal format (in circumstances when organizations are too inexperienced to manage this tool), a simplified form can be prepared that is followed up by a documented visit.
- Unsolicited proposals – partners (particularly strategic partners) should be encouraged to submit unsolicited proposals. Where these fit within current CARE activities, they

should be reviewed by the DMC and considered for funding. If they are good and relevant to the CARE strategy but funding is not currently available, they could be shared with the relevant program team to trigger further discussions with the partner and potentially donor proposals.

3.6 CARE must commit to including partners in project design where possible, or if this is not possible then at the very least ask if they are willing to be included in a proposal. The selection procedures outlined above are a tool to bring partners into the process; however, it is recommended that programs commit to including partners in design discussions at all levels to capture their expertise and learning. While it is outside of the scope of this report, it is noted that CARE currently has no process for project design and proposal production, and it is suggested that this would be a useful mechanism to establish and one in which partners could be included.

3.7 Design simplified procedures for the DMC to use prior to proposal submission to agree a partner that includes a simple (internal) evaluation of the partner and a documented meeting to approve their inclusion in a proposal. The perspectives of the partner should be a documented consideration.

3.8 Prepare and periodically review a database of potential partners, based on geographic locations, sectors of work, relevant expertise and access to target beneficiary groups.

C. Partner due diligence assessments

Prior to signing a sub-agreement it is a requirement that CARE undertakes a partner assessment to evaluate the level of risk. This due diligence process in CARE Jordan is currently a joint action undertaken by programs, finance and the grants and contracts manager. All programs are currently undertaking due diligence processes in line with the limited requirements included in Appendix B of the Sub Agreement Management Policy (article 8).

A number of concerns were identified with this process. There is a lack of clarity around who is the lead person responsible for ensuring that the due diligence takes place and is of a high standard. It is entirely appropriate that this should be a team approach, but it would be useful to identify where the responsibility for due diligence lies. While a format currently exists for completing due diligence, the form is based on the Sub Agreement Management Policy requirements and is highly limited in scope and subjective in nature. In 2015, the only partners not designated as 'high risk' were those with due diligence undertaken on behalf of CARE Jordan by other CARE country offices. This means that large, Jordanian NGOs with well established procedures and a large number of other donors, such as the Jordan National Forum for Women, were rated exactly the same as small CBOs working in one location, such as the Um Alsalieh Association. This suggests that the due diligence process is not capturing and reflecting the real situation. The questions are either yes/ no or based on a high/medium/low rating. However, there are only six sections: governance, program performance and capacity, management capacity, accounting systems, internal controls and inherent risk. While limited guidance is provided for each section through the 'factors considered' column, the number of factors within each section is high and varied. This means that the score for each section is subjectively selected by an individual or small group who decide if it is more important that the partner has a published annual report or have 'decision-making transparency'.

This tool is insufficiently sensitive to present a real picture of the situation within each partner organization and fails to capture a number of the key factors that should be important – such as, for example, their accountability processes, gender and disabilities, the details of their financial system,

internal controls and reporting systems, and if staffing is sufficient for current and new activities. The due diligence process does not take account of past experience with CARE or check references from other organizations. While partners are involved in the process as they are required to answer the questions, they are not provided with the results and receive no explanation of their scoring, missing a vital opportunity to raise capacity through guided self-assessments or at least increasing their understanding through sharing the result. This process fails to empower partners – more than that, it actually reduces their ability to take responsibility for and control of their organization.

It was also noted by many staff that the due diligence process lacks clarity in terms of its implementation by CARE. Staff have been asked to repeatedly ask partners for new and different documents after completion of the process, or program teams have been instructed to consult different program support teams not originally included in the due diligence discussions. This lengthens the process, delaying the sub-agreement and further confusing partners who are not fully informed already.

At present, the due diligence document is only used to determine the risk level of partners and their resulting reporting requirements. No risk mitigation measures are considered and no capacity building is subsequently undertaken. As partners do not see the due diligence results, they are unable to take responsibility for addressing any gaps identified. For the programs implemented in Jordan due diligence is currently repeated every six months, even though this is not required by the Sub Agreement Management Policy, no capacity building may have taken place (and therefore no changes can be expected), and no action is taken on the basis of this. As well as being a hugely burdensome task for staff and partners, this presents CARE as a constant 'auditor' that doesn't trust partners to implement. While close oversight of many partners is warranted, repeatedly undertaking the due diligence does not appear to be a useful or effective way of achieving this given the failings in the format itself and the lack of follow-up action.

Recommendations

3.9 The due diligence procedure and tool should be revised and documented within the partnership SOPs. The procedure must document the roles and responsibilities of staff members, the timeline and the partner feedback mechanism. The tool should include a more in-depth financial and internal control review (for example, using the MANGO financial management health check) which is less subjective and an accompanying program form (to be designed with overall sections as well as program specific sections). These forms should include a complete list of documentation required from the partner and any additional documents needed for a specific grant must be identified before the due diligence takes place and immediately shared with the partner for submission. Once due diligence has been finalized, all departments should accept that all relevant partner documentation has been received and no further requests should be made.

3.10 The risk mitigation actions to take place depending on the results of the due diligence process should be defined and a risk mitigation plan immediately put in place for all partners considered high risk. The process and tools for this should be included in the partnership SOP.

3.11 Due diligence should be repeated in line with the requirements of the Sub Agreement Management Policy: for awards lasting more than two years, due diligence should be repeated half way through. It is suggested that strategic partners should have their due diligence repeated at least every two years or following a major event. The repeated due diligence tools should be adjusted to remove sections not required and place greater emphasis on staff experience with the partner. Risk mitigation measures should be adjusted accordingly.

3.12 The findings of due diligence assessments should be closely aligned with capacity assessments and plans, to reduce duplication and inform planned activities.

3.13 The findings of due diligence assessments should inform partner monitoring plans and activities where necessary, as a part of risk mitigation measures and to ensure appropriate action is taken.

D. Entering into agreements

In addition to the concerns outlined above regarding the sub-agreement template itself and the responsibility for the scope of work, the process of entering into a sub-agreement reportedly causes many difficulties for CARE staff and partners.

This process is currently undocumented and it is not clear who is responsible for ensuring the process is smooth and takes place within a reasonable time period. Generally the program teams are responsible for preparing the sub-agreement format with oversight from the Grants and Contracts Officer. The approval of sub-agreements lies with the Country Director in most cases (it is uncommon to go above the authorization levels of the Country Director), with a review and consult/inform requirement for DCAU on all sub-contracts. This latter role of DCAU has proved unclear, with staff reporting additional requirements from DCAU or the finance team before the CD approval, without clarity as to why they are asking for documents or clarity on what exactly is required. Additional information about the partners should come through the due diligence process, not the sub-agreement process, and if the sub-agreement has been correctly completed there can be no reason for delay.

Staff report that getting a sub-agreement organized within the CARE system was a hugely burdensome and complicated process. Most staff expect it to take a minimum of one month, with staff reporting much longer processes at times. At times, this was linked to partner confusion on issues such as bank accounts and CARE cannot be held responsible. It must also be highlighted that gaining government approval (required for all work with partners in Jordan) is extremely time consuming and difficult for CARE to expedite – the Women's Empowerment team reported that this had taken up to four months. However, staff also raised a lot of concerns about continual and inconsistent internal requests for further information coming through piecemeal and causing a lot of difficulties for partners to comply. The lack of agreed supporting documentation, the lack of a lead staff member and the lack of timelines results in processes where the finance department are asking for one piece of information at a time, then another, then another. Program staff liasing with partners continually have to go back and ask for another document, which causes confusion, lack of confidence and lack of trust in the process both for partners and staff. Program staff reported being 'embarrassed' to go back again to partners to ask for something else and unable to explain to partners why the process was so difficult. Partners indicated that CARE was their most difficult donor in terms of documentation and compliance.

Delays with signing sub-agreements are reducing the ability of partners to implement projects. While the huge majority of donor grants that include sub-agreements in 2015 were at least 10 months (only southern Syria donor grants were fewer than 10 months in duration), and consequently all sub-agreements implemented in Jordan were at a minimum 6 months long, 30 of the 44 sub-agreements (68 percent) were signed after the sub-agreement start date. The majority were signed on the day of the sub-agreement start date, while 9 had no signed agreement on file to check the dates. Many of those where the signature was on or before the start date still showed a long delay between the start of CARE's donor grant and the start of the sub-agreement, with three months being a normal lead time, even with partners identified as 'strategic'. Where partners are the primary implementing modality, this shortened implementation period is of major concern and CARE needs to streamline approaches to

ensure an effective and efficient sub-agreement production period that reduces the work required by staff and increases the amount of time allowed for implementation. It is noted that staff report using (or attempting to use) service contracts rather than sub-agreements to avoid such burdens. This is not good for either CARE or the partners, as this avoids rather than solves the problem.

Once sub-agreements are entered into, a properly documented inception meeting with partners is required to ensure both CARE and the partner have a proper understanding of the activities and contract requirements. In most cases this has taken place, although not in the case of many of the southern Syria partners. While it is positive that these meetings are taking place as routine, the meeting could be extended and improved to increase understanding on both sides of the project, implementation plans, challenges and immediate actions. These meetings are not documented, do not result in agreed action points that can be followed up, and mostly comprise of the finance teams briefing the partner on CARE reporting requirements. Program teams report that they are frequently not present.

Recommendations

3.14 The partnership SOPs should clearly document all aspects of the sub-agreement process, including roles and responsibilities, timelines, documentation required and review processes. This should be clearly communicated to the partner at the start of the process, with an estimated start date discussed and agreed. If CARE is unable to produce the documents in time for this start date, the partner should be updated, with an explanation and a new start date.

3.15 Inception meetings should be lengthened and a standard agenda prepared. The meeting should cover finance, monitoring, reporting, implementation and close-out requirements, brief partners properly on the overall program and provide an opportunity for them to ask questions and discuss their needs. It should include details of any capacity building to be offered to the partner and suggestions from them of further needs. Multiple partners can be brought together for the meeting if necessary, although in this case CARE should seek an opportunity to have a one-to-one meeting with each partner to additionally discuss their specific agreement.

E. Monitoring and evaluation

At present, no procedural requirement or guidelines exist regarding the program monitoring of partner implementation. This review found that while many staff have prepared documentation to enable them to record their monitoring tasks, there is no standard report format and no requirement for them to record these visits. As a consequence, the standard of the monitoring reports is dependent on the experience and skills of individual staff members, and no cases were found where monitoring reports are shared with partners for review or routinely discussed by the wider program team – in many cases, no documentation of monitoring visits is taking place. There were no cases found of more senior staff undertaking monitoring visits (as required by the Sub Agreement Management Policy) and also no cases found where beneficiaries or other stakeholders were routinely included in CARE monitoring. One good practice to be highlighted is the inclusion of partner beneficiaries in CARE's post-distribution monitoring (PDM) and the beneficiary verification processes.

The frequency of monitoring is determined in each program based on the partners' schedules and work plan, often on a weekly basis. CARE staff report trying to attend key activities, such as training; this decision seems to be taken on a case by case basis with limited managerial oversight. In the southern Syria program, due to the lack of access to project sites monitoring visits as such are not taking place, replaced by the often daily contact with partner staff during implementation. While such contact is

excellent and to be continued, the team should still consider periodic 'reviews' with partners to capture their experience of implementation. This will then be compared to third party monitoring information, and can also be further supported by spot checks by M&E consultants in the field once hired, who can also discuss with beneficiaries and stakeholders their experience of implementation.

Financial monitoring is done through the finance reports that are required before partner organizations receive payment, generally tracked by the finance team. This incentive ensures that finance reports are shared with CARE, and partners reported that once they had properly understood the large amount of documentation required, they were generally able to produce it. However, CARE staff reported that smaller organizations find the quantity of supporting information required challenging with repeated and time consuming discussions with between CARE and the partner to get reports corrected and approved. CARE staff reported additional and ad hoc requests for information unexpectedly from the finance team to accompany payment requests, and a lack of clarity regarding reviewing and approving finance report supporting documents. This is placing a huge extra burden on program staff and again reducing the confidence and trust built up between CARE and the partner, when repeated and frequent requests for additional information delays payments. There was also strong preference for CARE to continue working with the same partners in a more strategic way, as extensive support on producing financial documentation was lost to CARE if the partner did not continue their relationship beyond one grant.

There is no agreed format for narrative reports, although most programs have created something for their partners to use (some of which are extremely good and can be used as a basis for a CARE format). As this has been created by individual programs, there is no consistency with the approach and the quality is dependent on the staff member that created the document. Certain topics are not included that CARE potentially should be tracking, such as complaints, feedback and suggestions or gender considerations. Language is also a concern – many small organizations have no capacity to report in English as required by CARE. Therefore CARE staff are translating reports for partners or collaboratively writing the report for them.

As there are no standardized tracking mechanisms to record the expected and actual date of report submission, it is not known if reports are generally late (or received at all), although staff reported that generally all narrative reports are late. Programs have created internal methods for tracking report deadlines, such as their workplans or using outlook, but this only ensures one staff member is aware of the deadline and does not track actual submission date. Staff reported spending a lot of time with partners chasing narrative reports, and CARE needs to identify why this is the case – are formats too complex or do partners not understand their importance? It is also not known if narrative and financial reports are routinely reviewed together for consistency as this is not a requirement – again, certain staff members are doing this, but it is not systematic. It is suggested that partner payments should not be processed until narrative reports are received and the timeliness of reports form part of the endline review with partners (see below).

At present, there are no routine progress reviews with partners or mid/ end of project reviews, lessons learned or evaluations. While some programs have instituted some excellent practices regarding periodic meetings with all partners and occasionally some end of project discussions have taken place, these are largely undocumented and have no formal status within the project, and therefore don't take place if staff become too busy. Partners reported finding periodic meetings with the wider range of partners involved in the project as extremely useful, and were disappointed when they were cancelled or not followed up. The lack of lessons learned meetings means that CARE is failing to learn from

implementation how to improve and do better, exacerbating problems caused by failing to bring partners into project design processes.

The southern Syria program has a particular set of challenges regarding monitoring of partners as staff are unable to access project sites. There are currently some very good practices being implemented in this team to overcome this difficulty, such as the use of third party monitors and almost daily contact with partners, and this should be continued and even further embedded. In addition, it is recommended that the team create standard midline (for sub-agreements over 6 months) and endline project discussions with partners that includes partner staff inside Syria, to track progress, discuss challenges and concerns, make appropriate implementation adjustments, identify lessons learned and identify potential training needs. In addition, the project needs to urgently recruit M&E consultants inside Syria to support the monitoring of partners by undertaking tasks such as meeting with partner staff periodically, meeting with stakeholders and beneficiaries, investigating complaints, observing and reporting on key activities, and contributing to post-distribution/ post-activity monitoring. As a range of monitoring activities are required to ensure confidence in the process, the team should be using project monitoring plans that details these activities clearly, defines roles and responsibilities, timelines and required budgets.

At present, CARE is not monitoring the capacity of partners and at the time of writing had no tools related to this task. However, there are programs that specifically include partner capacity and for technical training it is understood that the programs are generally using pre- and post-tests to confirm participant understanding and learning. If CARE moves towards programs designed to increase the capacity of partners to implement activities – such as planned in Azraq city – tools to track and assess the skills of partners in key areas will need to be designed. This may also become a concern in the southern Syria program. Programs that further intend to build the wider capacity of the partner organizations will need to have appropriate tools to assess their growth and change. This is discussed further below, but it is important to note that at the end of 2015, no partners had capacity building plans, even though 19 sub-agreements already included technical training and 11 reported planning training – 9 of which were in the process of preparing capacity building plans.

Recommendations

3.16 The partnership SOPs must include all standard tools for partner reporting (narrative and finance reports), clarify language concerns and list the supporting documents required in each case[3]. This should be clearly stated in the sub-agreement following discussions with the partners to ensure viability, then discussed again in the inception meeting. It is important that both program and finance teams agree the list of supporting documents and accept that no other documents will be forthcoming.

3.17 Partnership SOPs need to clearly document the process for reviewing and approving reports and supporting documents, to reduce duplication of staff time on this task. This may differ for different types of supporting documents.

3.18 A tracking tool for narrative and finance reports from partners must be immediately prepared and responsibility for maintaining it agreed. It can be a simple excel spreadsheet with one staff member in each program tasked with completing it at the start of a sub-agreement

[3] The narrative report should include a standard CARE section, a section designed specifically for each program, and a section designed for specific projects. In this way consistency is created but flexibility related to partner capacity and information needs are taken into account.

and on receipt of each report. Responsibilities for sending reminders to partners should also be clear, as well as follow-up questions and clarifications.

3.19 CARE should prepare a list of possible partner monitoring tools and at the start of each sub-agreement the program team should agree which will be used, the frequency and the feedback mechanism to partners. This should be clearly documented in the project monitoring plan and staff time properly allocated. Tools that can be used should include: periodic progress review meetings, mid and endline reviews, lessons learned meetings, activity monitoring, observation, spot checks, meetings with stakeholders and beneficiaries, and partner reports (both periodic and of specific activities). This is not an exhaustive list, and should be expanded as new and useful tools are identified.

3.20 Appropriate monitoring of strategic partners needs to be identified to ensure that they are meeting CARE's strategic aims, find the partnership with CARE useful, and have developed accordingly.

F. Close-out

In 2015, 12 of the 44 sub-agreements had end dates the same as CARE's grant agreement. While with the extremely short-term southern Syria agreements it is hard to see how this can be avoided, this was also the case with the urban protection program. In these seven cases, four had donor grants of 10.5 months and sub-agreements of 6 months, in one case the donor grant was 12 months and the sub-agreement 10 months, while in the other two cases the donor grant was 12 months and the sub-agreements also 12 months. The alignment or close alignment of donor end dates with sub-agreement end dates causes difficulties with partner close out, putting pressure on program and partner teams to quickly prepare close-out documentation to meet donor reporting deadlines and causing problems for the finance team trying to close CARE donor grants. This is also contrary to the Sub Agreement Management Policy.

Recommendations

3.21 Whenever possible, partner sub-agreements should finish at least one month before the donor grant. The partnership SOP should clearly detail the requirements for closing grants so that even when this time is not possible, staff can start preparing close-out information and prepare partners to act quickly.

4. Record-keeping

Information for this review was extremely difficult to collate. There was no central list available of all sub-agreements and while folders exist for the related documentation, these were incomplete or highly confusing with drafts and final versions, inconsistent subfolders and no tracking tools for the various processes. With no centralized filing system, much of the information was gathered from individuals and depended on their institutional memory. While this is manageable with a small number of sub-agreements, this is clearly not practical or efficient in the current circumstances. The finance tool PeopleSoft should have made this information available, but the type of information provided through this tool and the limited ability to run queries made it impractical for tracking.

Recommendations

4.1 Create a proper tracking sheet with information on every sub-agreement and its current status – this could be linked to the report tracking sheets (using a more sophisticated tool then excel in the long run would enable a more streamlined approach).

4.2 Create a shared folder for partnerships to which all relevant staff have access. This should be grouped by program and donor grant, and include: sub-agreement, due diligence, capacity assessment and plan, partner reports (with submission emails), monitoring reports and key correspondence. It is suggested that this should also be linked to a wider filing system that includes donor grant information, but this is outside the scope of the report. Ensure that one staff member has responsibility for maintaining the files, while everyone using them has access and enough editing rights to save these documents.

4.3 Create accompanying hard-copy files to retain all originals of documents. The hard copy files should mirror the soft files in format, although it may not be necessary to print each document.

4.4 Create easily accessible files for all partnership supporting documentation, such as the SOPs, the tools, guidelines, training tools and tracking tools. Easy access will encourage and support usage and ensure all staff are using the most to date versions of documents.

5. Partner capacity building

Strategically, many staff identified building the capacity of partners as a key aim of the partnership modality. While this is not clearly stated by the CARE strategy documents for Jordan, many of the proposals refer to building partner capacity, often primarily from a technical perspective. Moreover, CARE staff routinely identified the need to build partner capacity to comply with CARE and donor requirements and therefore implement programs effectively and efficiently. At present, all programs are building the technical capacity of partners through informal, coaching methodologies and anecdotally can show some success with this approach.

Seven of the 19 donor contracts in 2015 that included partnership included funds for building partner capacity. By the end of 2015 no capacity building plans had been done with partners, although these were underway for one Women's Empowerment project (using an outside consultant for the assessments) and under discussion for two urban protection program grants. While CARE had properly considered the technical training required in many cases, to date there had been no real attempts to build the operational capacity of partners in a systematic way. The expectation was that existing program support teams would be involved with training partners, but the reality is that this training and support is not taking place. The procurement unit reported doing one training session for partners two years ago and attending some inception meetings. Occasionally partners call and ask for guidance, but this is extremely limited. Some staff reported using outside consultants for financial and communication training for partners based on assessments, but no evidence was found for this in 2015.

Many of CARE's partners have extremely limited operational capacity, may have no finance team and may use volunteers rather than full-time staff in key roles. This affects the partner's ability to provide strategic and well-planned program documentation, as well as financial, procurement and human resources documents. In many cases, CARE needs to take a long-term view of partners to slowly build their capacity – human, financial, technical – over a period of years, rather than during a 6-month grant. Identifying strategic partners and working with them over a longer period of time will support this approach, while working with other partners for shorter periods will require different objectives, approaches and levels of input.

While the expectation may be that purely by implementing CARE grants partners are building their capacity, this is insufficient if CARE wants to genuinely work with partners to develop their skills and organizations. To achieve this, CARE must build its own capacity to support partners in their organizational growth rather than relying on busy staff members to add this role into their jobs,

particularly as this is not reflected in their job descriptions or their skills sets. Training people is a particular skill, and one that CARE should plan and develop. There are a number of ways CARE could achieve this, if it is identified as a priority, such as:

- Identify a partner organization(s) skilled with organizational development to support specific CARE partners, such as the strategic partners, over a longer period of time.
- Identify specific skill-sets that CARE will develop within partner organizations and produce related tools. These could include cross-cutting topics such as gender and monitoring, technical topics related to implementation, and core operational topics such as procurement or finance. CARE will need to build internal capacity to ensure staff have the time, skills and tools to assess and train partner staff and track the impact.
- Build internal CARE capacity to support the organizational growth and development of strategic partners in all aspects, to ensure strong, capable and independent civil society organizations. This would require CARE to develop a team of staff able to assess, train and monitor organizations on all aspects of their technical and operational change. This assumes a significant investment and may include a number of partners with specific expertise to support this process.

While it is considered unlikely that CARE will prioritize capacity building of partners to the extent that the third bullet above requires, it is possible that CARE could properly contribute to the partners by selecting particular key skill sets considered as a priority and building internal capacity to develop partners in these areas. In this case, CARE must first consult with partners and others in the assistance community to identify priorities, reduce duplication of effort, and ensure partners have a strong voice in this process. Self-assessment tools could be developed for partners to enable them to identify areas of need, which CARE could then support or refer to others.

It should also be recognized that many of CARE's partners have expertise in areas where CARE may be weak or other partners need support. If CARE created a strong learning environment, then opportunities to ensure cross-learning between partners or training for CARE staff would certainly arise, benefiting everyone. Meetings between partners working on specific projects could help identify opportunities, which CARE could then support. CARE could also encourage partners to use existing learning portals or deliberately connect partners with strengths and corresponding weaknesses.

Recommendations

5.1 As part of the partnership strategy (recommendations 1.1), identify a consistent and realistic approach to building partner capacity that takes account of CARE's strategic aims regarding partners, what other agencies are doing and what is realistic in the timeframe of specific sub-agreements or strategic relationships.

5.2 Continue coaching methodology and technical training, while putting in place better tracking and monitoring of these tasks so that CARE can measure the impact of such training.

5.3 Identify other actors with capacity building programs to which partners could be referred or other sources of support for local civil society organizations.

5.4 Once CARE's strategy regarding partnership is elaborated, develop the corresponding mechanisms for various categories of partners based on their expected length of engagement with CARE. This will include staff skills and capacity, tools and curricula, referral mechanisms, financial support, tracking and monitoring mechanisms, and impact reviews.

6. Quality and accountability

In addition to the monitoring outlined in section 3.E, it is recommended that CARE revise the approach quality and accountability approaches to partners and to partner beneficiaries. While many of the tools are discussed above, such as monitoring, reviews and lessons learned, there are other mechanisms that CARE could put in place to increase quality and accountability.

A. Complaints, Feedback and Suggestions

At present, only the urban protection team manages a complaints, feedback and suggestion (CFS) mechanism that impacts on partner beneficiaries[4]. This mechanism covers equally the direct and indirect CARE beneficiaries and includes a hotline and complaint boxes. The CARE urban protection program M&E team is responsible for collating information and reporting on each CFS and takes the lead on all investigations. While it is possible to draw out the partner from the CFS database (they are named in the complaint description), this is a factor not routinely reported in the CFS reports. This makes it difficult to pick up concerns regarding a single partner or understand the success of the partnership approach. While the team is careful to ensure partners play a strong role in investigations, CARE staff take the lead and therefore it is up to the individual staff member to ensure this is a positive, collaborative experience that does not jeopardize a wider relationship.

In 2014, CARE Jordan did a training session for partners on quality and accountability that included CFS mechanisms. However, there has been no follow-up and CARE does not include accountability in the due diligence, reporting or monitoring mechanisms. Therefore, it is currently not known which partners implement CFS mechanisms, the quality of any mechanisms implemented by partners, or the ability of partners to handle serious complaints (such as prevention of sexual exploitation or abuse or fraud and corruption). The Women's Empowerment program, Azraq city program and southern Syria programs have no formal CFS mechanisms and therefore it is not known if beneficiaries have complaints about these partners. Despite this current gap, it is suggested that CARE take an empowerment approach to CFS mechanisms and support partners to build their own strong internal systems rather than enforcing CARE's system on them. As it is likely that the majority of complaints will be regarding the service (beneficiary selection, assistance not received), the partner should have the capacity to manage these without CARE's intervention, reducing CARE's workload.

Recommendations

6.1 Train CARE staff on CFS mechanisms and ensure each program is implementing strong systems that include both serious and non-serious complaints, proper reporting to enable management review and has the capacity to properly investigate. The systems should be fully advertised to beneficiaries with strong information on the service they can expect (codes of conduct), how to complain and what will happen with their complaint.

6.2 Identify partners' current capacity for receiving, processing and investigating complaints and beneficiary preferences for interfacing with such mechanisms. With each partner, prepare a plan for building CFS mechanisms, training staff on investigations (particularly serious complaints), preparing information and building beneficiary understanding of the mechanisms, and using CFS for program management. Starting with strategic partners, ensure all partners have at least simple complaints mechanisms properly advertised to beneficiaries by the end of 2016. For smaller partners, include mechanisms to refer serious complaints to CARE for investigation if they don't have internal capacity.

[4] While the Azraq program manages a CFS system, it is only functional inside the camp where CARE has no partners. It is therefore not considered in this report.

6.3 Build CFS into CARE's monitoring of partners, using partner reports, spot checks and observation as tools to ensure the system is fair, effective and efficient.

6.4 Ensure CARE's CFS systems can identify implementing partners for follow-up investigations and include this information in internal reports for inclusion in partner reviews.

B. Participation

At present, CARE does not formally require or promote the inclusion of beneficiaries in partners' project design, monitoring or implementation. As CARE does value the inclusion of beneficiaries in all aspects of the project cycle, it is suggested that this extended to partners.

Recommendations

6.5 Ensure all tools include a participation element. Proposal and report formats should include space for partners to discuss inclusion and all data must be disaggregated by sex, age and disability; monitoring of partners' implementation should include beneficiary and stakeholder perspectives; due diligence and capacity assessment tools should include questions regarding how beneficiaries are involved with the work of the partner.

6.6 Capacity building of partners could include participation, and support partners to gather good information from beneficiaries, establish strong beneficiary inclusion mechanisms, and identify opportunities to include beneficiaries in design, implementation and monitoring of activities.

C. Provision of information

At present, CARE does not widely monitor the knowledge of beneficiaries regarding the activities funded by CARE and implemented by partners. PDMs allow some level of knowledge regarding those activities with distributions, but in other projects where partners are responsible for infrastructure, running services or providing information CARE does not confirm that beneficiaries understand their rights and entitlements under the project. This should be collected through monitoring of partners projects with beneficiaries and stakeholders, to ensure appropriate messages are being communicated and are understood. A well-functioning CFS mechanism would contribute to this.

Recommendations

6.7 Ensure monitoring of partner beneficiaries includes questions to establish that their understanding of beneficiary criteria, activities and objectives is appropriate.

D. Standards and codes of conduct

Articles 8 and 9 of CARE's standard terms and conditions in the sub-agreement includes requirements on discrimination, PSEA, international standards, impartiality and fraud and corruption. The articles are extremely limited and do not include detailed information – for example, on PSEA the requires partners to: comply with the Statement of Commitment on Eliminating Sexual Exploitation and Abuse by UN and Non-UN personnel. It is unlikely that many of CARE's smaller partners will know what this statement is or have the capacity to implement PSEA investigations at the level which is required in the article. Many CARE staff reported their belief that partners simply sign the sub-agreement without understand these standard terms and conditions, and certainly make no attempt to comply. Partners are not provided with capacity building on these topics and due diligence processes do not confirm what is already in place.

The scope of work included for specific projects will generally include specific indicators related to international standards (such as Sphere) or relevant reference to such standards. In these

circumstances, it is important to learn if the partner has an understanding of these standards before proceeding.

Recommendations

6.8 Include code of conduct and international standards in the due diligence process to increase understanding of each partners' existing mechanisms and processes.

6.9 Prepare a package of standard information for partners on codes of conduct, including PSEA, child safeguarding, the Core Humanitarian Standard and fraud and corruption. This documentation should then form part of the inception meeting, to ensure they understand how this will be operationalized in their specific project.

6.10 When other standards are required to ensure high quality program delivery, such as Sphere, CARE must proactively initiate a discussion with the partner to identify their levels of knowledge and initiated technical training if required.

E. Accountability to partners

CARE currently has no mechanisms in place to ensure proper accountability to partners. There is no information on CARE provided to new partners, no reviews or lessons learned are currently done with partners (see recommendation 3.18) and partners are not deliberately invited to provide their assessment of CARE's performance. Partners are not given information regarding who to contact inside CARE regarding different issues or concerns they might face, and most have access to only the one point of contact. This is in sharp opposition to the level of scrutiny faced by partners of their systems before CARE is willing to work with them, again emphasizing the unequal power dynamics between the two organizations.

Recommendations

6.11 Establish a package of information (toolkit) on CARE to be given to partners alongside their sub-agreements. This should include some general background on CARE, a CFS contact (see below), other key contacts, information on the project (preferably including the proposal), code of conduct information and other standards (see recommendation 6.9) and all formats and tools they require to report to CARE.

6.12 Undertake annual partner questionnaires to collect anonymized information on CARE's performance. This could be done through an online survey system (such as survey monkey) and include questions regarding respect, responsiveness, program and finance systems, their understanding of their role and the sub-agreement documentation, CFS, capacity building, monitoring and communication.

6.13 CARE staff must document all interaction with partners and retain in the partner file. This will facilitate the investigation of complaints, the formalization of partnership systems and efficient management of relationships with partners.

7. Staffing

As mentioned above, at present staffing of partnership processes and systems are limited and all tasks associated with the sub-agreement process, coordination and implementation are embedded within existing departments: programs, finance and program support teams. The lack of systematic guidelines and approaches means that each staff member is responsible for identifying their work with partners, and at present this is not supported by meaningful job descriptions outlining their partnership-related tasks and associated level of effort. While it was not possible to review every job description in the organization, within the program units it was noted that while many job descriptions do include

partnership, the tasks tend to be limited to liaison and coordination, training 'as required' rather than systematically, and in some cases actually monitoring partner implementation or providing technical training. Only the partnership coordinators in the southern Syria program and the urban protection team[5] have roles that focus entirely on partnership and take a stronger systematic approach. It was not possible to review MEAL/ quality and accountability staff job descriptions across the program, but in Azraq and the southern Syria program, these roles do include some elements of partnership support.

With the program support team, partnership tasks do not feature in job descriptions and therefore requiring these staff to provide capacity building and support to partners is in addition to their daily workload. These staff members are therefore also not required to have skills associated with training or developing training curricula. In the finance unit, reviewing financial information from partners is included in the relevant job description ensuring that the staff members do have the focus and time to do this task. However, building capacity is not included, and neither is due diligence tasks. The grants and contracts officer has a stronger role regarding systems and procedures for partnership, including capacity building, record keeping and budget support. However, the key role is the grants and contracts manager, a role with a substantial input to partners and partnership systems. This role is not funded or recruited and therefore these tasks are being informally shared across other staff members. If it is decided that building the capacity of partners is a key aim in a range of topics that includes procurement, human resources, administration, logistics or finance, CARE will need to properly and comprehensively staff this task to ensure that this can be achieved, or look at using external resources.

If CARE decides to take a stronger role with partners to meet strategic aims and build capacity, it is necessary to identify the various tasks, identify responsibilities for these tasks and ensure staff have the time and skills to undertake these. There needs to be less informal sharing of tasks and a more systematic approach to roles and responsibilities. If the recommendations in this report are taken up, there will be a substantial amount of work to set systems in place and these tasks will require a strong knowledge of complementary systems and procedures, the ability to track implementation and the ongoing need to build internal staff capacity to implement such procedures. As there are no staff members in place with partnership systems included in their job descriptions and no identifiable staff that can free up enough time to focus on this work, it is recommended that a new coordination role is put in place. This role would focus on the systems and procedures related to partnership, support capacity building skills and systems, troubleshoot specific problems and track monitoring and reports. Without a staff member with the specific mandate to build a strong system and constantly promote the partner role, it is considered unlikely that recommendations can be achieved.

Recommendations

7.1 Put in place a partnerships coordinator and/or unit that can lead on the implementation of the recommendations in this report (see Annex 1 for a potential unit terms of reference and Annex 2 for a partnership unit coordinator).

7.2 With the partnerships coordinator, assess job descriptions in the program, program support and finance units to align these with new SOPs. Ensure management roles include partnership liaison, coordination and strategy to ensure the highest level support for prioritizing and empowering partners. Include CARE advisory roles, such as the gender advisor, in this review to ensure staff with relevant expertise has sufficient time to contribute to working with partners.

[5] There is also one senior staff member in the urban protection team with a role shared between partnerships and livelihoods, who plays a pivotal role with sub-agreement tasks.

7.3 Ensure sufficient CARE capacity (through internal or external resources) to build the capacity of partners in line with a clear strategy and according to partner needs.

CONCLUSIONS

Overall, this review has found that the number, scale and variety of sub-agreements with partners increased dramatically in 2015. The systems required to manage these sub-agreements and the wider partnerships have not been developed in line with this growth. CARE Jordan has successfully coped with this situation because individual staff members have done an excellent job of independently managing this situation. However, this is not sustainable and to ensure a more strategic approach and take the pressure off staff, CARE must give this system urgent attention.

To ensure effective leadership and a strategic approach to project design and partner selection, management and impact, CARE needs to define their overall goal for working with partners at the country office and program levels. Details of the partnership strategy should be identified in collaboration with key partners and stakeholders to ensure that their strengths, weaknesses, needs and preferences are properly reflected, embedding the strategy and CARE's expectations in the reality of the situation partners are working within. Strong leadership must be continued beyond the strategy process, with partners and the partnership process a frequent discussion at all levels of management.

This strategic approach should be supported by clear and properly communicated standard operating procedures to ensure all staff and partners understand the documentation requirements, timelines, and roles and responsibilities. To be really effective, CARE needs the flexibility to take a 'good enough' approach with documentation, which can then be improved and increased over time as the partner gains skills. If partners cannot meet *donor* requirements at the start of the partnership, then CARE needs to carefully plan how to manage the situation. Sub-agreement procedures and capacity building of partners should be coordinated to ensure that partners are receiving the funds they can manage, while developing further to increase and expand.

Project design need to take greater account of sub-grants to carefully plan how they can realistically be implemented. Some basic rules should apply, such as ending sub-grants before donor contracts to give close-out time, ensuring partners have sufficient budget to implement, identifying and planning for partner capacity building, and including partner's Government approval time in timelines. Programs should be designed to ensure partners have the support they require to effectively implement – both from programs and program support. Moreover, CARE requires clarity on the purpose, objective and quantity of capacity building support they can offer partners and their expectations of partners' skills in key areas. This will enable CARE and partners to collaboratively assess their needs and plan activities that result in strong organizations providing high quality support and services to beneficiaries.

Both CARE and partners need to work together to be accountable to each other, to beneficiaries and to donors. Cooperation and shared learning need to be complemented by manageable systems that meet documentation needs without overly burdening staff or partners. With some focus and attention, CARE can create an enabling environment that allows both CARE and partners to work effectively and efficiently, and ultimately achieve the best possible outcome for vulnerable populations in Jordan and southern Syria.

RECOMMENDATIONS

Recommendation 1: Strategy

1.1 Identify an overarching partnership strategy or framework to guide the design, implementation, monitoring and evaluation of project activities implemented through civil society partners. This needs to reflect CARE's global and regional strategies, and be reflected in the CARE Jordan program strategies. It is recommended to incorporate this into wider country office and program strategies to keep it relevant and highly visible. The approach should then be reflected in donor proposals. The strategy should be designed in consultation with partners and staff, and should be properly budgeted, include indicators to measure success and opportunities for further reflection.

1.2 Design and document a proper project design process to be implemented for each proposal that fully considers CARE Jordan strategies, including for partnership. This does not need to be time-consuming, but should include the opportunity to discuss the merits of direct or indirect modalities, consult staff currently working with partners and consult with partners.

Recommendation 2: The role of implementing partners

2.1 All tools, systems and procedures should be designed to promote at a minimum full participation by partners, and where possible their empowerment. By using CARE documentation to give them proper feedback and information, they are in a stronger position to take control of internal changes and improvements. By supporting their approaches and ideas, CARE substantially contributes to their empowerment and builds on their experience and knowledge of their beneficiary groups.

2.2 Immediately institute a process of proposals from partners, which would then form the 'scope of work' component of the sub-agreement. CARE can create a format to ensure all important information is included, and work with partners to build their capacity to effectively complete documentation.

2.3 Continue to advocate with CARE USA legal team to create more partner-friendly approaches to sub-agreements.

2.4 Provide proper support to partners before they sign sub-agreements to ensure they fully understand the contract they are entering into. This could be documented explanations in Arabic, or a discussion with a key staff member. CARE must proactively offer this, rather than waiting for the partner to ask questions.

2.5 Every two years CARE should host partner forums that include all existing and strategic partners. The forums can include training, highlighting the achievements of partners, consulting on and explaining key strategic milestones and other context-specific information. It is recommended that the first is linked to the production of the new strategy and ensures partner perspectives are included in this vital decision-making.

2.6 CARE produce training tools for staff on building respectful relationships with partners and accompanying guidance or communication protocols.

2.7 Include partnership procedures and relationships as a standing agenda item in key governance structures, such as the SMT and ESMT.

Recommendation 3: Sub-Agreement Procedures

3.1 Urgently prepare a full SOP to contextualize the Sub Agreement Management Policy that includes step-by-step procedures, roles and responsibilities, tools, timelines and record-keeping requirements. It is important that these procedures are not entirely compliance led, but also

takes account of strategic aims to build partner capacity and the reality faced by program teams regarding the operating environment and partner capacity. Without this approach, there is a strong chance that the SOPs will fail, and the process for working with partners will continue to be barrier to achieving partnership strategic objectives. To be really effective, the SOP should allow for a strong connection between capacity building and sub-agreements, enabling partners to increase the size of their grant over time and improve on the documentation gradually, emphasizing donor requirements initially.

3.2 The sub-agreement management SOPs should include a DMC responsible for reviewing and finalizing the selection of implementing partners and detailing other roles related to the process. The DMC should meet periodically to review implementation progress, deal with any challenges arising from partner's implementation (amendments or terminations), review potential new partners and review selection documentation. All meetings should be properly chaired and documented, with action points followed up at the next meeting.

3.3 Ad hoc meetings of the DMC for urgent partner selection should be formalized with agreed procedures and record-keeping.

3.4 Design and implement a strategic partner pre-selection process that includes periodic due diligence and capacity assessments, capacity building, selection processes for specific grants, and clear tools. The process should be approved by senior management and DCAU. Each program should be encouraged to identify an appropriate number of strategic partners based on agreed criteria who are then properly tracked, selected for grant opportunities where relevant, and have their capacity built against well-defined capacity building goals. While it is accepted that without funding it is difficult to target specific partners, it is clear from the list of 2015 grants that the same partners are working with CARE in multiple grants in many cases, or repeatedly year on year. Therefore, it is anticipated that a good pre-selection process will result in partners that are generally in receipt of funding from CARE. In the periods of time in between they can be included in relevant training where possible, invited to discussions and meetings, and be involved with relevant project design processes.

3.5 As part of the partnership SOPs, outline additional acceptable selection processes for use by programs and guidance on selecting the appropriate approach that includes timelines, roles and responsibilities, key documents required and formats. All tools can be designed to have standard sections and guidance on creating activity or project specific sections. Record-keeping is an essential component and should be properly managed to ensure all processes are properly documented and retained.

Possible processes (in addition to the strategic partner approach) should include:

- Call for proposals – tools should include a proposal format, criteria format and scoring system, proposal review committee, timelines for consideration of proposals and a feedback tool for applicants (successful or unsuccessful). Guidance on how to prepare and advertise a call for proposals would be a useful addition.
- Invitation to apply – tools should include a proposal format, criteria format and scoring system, proposal review committee, timelines for consideration of proposals and a feedback tool for applicants (successful or unsuccessful). If it is considered inappropriate to use a full proposal format (in circumstances when organizations are too inexperienced to manage this tool), a simplified form can be prepared that is followed up by a documented visit.
- Unsolicited proposals – partners (particularly strategic partners) should be encouraged to submit unsolicited proposals. Where these fit within current CARE activities, they should be reviewed by the DMC and considered for funding. If they are good and

relevant to the CARE strategy but funding is not currently available, they could be shared with the relevant program team to trigger further discussions with the partner and potentially donor proposals.

3.6 CARE must commit to including partners in project design where possible, or if this is not possible then at the very least ask if they are willing to be included in a proposal. The selection procedures outlined above are a tool to bring partners into the process; however, it is recommended that programs commit to including partners in design discussions at all levels to capture their expertise and learning. While it is outside of the scope of this report, it is noted that CARE currently has no process for project design and proposal production, and it is suggested that this would be a useful mechanism to establish and one in which partners could be included.

3.7 Design simplified procedures for the DMC to use prior to proposal submission to agree a partner that includes a simple (internal) evaluation of the partner and a documented meeting to approve their inclusion in a proposal. The perspectives of the partner should be a documented consideration.

3.8 Prepare and periodically review a database of potential partners, based on geographic locations, sectors of work, relevant expertise and access to target beneficiary groups.

3.9 The due diligence procedure and tool should be revised and documented within the partnership SOPs. The procedure must document the roles and responsibilities of staff members, the timeline and the partner feedback mechanism. The tool should include a more in-depth financial and internal control review (for example, using the MANGO financial management health check) which is less subjective and an accompanying program form (to be designed with overall sections as well as program specific sections). These forms should include a complete list of documentation required from the partner and any additional documents needed for a specific grant must be identified before the due diligence takes place and immediately shared with the partner for submission. Once due diligence has been finalized, all departments should accept that all relevant partner documentation has been received and no further requests should be made.

3.10 The risk mitigation actions to take place depending on the results of the due diligence process should be defined and a risk mitigation plan immediately put in place for all partners considered high risk. The process and tools for this should be included in the partnership SOP.

3.11 Due diligence should be repeated in line with the requirements of the Sub Agreement Management Policy: for awards lasting more than two years, due diligence should be repeated half way through. It is suggested that strategic partners should have their due diligence repeated at least every two years or following a major event. The repeated due diligence tools should be adjusted to remove sections not required and place greater emphasis on staff experience with the partner. Risk mitigation measures should be adjusted accordingly.

3.12 The findings of due diligence assessments should be closely aligned with capacity assessments and plans, to reduce duplication and inform planned activities.

3.13 The findings of due diligence assessments should inform partner monitoring plans and activities where necessary, as a part of risk mitigation measures and to ensure appropriate action is taken.

3.14 The partnership SOPs should clearly document all aspects of the sub-agreement process, including roles and responsibilities, timelines, documentation required and review processes. This should be clearly communicated to the partner at the start of the process, with an estimated start date discussed and agreed. If CARE is unable to produce the documents in

time for this start date, the partner should be updated, with an explanation and a new start date.

3.15 Inception meetings should be lengthened and a standard agenda prepared. The meeting should cover finance, monitoring, reporting, implementation and close-out requirements, brief partners properly on the overall program and provide an opportunity for them to ask questions and discuss their needs. It should include details of any capacity building to be offered to the partner and suggestions from them of further needs. Multiple partners can be brought together for the meeting if necessary, although in this case CARE should seek an opportunity to have a one-to-one meeting with each partner to additionally discuss their specific agreement.

3.16 The partnership SOPs must include all standard tools for partner reporting (narrative and finance reports), clarify language concerns and list the supporting documents required in each case[6]. This should be clearly stated in the sub-agreement following discussions with the partners to ensure viability, then discussed again in the inception meeting. It is important that both program and finance teams agree the list of supporting documents and accept that no other documents will be forthcoming.

3.17 Partnership SOPs need to clearly document the process for reviewing and approving reports and supporting documents, to reduce duplication of staff time on this task. This may differ for different types of supporting documents.

3.18 A tracking tool for narrative and finance reports from partners must be immediately prepared and responsibility for maintaining it agreed. It can be a simple excel spreadsheet with one staff member in each program tasked with completing it at the start of a sub-agreement and on receipt of each report. Responsibilities for sending reminders to partners should also be clear, as well as follow-up questions and clarifications.

3.19 CARE should prepare a list of possible partner monitoring tools and at the start of each sub-agreement the program team should agree which will be used, the frequency and the feedback mechanism to partners. This should be clearly documented in the project monitoring plan and staff time properly allocated. Tools that can be used should include: periodic progress review meetings, mid and endline reviews, lessons learned meetings, activity monitoring, observation, spot checks, meetings with stakeholders and beneficiaries, and partner reports (both periodic and of specific activities). This is not an exhaustive list, and should be expanded as new and useful tools are identified.

3.20 Appropriate monitoring of strategic partners needs to be identified to ensure that they are meeting CARE's strategic aims, find the partnership with CARE useful, and have developed accordingly.

3.21 Whenever possible, partner sub-agreements should finish at least one month before the donor grant. The partnership SOP should clearly detail the requirements for closing grants so that even when this time is not possible, staff can start preparing close-out information and prepare partners to act quickly.

Recommendation 4: Record-keeping

4.1 Create a proper tracking sheet with information on every sub-agreement and its current status – this could be linked to the report tracking sheets (using a more sophisticated tool then excel in the long run would enable a more streamlined approach).

[6] The narrative report should include a standard CARE section, a section designed specifically for each program, and a section designed for specific projects. In this way consistency is created but flexibility related to partner capacity and information needs are taken into account.

4.2 Create a shared folder for partnerships to which all relevant staff have access. This should be grouped by program and donor grant, and include: sub-agreement, due diligence, capacity assessment and plan, partner reports (with submission emails), monitoring reports and key correspondence. It is suggested that this should also be linked to a wider filing system that includes donor grant information, but this is outside the scope of the report. Ensure that one staff member has responsibility for maintaining the files, while everyone using them has access and enough editing rights to save these documents.

4.3 Create accompanying hard-copy files to retain all originals of documents. The hard copy files should mirror the soft files in format, although it may not be necessary to print each document.

4.4 Create easily accessible files for all partnership supporting documentation, such as the SOPs, the tools, guidelines, training tools and tracking tools. Easy access will encourage and support usage and ensure all staff are using the most to date versions of documents.

Recommendation 5: Partner Capacity Building

5.1 As part of the partnership strategy (recommendations 1.1), identify a consistent and realistic approach to building partner capacity that takes account of CARE's strategic aims regarding partners, what other agencies are doing and what is realistic in the timeframe of specific sub-agreements or strategic relationships.

5.2 Continue coaching methodology and technical training, while putting in place better tracking and monitoring of these tasks so that CARE can measure the impact of such training.

5.3 Identify other actors with capacity building programs to which partners could be referred or other sources of support for local civil society organizations.

5.4 Once CARE's strategy regarding partnership is elaborated, develop the corresponding mechanisms for various categories of partners based on their expected length of engagement with CARE. This will include staff skills and capacity, tools and curricula, referral mechanisms, financial support, tracking and monitoring mechanisms, and impact reviews.

Recommendation 6: Quality and Accountability

6.1 Train CARE staff on CFS mechanisms and ensure each program is implementing strong systems that include both serious and non-serious complaints, proper reporting to enable management review and has the capacity to properly investigate. The systems should be fully advertised to beneficiaries with strong information on the service they can expect (codes of conduct), how to complain and what will happen with their complaint.

6.2 Identify partners' current capacity for receiving, processing and investigating complaints and beneficiary preferences for interfacing with such mechanisms. With each partner, prepare a plan for building CFS mechanisms, training staff on investigations (particularly serious complaints), preparing information and building beneficiary understanding of the mechanisms, and using CFS for program management. Starting with strategic partners, ensure all partners have at least simple complaints mechanisms properly advertised to beneficiaries by the end of 2016. For smaller partners, include mechanisms to refer serious complaints to CARE for investigation if they don't have internal capacity.

6.3 Build CFS into CARE's monitoring of partners, using partner reports, spot checks and observation as tools to ensure the system is fair, effective and efficient.

6.4 Ensure CARE's CFS systems can identify implementing partners for follow-up investigations and include this information in internal reports for inclusion in partner reviews.

6.5 Ensure all tools include a participation element. Proposal and report formats should include space for partners to discuss inclusion and all data must be disaggregated by sex, age and disability; monitoring of partners' implementation should include beneficiary and stakeholder

perspectives; due diligence and capacity assessment tools should include questions regarding how beneficiaries are involved with the work of the partner.

6.6 Capacity building of partners could include participation, and support partners to gather good information from beneficiaries, establish strong beneficiary inclusion mechanisms, and identify opportunities to include beneficiaries in design, implementation and monitoring of activities.

6.7 Ensure monitoring of partner beneficiaries includes questions to establish that their understanding of beneficiary criteria, activities and objectives is appropriate.

6.8 Include code of conduct and international standards in the due diligence process to increase understanding of each partners' existing mechanisms and processes.

6.9 Prepare a package of standard information for partners on codes of conduct, including PSEA, child safeguarding, the Core Humanitarian Standard and fraud and corruption. This documentation should then form part of the inception meeting, to ensure they understand how this will be operationalized in their specific project.

6.10 When other standards are required to ensure high quality program delivery, such as Sphere, CARE must proactively initiate a discussion with the partner to identify their levels of knowledge and initiated technical training if required.

6.11 Establish a package of information (toolkit) on CARE to be given to partners alongside their sub-agreements. This should include some general background on CARE, a CFS contact (see below), other key contacts, information on the project (preferably including the proposal), code of conduct information and other standards (see recommendation 6.9) and all formats and tools they require to report to CARE.

6.12 Undertake annual partner questionnaires to collect anonymized information on CARE's performance. This could be done through an online survey system (such as survey monkey) and include questions regarding respect, responsiveness, program and finance systems, their understanding of their role and the sub-agreement documentation, CFS, capacity building, monitoring and communication.

6.13 CARE staff must document all interaction with partners and retain in the partner file. This will facilitate the investigation of complaints, the formalization of partnership systems and efficient management of relationships with partners.

Recommendation 7: Staffing

7.1 Put in place a partnerships coordinator and/or unit that can lead on the implementation of the recommendations in this report (see Annex 1 for a potential unit terms of reference and Annex 2 for a partnership unit coordinator).

7.2 With the partnerships coordinator, assess job descriptions in the program, program support and finance units to align these with new SOPs. Ensure management roles include partnership liaison, coordination and strategy to ensure the highest level support for prioritizing and empowering partners. Include CARE advisory roles, such as the gender advisor, in this review to ensure staff with relevant expertise has sufficient time to contribute to working with partners.

7.3 Ensure sufficient CARE capacity (through internal or external resources) to build the capacity of partners in line with a clear strategy and according to partner needs.

Annex 1

Terms of Reference
Partnership Unit

Background

In 2015, CARE International in Jordan is working with over 30 partners through the four programs. The number of sub-grantees has increased over the last few years, and the teams have identified the management of the systems and procedures associated with sub-awards as a particular challenge. The lack of a strategic and coordinated approach to the various types of partnership that CARE Jordan enters into at times results in a duplication of effort, reduced impact, higher financial risks and limited emphasis on true partnership. To facilitate improvements in this area, and to build on existing strong relationships with partners, CARE Jordan has proposed a Partnership Unit, which is in line with CARE's second programming principle (work with partners) and with the CARE 2020 Program Strategy, which highlights the critical and complementary role all types of partners play in helping CARE to achieve its vision.

CARE in Jordan works with a wide variety of partners with a number of different modalities to most effectively reach project, program and country office goals. These partnerships include financial and non-financial relationships, project-specific implementation arrangements, collaboration to reach shared advocacy goals, consortia, and relationships with government entities to ensure support for CARE in Jordan. Partnerships currently span the private sector, public sector and civil society, both national and international.

Objective

The partnership unit (PU) will facilitate mutually beneficial, accountable and transparent relationships with partners that are built on trust, respect and inclusion and contribute to CARE and the partners reaching their shared goals.

Role

The PU will promote relationships with the wide-range of CARE's partners that are truly equal, reducing the top-down approach that places CARE in a position of power and the partner in an implementation role. This approach will inform all aspects of the PU work, and the unit will seek to achieve this through strategies, systems and approaches that take full account of the needs, expertise and goals of the partner as well as CARE's requirements, resulting in an interdependence based on mutual respect and trust, transparency and accountability, shared risks and shared goals.

CARE's approach to partners will be articulated in a framework and the country office strategy, developed collaboratively with partners and CARE staff with the leadership of the PU. The PU will develop and support systems and procedures to ensure timely, effective and efficient tasks across the programs, finance and program support for managing sub-awards.

Strategic approaches to partnership:
The PU will seek to develop an accountable partnership approach grounded in CARE, the program and country strategies, the operational environment, and partner perspectives. The PU will contribute to the development of the country office and program strategies to ensure the consistent, coordinated and appropriate representation of partnership and identification of strategic partners, and will collaboratively develop a country office partnership framework that outlines CARE Jordan's approach, objectives, monitoring, accountability and learning mechanisms, and risk management plan. The PU will be responsible for ensuring the strategic approaches and framework remain relevant, useful and are properly implemented. There will be a particular focus on deliberate, objective accountability mechanisms to and by partners to enhance transparency, respect and trust. These will provide purposeful opportunities for feedback and learning regarding the relationship, the program activities and the operating environment.

Daily management of financial partnerships:
The PU will contribute to the smooth management of funding relationships by ensuring staff and partner ability to implement timely and predictable award procedures and contribute to the resolution of disputes. This will involve the development and review of guidelines and documentation for the pre-award, start-up, implementation and close-out phases of a sub-award, to be undertaken in close collaboration with the program, program support and finance teams, and with partners. The PU will ensure strong understanding and capacity to implement the guidelines and documentation, and will support efforts to mitigate risk associated with funding relationships. The PU will take an active role in a refined due diligence process to ensure the objective assessment of partner strengths and weaknesses, and appropriate risk mitigation plans. Through a collaborative development process, the guidelines may identify additional tasks associated with sub-awards to be implemented specifically by the PU.

Capacity building:
The PU will coordinate reciprocal capacity building that ensures both CARE and the partner benefit from skills, knowledge, learning opportunities and experience. Internally, the PU will support staff to ensure they have the requisite capacity to implement partnership-related activities. For partners, training will be provided based on their identified needs using capacity development plans and risk mitigation measures. With an emphasis on strategic partners and approaches, the PU will work to develop tools and mechanisms to identify, design, deliver, track, fund and evaluate relevant and useful formal and informal training, coaching and shared learning. The PU will design and deliver a set of core training on cross cutting issues, such as 'do no harm', and will work with CARE staff and external experts to provide high quality technical training in line with available budgets. The PU will support program inception, close-out, review and lessons learned workshops to ensure a strong understanding of CARE and partner administrative requirements, challenges and procedures, and enhance the common understanding of and learning from the project implementation.

Support funding and non-funding relationships:
Through mapping, tracking and building networks between CARE, partners and other stakeholders, the PU will support the identification and assessment of new partners to meet program needs, and facilitate timely task management in line with the guidelines. The PU will support learning mechanisms, both internally and with partners to capture and disseminate lessons learned, and provide an easily available repository of knowledge, skills and information. The PU will work with programs to ensure their

partnerships are properly represented in proposals and donor reports, including narrative descriptions, identification of partners, related objectives and indicators, and budgets.

Partnership Unit review:
Following the finalization of the partnership framework, and the completion of the internal guidelines for managing sub-awards, the scope and role of the PU may be adjusted to ensure it is in line with the directions set out in these formative documents and with the needs of the organization. The TOR for the Partnership Unit will be reviewed on an annual basis through consultation with staff, and review of achievements and challenges, to ensure it remains relevant, helpful and effective. It is anticipated that during the first year of the unit, the strategy work will be undertaken (through the wider program strategy work ongoing), the framework prepared and the guidelines written. Some accountability mechanisms will be developed and tested, although this will be an ongoing process. Tracking and coordination mechanisms will be established and first steps towards the capacity building mechanisms will be taken.

Management
The unit will fall under the management of the Program Quality Unit, and will initially be staffed by a Partnership Manager.

Financing
Funding for the Partnership Unit Coordinator will be provided through donor proposals. Costs associated with capacity building and other direct costs will be budgeted in specific proposals in line with project objectives, methodologies and needs.

CARE International in Jordan
JOB DESCRIPTION

Annex 2

Please Check One: ☒**New** ☐**Revised** ☐**No Changes**

Position Title: Partnership Manager	**Department/Program:** Program Quality
Reports To: Program Quality Coordinator **# of Direct Reports : 0** **# of Indirect Reports:**	**Approved by:** **ACD-PS/ CD** **Approved On:** **……../……./…….**
Current Grade (if applicable):	**Location:** Amman

JOB SUMMARY*:*

The purpose of this role is to support and promote the partnership approach in CARE International – Jordan. The focus will initially be on institutional development to expand and extend CARE's ability to implement high quality programs with partners. The Partnership Manager will contribute to CARE's programming principle and chosen approach to work with a wide-range of partners from the public and private sector and civil society.

The Partnership Manager, with oversight from the Program Quality Coordinator, will lead a collaborative process to develop a partnership framework, implement the partnership review recommendations and develop strong internal processes to manage day to day tasks related to sub-granting to partners. The Partnership Manager will work closely with the program teams, finance department and program support units to elevate CARE's partnership approach to a more strategic level and will directly engage partners to integrate their priorities, perspectives and needs. Gender, accountability, and monitoring and evaluation are core concerns that should be embedded throughout all strategies, approaches and procedures.

The Partnership Manager will work with partners and all departments to determine capacity development needs for partners and the appropriate means to enhance partner efficiency and effectiveness. The Partnership Manager will support the implementation of formal and informal training by working with CARE's technical specialists to design and deliver core training, ensuring the quality of coaching efforts and developing capacity development coordination mechanisms. Innovative and wide-ranging capacity development tools should be encouraged, to meet the varying needs of partners within CARE's capabilities.

The position requires superior knowledge of CARE programming principles, the contextual operating environment and an ability to identify partner skill strengths and weaknesses. Strong organisational development and training skills are required, as well as the ability to lead a collaborative framework development process and develop strong internal mechanisms that meet the needs of partners, CARE and other stakeholders. This job description will be reviewed after one year to ensure it is in line with new framework and management procedures designed and implemented during the first year.

RESPONSIBILITIES AND TASKS:

Responsibility #1: Develop an accountable partnership approach for CARE grounded in program strategies, the operational environment and partner perspectives.

- In collaboration with the Program Quality Coordinator, contribute to the country and program strategy development processes to ensure CARE Jordan's approach to partnership is properly reflected in all aspects, such as the situational analysis, the internal discussions, the final document and the implementation plan.
- Undertake a framework development process and develop a partnership framework in collaboration with the program, finance, program support and program quality teams and with partners that outlines a partnership approach that meets the long-term needs of the country office, and that includes strategic partnership procedures. It should include contextual analysis; goal and objectives; strategic partners and potential partners; monitoring, evaluation, accountability and learning mechanisms; financial implications; implementation approaches; capacity building approaches; and risks and a risk management plan. Gender considerations must be embedded throughout the strategy.
- Oversee implementation of the partnership review recommendations, and further expand this in line with the framework.
- Ensure full understanding and endorsement of the partnership approach and framework by CARE staff, partner staff and other relevant stakeholders.
- Develop deliberate accountability mechanisms for partners, including (but not limited to) project design participation protocols; communication standards; management, review and monitoring protocols; partner feedback questionnaires; case studies; feedback and complaints mechanism; and partner information sharing tools.
- Develop and maintain coordination mechanisms for non-implementing partners, across the program and program support teams.

25% of time

Responsibility #2: Develop effective, efficient, compliant and reasonable mechanisms and protocols for the daily management of partnerships.

- In close collaboration with other departments, prepare high quality standard operating procedures (SOP) for pre-award, start-up, implementation and close-out phases of sub-awards with partners. The SOP should outline all related procedures, including associated tools, accountability mechanisms, M&E approaches, and detail roles and responsibilities. Where relevant, partners must be consulted and challenges related to the operating environment should be considered.
- Train CARE and partner staff on the SOPs and support their implementation and periodic reviews. Contribute to resolving SOP-related disputes, and taking corrective action.
- In collaboration with the Program Quality Coordinator and other key staff, develop the role of the Partnership Unit to ensure it meets the needs of the partners and the CARE program, finance and program support teams.
- Develop strong due diligence mechanisms as a matter of urgency, and undertake a review of existing partners. Lead due diligence with new partners and re-assessments, in coordination with key technical staff.

- Establish strong risk mitigation measures for all high risk partners, in line with CARE requirements and in collaboration with the CARE program, finance and program support teams, taking account of limitations relating to the operating environment.

35% of time

Responsibility #3: Develop the capacity of partners to better work together with CARE and meet their organizational needs and goals.

- In line with the program strategies, needs and experience, develop innovative tools and mechanisms to identify, collaborate with, evaluate and enhance strategic partners that take account of limitations relating to the operating environment. Support the program teams to identify appropriate strategic partners and coordinate related activities.
- Building on CARE's existing experience and tools, develop innovative capacity development coordination, assessment and planning mechanisms for strategic and non-strategic partners, that results in learning by both CARE and the partners.
- Support the development of capacity development plans for strategic and non-strategic partners, based on assessed needs, due diligence and risk mitigation actions. Take account of the operating environment, partner priorities and challenges, and develop innovative mechanisms to overcome these.
- Enhance and coordinate standardized project inception workshops for partners, in collaboration with, and taking account of the needs of, program, program quality, program support and finance teams.
- Develop and deliver core, non-technical training in line with capacity development plans, in subjects such as 'Do no harm', the sustainable development goals etc.
- Coordinate, facilitate and track financing related to training by CARE and external experts on technical program areas; cross-cutting issues such as gender, accountability, and monitoring and evaluation; financial, procurement, HR, logistics, security and administrative management; and, international standards and best practice approaches.
- Contribute to the quality of coaching and training delivered by CARE experts by ensuring CARE staff capacity to deliver coaching and training, reviewing plans and curricula, and supporting training arrangements.
- Serve as primary focal point between CARE and implementing partners for non-technical discussions.
- Participate in review meetings with partners, with particular attention given to the relationship aspects of partnership collaboration.
- Establish links and build relationships with organizational capacity development providers in and outside Jordan including consulting firms, NGO support centers and universities.

25% of time

Responsibility #4: In line with the SOPs, develop and maintain appropriate tools and mechanisms to identify, assess, track actions and enhance sub-awards and partners

- Update and maintain mapping of partners' and potential partners' geographical and sectoral coverage based on ongoing information-collection.

- Support the identification of new partners to meet program needs, and the assessment of their suitability to work with CARE. Assessments will include the analysis of mutual values, principles, governance, structure, operational capacities, contextual understanding, accountability and management systems.
- Support the inclusion of partnership considerations in project design, proposal preparation and donor reporting, with an emphasis on promoting equal partnership, inclusive project design, identifying appropriate partners, strong capacity building and sufficient budgets.
- In collaboration with the program and finance teams, facilitate tracking of partner management tasks, including awards, monitoring, reports and close-out, using mechanisms that contribute to coordination of partner-related activities between program teams.
- Capture and disseminate lessons learned from experiences with potential and actual partners to inform the ongoing refinement of CARE's approach to working with partners and strengthening civil society.
- Make relevant contributions to the settlement of partner disputes and the management and close-out of suspected or confirmed mismanagement cases and subsequent partnership termination if/when relevant.
- With program and finance teams, design and audit appropriate, timely and complete electronic and hard copy sub-award files, available to all involved staff.

10% of time

Job Responsibility #5: Other duties as assigned by the supervisor.

5% of Time

QUALIFICATIONS – (*must be specific, realistic and related to job responsibilities)*

A- ***Specialized Know How***

B- ***Education and training***

Required:
Experience working with sub-grant management and partnership approaches in humanitarian and development environments
Experience with organizational assessment and development
Experience coordinating and delivering training
Desired:
Skills and experience training staff to train others on core competencies

C- ***Managerial Know How***

Involves integrating and harmonizing requirements of diverse functions in operating, support, and administrative situations. It may be exercised through consultation as well as direct action; Management requires a combination of planning, organizing, controlling, and reviewing along with direct and indirect execution. Choose one of the following: Task; Minimal; Related; Diverse; Broad.

Choose one of the following:

- **Task –** performance of one or more tasks that are highly specific as to purpose and content
- **Minimal** – performance or supervision of an activity or activities that are specific as to purpose and content
- **Related** – operational or conceptual integration or coordination of activities that are relatively homogeneous in nature
- **Diverse** – operational or conceptual integration of activities that are diverse in nature and objectives in an important managed area
- **Broad** – integration of the total organization.

This position requires **(Diverse)** managerial know-how.

D- ***Experience***

Required:

- At least five years as a development/humanitarian professional; at least two years in a senior position.
- At least two years of experience managing relationships with implementing partners.
- Experience of gender sensitive and empowerment approaches.

Desired:

- Five to ten years experience in not-for-profit organization with experience in complex emergency environments
- Experience with remote implementation and monitoring
- Past experience working with refugees and displacement contexts
- Past experience with accountability mechanisms

E- ***Technical skills***

Required:

- Strong knowledge of partnership mechanisms and approaches, including grant agreements, risk mitigation, due diligence, monitoring and system tracking
- Experience of incorporating gender and women's empowerment
- Excellent communication and writing skills
- Strong networking capability
- Ability to organize and facilitate training sessions
- Ability to develop capacity building frameworks and work plans
- Fluency in English
- Detail orientated
- Organization and time-management skills, and strong communication skills
- Ability to identify challenges and proactively apply solutions

Desired:

- Experience implementing accountability mechanisms with partners

- Experience with donor compliance concerns and applicable international accounting standards

F- ***Human relations skills***

Consists of active practicing skills in the area of human relationships. In the work context Human Relations Skills include all capabilities that are needed to interact on a direct person-to-person basis, and through varied approaches build understanding of, acceptance of, or commitment to, courses of action that are important for the organization. These skills may be applied in relation to peers, subordinates or peers within the organization, or to people outside the organization. Choose one of the following:

Basic – courtesy, tack, and effectiveness in dealing with others in everyday working relationships, including contacts to request or provide information.

Important (influencing) – skills that enable influencing and in understanding people and actions of others, are important to achieving job objectives.

Critical – alternative or combined skills to cause commitments to (as well as understanding and acceptance of) actions by others are important in the highest degree.

- The Human Relations Skills for this position are designated as **Critical**

G- ***Competencies***

- **Respect** - Behaving in a manner that reflects a true belief in and appreciation for the dignity and potential of all human beings. Gaining other people's confidence and setting an environment of trust and openness.
- **Integrity** - Maintaining social, ethical, and organizational norms; firmly adhering to codes of conduct and ethical principles inherent to CARE.
- Commitment to Service – this competency is woven throughout all aspects of the employee's performance.
- **Excellence** - Setting high standards of performance for self and/or others; assuming responsibility and accountability for successfully completing assignments or tasks; self-imposing standards of excellence rather than having standards imposed; ensuring interactions and transactions are ethical and convey integrity.
- **Diversity** - Promoting, valuing, respecting and fully benefiting from each individual's unique qualities, background, race, culture, age, gender, disability, values, lifestyle, perspectives or interests; creating and maintaining a work environment that promotes diversity.
- **Facilitating Change**
- **Building Relations across Work Units**
- **Communicating with Impact**
- **Planning and Organizing**
- **Innovation**
- **Strategic thinking**
- **Systematic approaches**

PROBLEM SOLVING

Is comprised of the Thinking Challenge and Thinking Environment

Thinking Environment *considers the rules, instructions, practices, precedents, standards, principles, policies, goals, and objectives that create the context in which a job is authorized to deal with unusual situations. It describes the degree of freedom permitted to the job to initiate the thinking process as a result of external conditions, as well as internal conditions of the organization.* Choose one of the following: Strict Routine; Routine; Semi-Routine; Standardized; Clearly Defined; Broadly Defined; Generally Defined; Abstractly Defined.

Choose one of the following

Strict Routine – simple rules and detailed instructions
Routine – Established routines and standing instructions
Semi-routine – Somewhat diversified procedures and precedents
Standardized – Substantially diversified procedures and specialized standard
Clearly Defined – Clearly defined policies and procedures
Broadly Defined – Broad policies and specific objectives
Generally Defined – General policies and ultimate goals
Abstractly Defined – General laws of nature or science, business philosophy, and cultural standards.

- This position is defined as **Broadly Defined**

Thinking Challenge *describes the situational and nature and degree of difficulty of mental effort required to come to conclusions, make decisions, provide answers, or discover new things.* Choose one of the following: Repetitive; Patterned; Interpolative; Adaptive; or Uncharted.

Choose one of the following

Repetitive - identical situations requiring solution by simple choices of learned things
Patterned – similar situations requiring solution by discriminating choices of learned things that generally follow well-defined patterns
Interpolative – differing solutions or new applications within areas of learned things
Adaptive – variable situations requiring analytical, interpretive, evaluative, and/or constructive thinking
Uncharted – novel or non-recurring path-finding situations requiring the development of imaginative approaches and new concepts.

- This position is defined as **Adaptive**

ACCOUNTABILITY

Is the answerability for actions and for their consequences. It is the measured effect of the job or position on end results. It has three dimensions in the following order of importance: Freedom to Act; Impact on End Results; and Magnitude**.**

B) *Impact Freedom to Act* *is the degree to which personal or procedural control and guidance for work (or lack thereof) exists. This is a function of the organizational framework, the personnel and policy direction, and the flows, processes, and systems that are established in the organization.* Choose one of the following: Limited; Prescribed; Controlled; Standardized; Regulated; Clearly Directed; Generally Directed; Guided; or Strategically Guided.

Choose one of the following

- **Limited** – explicit instructions covering simple tasks
- **Prescribed** – prescribed instructions covering assigned tasks and/or immediate supervision
- **Controlled** – instructions and established work routines and/or close supervision
- **Standardized** – standardized practices and procedures and/or supervision of progress and results apply wholly or in part
- **Regulated** – practices and procedures set by precedents or well-defined policies and/or supervisory review apply wholly or in part
- **Clearly Directed** – broad practices and procedures set by functional precedents and policies, specific operational plans, and/or managerial direction apply due to nature or size
- **Generally Directed** – functional policies and goals and/or general direction apply due to nature and significant size
- **Guided** – broad policies and/or general guidance apply to major size and opportunity; **Strategically Guided** – very broad guidance is inherent due to high independent effects on overall results.

This position would be designated as **Generally Directed**

B) *Impact on End Results* *considers the principal nature of the job's influence on end results, which ranges from very direct control to very indirect support. Choose the Impact category that reflects the basic purpose of the job most clearly.* Ancillary; Contributory; Shared; Primary.

Choose one of the following

- **Ancillary/Remote** – support services with very indirect effects on the end result
- **Contributory** – carries out services or sub-tasks that indirectly support others in the work unit
- **Shared** – roles and responsibilities directly affect end results
- **Primary** – leadership in key areas of the organization.

This position would be **Contributory**

C) *Magnitude*: **Financial:** *What parts of CARE's revenue and/or expenses are impacted by the job's primary goals? Use current fiscal year amounts. e.g. project budget, fundraising or contract goal, budget managed or monitored, donations processed, purchases made, contracts negotiated/signed, benefits costs.*

- *What is the $/EUR amount related to job's primary goals? $*
- *What is the $/EUR amount of signing authority for this position? $*

CONTACTS/KEY RELATIONSHIPS:

	Position Title
Internal:	Program Quality Coordinator Team Leaders/ Program Directors Program/Program Support Coordinators CO program / program support staff
External:	Partners Other stakeholders as needed

WORKING CONDITIONS:

Describe the location of work, expected percentage of travel, special conditions (e.g. security situation, availability of medical facilities, basic education, etc.).

- **Travel**: The position will be based in the Main office with some travel to field sites
- **Safety and Security**:
- **Other:**

SIGNATURES:

Direct Supervisor: **Date:**

CD/HR Manager: **Date:**

Employee : **Date:**

Annex 3

Partnership tasks

Description of task	Current responsibility	Others involved
Pre-award		
Identify partner role and selection process		
- Review proposal	Program	
- Prepare list of minimum eligibility requirements	Program	G&C
- Prepare list of potential partners	Program	
- Prepare short-list of potential partners based on experience and reputation	Program	
- Undertake assessment with all short-listed partners	Program	
- Calculate assessment result	Program	
Due diligence (first task for XB, last for UP)	Program/ G&C	Procurement/ Finance/ HR
Bridger check	Program	
Confirm selection	Program	
Selection memo	Program	
Create partner as vendor	Procurement	Program
Start-up		
Sub-award		
- Get details from partner	Program	
- Get detailed budget from partner	Program	
- Get scope of work/ action plan from partner	Program	
- Sub-grant agreement review and approval checklist	Program	G&C
- FFATA information collection form (as applicable)	Program	G&C
- Complete sub-award template	Program	G&C
- Check partner budget	Finance	
- Include annexes: report and payment formats and schedule, scope of work	Program	
- Create M&E framework	Program	
- Get partner approval for pre-award package (meeting)	Program	G&C
- Get partner signature	Program	
Orient partners on CARE rules and regulations	Finance	Program
Monitoring (implementation period)		
Monitoring visit		
- Plan visit	Program (CDO/ Coordinators/ PM)	
- Undertake visit	Program (CDO/ Coordinators/ PM)	
- Monitoring visit report preparation	Program (all participants)	
- Monitoring visit report review	Program manager	
- Follow up action points	Program manager	Finance, HR, procurement

Partner narrative report		
- Report reminder	Program	
- Report review	Program	
- Feedback to partner	Program	
- Sent to G&C	Program	
Partner finance report		
- Report reminder	Program	G&C
- Review report and supporting document	Program and Finance	
- Feedback to partner	Program	Finance
- CARE finance report approval	Finance	Team Leader/ Director
Close partner payment		
- Receive supporting documents	Program	
- Review supporting documents	Finance	
- Feedback to partner	Program	Finance
Partner payment request		
- Payment request reminder (if required)	Program	
- Payment review	Finance/ G&C	
- Payment approval	Team Leader/ Director (budget holder)	
- Request for payment	Program	
- Payment transfer	Finance	
Partner award modifications		
- Review request from partner	Program	
- Complete template	Program	G&C
- Get partner signature	Program	
- File award	G&C	
Partner capacity building		
- Capacity assessment tool	Program	All departments
- Plan training	Program	
- Implement training	Relevant department	
Close-out		
Deliverables		
- Check complete list received	Program	
- Check quality of received deliverables	Program	Finance
Partner final narrative report		
- Report reminder	Program	
- Report review	Program	
- Feedback to partner	Program	
- Sent to G&C	Program	
Partner final finance report		
- Report reminder	Program	
- Review report and supporting document	Finance	Program
- Feedback to partner	Program	Finance
- CARE finance report approval	Finance	Team Leader/ Director

Partner final payment request		
- Payment request reminder	Program	
- Payment review	Finance	
- Payment approval	Team Leader (budget holder)	
- Request for payment	Program	
- Payment transfer	Finance	

Annex 4

List of staff members consulted

During this review, the consultant met with the following staff members to gather information, perspectives and documentation:

CARE International	
Heather Van Sice	Program Quality
CARE MENA	
Holly Solberg	Regional office
Ayesha Kariapper	Regional office
Saddam Awar	Regional DCAU
Ayman Mashni	Regional DCAU
CARE International in Jordan	
Jameel Dababneh	Azraq Program
Malek Abdeen	Azraq Program
Mohannad Abed Rabo	Azraq Program
Olfat Al Aqili	Azraq Program
Eman Al Khatib	Azraq Program
Wouter Schaap	Southern Syria Program
Alexa Reynolds	Southern Syria Program
Randa Snobar	Southern Syria Program
Eman Ismail	Urban Protection Program
Maher Qubbaj	Urban Protection Program
Firas Saleh	Urban Protection Program
Issam Zayed	Women's Empowerment Project
Khaled Qubajah	Women's Empowerment Project
Maysaa Farraj	Women's Empowerment Project
Either Ghoul	Women's Empowerment Project
Dima Al Karadsheh	Gender Adviser
Basam Masri	Finance
Wa'el Istati	Grants and Contracts
Saeed Jaber	Program Support
Yasmin Al Aaraj	Program Support
Diana Qawasmi	Program Support
Martin Ochere	Security

Annex 5

Partnership Case Studies

1. Ahmad Al Ahmar, 2 November 2015

Ahmad has been working with the CARE southern Syria team to implement a number of different programs in South Syria. Ahmad supports a team of staff in south Syria, but has not set up an organization. Therefore, he has 'housed' his team in a number of local organizations that have then had agreements with CARE. From October 2014 to April 2015, Shafaq undertook distribution for CARE of NFIs and supported the WASH assessment through multiple sub-agreements. This was implemented through a sub-agreement. In June 2015, Ahmad and his team worked with CARE on the livelihood assessment through a service contract with the organization Tamkeen. Then through United Muslim Relief (UMR), Ahmad worked with CARE on the EMMA through another service agreement in September 2015. The total value of these contracts was approximately USD 150,000 in addition to in-kind goods. With all of these organizations, Ahmad was also working with other international donors and NGOs. Ahmad has not liaised with or had joint discussions with other CARE partners, except for the third party monitoring group, HMG.

Overall, Ahmad had no concerns about the various agreements he had worked on with CARE. He felt that the terms of the sub-agreement and service contracts were acceptable, although he had no knowledge of the perspectives of colleagues; however, he had not heard of concerns being raised. Generally partners carefully reviewed reporting requirements and the terms of payment, but he was not certain if the organizations he had worked for had fully reviewed the full sub-agreement or contract. He had played a role in negotiating the terms of the service contracts and had been happy with the outcomes. He understood that the service contracts were used as the sub-agreement process was too lengthy.

In his view, communication while developing the agreement and contracts was good, despite the need sometimes for quick information, which is normal in a humanitarian environment. However, he had been concerned that CARE developed the Scope of Work (SoW) rather than requested a proposal. Although the scope of work was developed in a collaborative way with CARE leadership, he observed that others in his organizations were less inclined to read the SoW as they had little ownership over the document, while they had a stronger understanding of proposals they developed for other donors. With the CARE work, they relied upon the discussions without then carefully reviewing the final SoW, which perhaps decreased their awareness of the project and the standards they applied. He strongly recommended that CARE build partner capacity to write their proposals if they don't currently have this skill and include these in the sub-agreement, although he noted that the final version of the SoW, as well as the budget, did properly reflect the perspectives and needs of his organizations.

Unofficial meetings had taken place with finance before any partnership started, but undocumented and not before each sub-agreement started. He observed that if his colleagues had questions, they felt awkward to raise them during the implementation period as they felt that they should already know. Ahmad therefore suggested a full project inception meeting that includes a range of partner staff and covers financial, operational and programmatic elements of the agreement and tasks ahead, and is properly documented.

With the agreements he signed he experienced delays both by his organization and by CARE. This process proved challenging as they received different messages from the program team and finance

team – they had the impression that each department did not take responsibility for information related to the other partner. They felt that there were different perspectives within CARE on the terms of the agreement and most challenging were the frequent requests for information, which came from both departments and at times requested again information they had already provided. They felt that the two departments did not present a united approach, and would have preferred a single point of contact (such as a partnership unit) which would then liaise with departments inside CARE and resolve internal issues without his involvement. This group is an intermediary that represents the partner within CARE and knows the details of what is happening.

Although he was aware that Shafaq went through the due diligence process, results of this assessment were not shared with them, which reduced the opportunity to learn from this experience. He is unaware if the due diligence results contributed to any capacity building, but there was no capacity building plan agreed and no formal training. A lot of informal coaching was provided, and technical training was provided to ensure the proper implementation of the EMMA. Ahmad only requested one type of training from CARE – informal training on archiving. This was never provided because Ahmad and his team moved to another organization.

The process for finance reports and payment requests were good, with a lot of constructive and helpful feedback. They appreciated submitting drafts then getting feedback before finalizing the report, and had no difficulty producing the supporting documents. The only delay he experienced was caused by a problem with the partner's bank.

Ahmad did understand the monitoring plan, and had received copies of monitoring tools, which he believed were very good and covered the third party monitoring, post distribution monitoring and on-going implementation monitoring. The narrative report format was developed after he started working with CARE. He was generally satisfied with the format, although indicated that it would be useful to discuss this during an inception meeting, and perhaps allow for specific sections or a new tool in line with the partner's proposal. With each project, Ahmad had at times been aware of pressure from CARE's donors for information.

Although no training on gender was provided, in each organization Ahmad worked for scope of work development discussions always included gender issues, such as the need for female staff (his team now includes about 40 percent women) and the composition of non-food item packs. Gender was discussed as a part of the WASH assessment preparations and included in the approach. Participation was also a discussion with CARE during design and implementation, with a focus on local councils and community leaders. Information for beneficiaries is limited by the security environment, and generally the organizations fully inform community leaders and councils on the selection and distribution process, then communities hear through word-of-mouth. Leaflets with specific information are used from time to time, such as for using water purification tablets. Again, this process was discussed with the CARE team at the design phase.

As part of the livelihoods research, male and female FGDs were included and findings also informed the design of the EMMA. Although no formal reflection meetings have been held on project completion, design discussions always included discussion about lessons learned from the last project, but these are not documented. Also, reports and ongoing discussions with CARE raised lessons learned throughout implementation.

Ahmad and his team always knew who to contact in CARE for the various communication required. For the service contracts they were able to communicate with the program and procurement teams, and for the sub-agreement they would communicate with the program and finance teams. However, they generally first contacted the program focal point who would then guide them who else to speak to. Communication was generally positive and concise, once implementation started. He is not aware of any complaints procedures (for the partner) and received no guideline from CARE, although he would have contacted the program team leader.

Overall, Ahmad indicated that he found CARE to be a good, helpful partner; however, the procedures have a lack of flexibility, which is difficult when working in such a complex environment.

2. South Azraq Women's Association (SAWA): Noofa Al Fayez

The South Azraq Women's Association has been working with CARE for the last three years, since the start of the refugee influx. They also work with other organizations (both UNICEF and Mercy Corps have rooms on the same site) with whom they play a key role in providing access to beneficiaries. The organization was established in 1984 to empower the community, working with disabled people and orphans particularly regarding education and now employs seven staff members. Although CARE and SAWA are autonomous, CARE will use SAWA's name to gain community trust. They believe that they have a very strong relationship with CARE, as the staff are skilled, responsive and implement a lot of activities.

SAWA has an agreement with CARE (a Memorandum of Understanding) and CARE has supported them to maintain and refurbish their community center. They have not received any financial support, but CARE and SAWA meet quarterly to discuss work required on the community center and then CARE arranges it directly. They would like additional contribution to their electricity costs, paper and some garden rain covers, but find it difficult to ask CARE for the smaller support as they do not wish to be a burden. Despite this quarterly planning, they have never taken part in program planning (which they have done with other donors). Discussions regarding a change to the approach in 2016 have started, but there are not yet any definite plans.

SAWA staff have not received formal or informal training from CARE, but there are ongoing discussions on CARE providing this once the program is more stable. CARE and SAWA have undertaken some joint campaigns, on early marriage for example.

SAWA and CARE have undertaken multiple joint field trips to ensure that collectively they are covering target beneficiary needs. While SAWA has no formal participation mechanisms, they do home visits to all beneficiaries registered with them to discuss their needs. This personalized approach prioritizes homeless people and the camps (where they have one staff member). They have the telephone numbers of all their registered beneficiaries and call them regularly to invite them to events – for particularly big events they also use leaflets. They use this direct information provision on behalf of CARE, UNICEF and Mercy Corps also, and also CARE provides their beneficiaries with information on SAWA.

The main problem they have experienced having CARE share their facilities is during cash distribution, when refugees experiencing difficulties receiving cash from CARE sometimes come to SAWA for help. This puts SAWA in a difficult position, as generally the reasons are because the refugee has expired documentation or should be in Azraq camp. SAWA records complaints in a folder, and receives them by

telephone or face-to-face. To investigate, they always visit the beneficiary and record the result in their folder, often referring beneficiaries for legal or health support. They follow up all complaints and have trained their staff, particularly regarding confidentiality. They are aware of CARE complaints boxes and do promote their usage by beneficiaries, but don't find complaints about SAWA in the box. Codes of conduct and sensitivities regarding confidentiality are major concerns for beneficiaries.

CARE has had no discussions with them on international standards, for example on child safeguarding. However, CARE did provide separate toilets for adults from children. UNICEF has provided training to SAWA on gender equity. While CARE has not liaised with SAWA on gender, they have observed that CARE promotes gender equality in its work.

SAWA are very comfortable with the Azraq team management and would contact them if they had concerns or a complaint. However, they are uncomfortable with the staff currently based at the center and believe that the current staff are defensive and uncompromising in their liaison with SAWA. They feel the center-based staff do not listen to their concerns and prefer to control SAWA than support them. However, overall, they feel that CARE does a good job of responding to beneficiary needs and feel comfortable working with the CARE Azraq management team.

3. Working Women's Association: Rawan Sabah

Established in 1957, the Working Women's Association has worked with CARE twice, from 2007-2009 then starting in 2013 to date. Their current project consists of giving loans to working women, helping women to start businesses and providing related soft skills. They are also implementing the VSLA model and providing vocational training. Their program includes a primarily male youth group that advises on women's empowerment. At present their program is for around 25,000 JOD in total, 15,000 JOD from CARE through a sub-agreement and 10,000 JOD from Pepsi. They have also worked with UNICEF, Mercy Corps, local organizations and the Jordanian government. In the past they used to approach their donors with ideas; however, now they are well established and so donors come to them with requests.

Initially they participated in monthly partner meetings with CARE and the other partners implementing this grant – 3 or 4 took place. They found this review of challenges and progress very helpful. In particular, they learned from other partners how to gain the community trust, a particular difficulty they were facing. They had a good lessons learned discussion at the end of their last grant with CARE. At the start of their agreement they had a briefing from CARE.

The Working Women's Association believes that the process for signing the sub-agreement was straightforward. They discussed all terms and conditions, provided all budgetary information and chose what type of vocational training to provide based on the needs in their area. The scope of work properly reflects their activities. They emphasized that the CARE staff they worked with were considerate and knew how to ensure the needs of the Association were met. They have been provided with helpful feedback on the finance reports they have done so far and are happy to speak to their program contact for questions on either the finance or narrative reports.

So far their payments have always arrived within two days of the completed finance report being accepted. They found the level and detail of documentation difficult at first, but are now used to the requirements. Their experience is that USAID requirements are worse, and therefore they do not believe that the CARE information is too burdensome. They found the due diligence process difficult, however,

as they did not have any formal information and so it was challenging to provide everything required. CARE provided no follow-up to the due diligence process.

In their first contract with CARE in 2007 they received a lot of capacity building. However, under the current grant they have only received a training of trainers for the VSLA process and the interactive theatre (which included gender). They have no capacity building plan, but receive strong coaching support from their program contact, who they feel they can contact about anything.

CARE undertakes a visit every three or six months and does regular field trips collaboratively with the Association. She receives feedback verbally or by email, which include action points if any exist. CARE also attend some of their workshops and provide feedback. Every month the Association submits a straightforward narrative report in the format she was given. She is aware of the deadline and is generally no more than a day or two late if she is under a lot of pressure at that time.

The Working Women's Association has no formal complaints mechanisms; beneficiaries approach her directly if they have a problem. However, they do have staff Codes of Conduct and provided their staff with a workshop on PSEA (not supported externally). The Code of Conduct was not requested in CARE's due diligence (although CARE did review it in the 2007 due diligence) – this due diligence concentrated on financial aspects of the organization.

They have strong participation mechanisms as they have monthly meetings with their beneficiaries at which they consult on their preferences and create training tools accordingly. This approach was not dictated by CARE but something designed by the Association. However, CARE requested that they implement the youth committees and meetings, an approach they find highly participatory. They communicate with their beneficiaries and new beneficiaries primarily through the meetings, but also use facebook, whatsapp, brochures and fliers (mostly in their other projects as CARE is not providing funding for these activities). They had undertaken field research on the best methods to use to reach beneficiaries prior to their grant with CARE. Under their UNICEF grant they have a 'board' advising them on activities, comprising both men and women. The Association has provided the local community with training on gender equality, which has really helped with recruiting women to the board. They also look at the impact of their work through separate male and female meetings, and surveys with beneficiaries (including one to one interviews).

Under CARE's grant both men and women are equally eligible for inclusion. The Association is trying to promote women working in workplaces with men present, something they also promote through their youth committees. CARE and the Association discussed reaching women, men, girls and boys during the scope of work discussions, during which they felt they had a lot of opportunities to give their perspectives. They felt respected by CARE as the experts on their communities.

If they have queries they are happy to call their program contact person (or assistant), but also know the program management team, and speak to finance occasionally. They did some vocational training with CARE's Hashmi center once. If they had a complaint they would contact their program contact person. So far, all communication with CARE has been very respectful and helpful. However, they believe that CARE's organizational structure changes often, making it harder for them to deal with CARE.