CARE'S LOCALIZATION APPROACH
Technical Capacity Statement

Overview

At CARE, we see localization as a holistic approach for advancing locally-led and locally-sustained development and humanitarian assistance. We go beyond engaging with local organizations as partners in a single award – instead we seek to build local voice and leadership across our programs, and to foster and cultivate enduring capacity, relationships, and local and global networks beyond the timeframe of an individual program. CARE's localization model blends principles of both locally-led development and diversity, equity, inclusion, and accessibility (DEIA) with an emphasis on shifting power to the local level. We intentionally center women, girls, and marginalized communities in everything that we do to ensure that the voices of underrepresented, underserved, and vulnerable populations lead and shape development solutions and humanitarian response.

CARE's approach to localization rests upon five key pillars:

1. We foster **longstanding partnerships with local organizations** – particularly with partners that value, represent, or are led by women, girls, and marginalized groups – and we **support our local partners to lead on the design and implementation of programming**.

2. Within our partnerships, we **shift power, decision making, and leadership** to local organizations, leaders, and communities through a range of participatory and inclusive programmatic approaches.

3. We use our convening power to bring our longstanding partners together into **robust networks that harness the power of collective action**.

4. We leverage our global presence through the CARE Confederation to **connect local actors to global stakeholders, movements, and networks** to amplify their voice and scale what works.

5. We **adopt and scale operational models and programmatic approaches** that ensure local people and communities – especially women, girls, and other marginalized groups – shape their own social, economic, and development futures.

The Five Pillars of CARE's Approach to Localization

1. We foster longstanding partnerships with local organizations – particularly with partners that value, represent, or are led by women, girls, and marginalized groups – and we support those organizations to lead on the design and implementation of programming.

We cultivate local partnerships that support the long-term viability and goals of our partners, and that center programming around the leadership and priorities of women, girls, and marginalized and underrepresented groups.

In FY 2022 alone, CARE:

- Worked with over 1,150 local partners;
- Carried out 48% of its activities with and through local partners, with 27% of activities including at least one partner that was a local women's rights and/or women-led organization; and
- Channeled 21% of program funds through local partners ($163 million).

Our diverse local partnerships allow CARE to tap into local knowledge and skills in designing programs, understand the nuances of local contexts and needs, and scale locally-led approaches to different geographies and contexts.

CARE also knows that development and humanitarian assistance are most effective when program design and leadership is closest to the communities we support. Within our local partnerships, we support local organizations to lead in the design, delivery, and monitoring and evaluation of programs. Through mentorship, partner-driven capacity strengthening, and ceding control in our partnerships, CARE supports local organizations to lead on all aspects of development and humanitarian assistance, and effectively and independently manage donor-funded programs.

Examples of this approach in practice include:

Partner-driven Capacity Strengthening in Myanmar. Under the Gender Equality and Women's Empowerment Program (GEWEP), CARE in Myanmar used its Capacity Strengthening Assessment Framework to support local CSO partners to self-identify capacity development needs along eight key capacities: leadership, strategic management, financial management, governance, service delivery, advocacy, sustainability, and gender equality. The approach provides a common framework, tools, and resources for working with local partners to self-assess and develop a strategy to address their own capacity development needs, in line with USAID's CBLD-9 indicator and approach. To complement this Framework, the Team also used its Country Office Finance Manual (COFM), which provides a due diligence and program eligibility assessment that helps right-size partnerships based on the capacity of each partner. Using the COFM, CARE worked with each partner to develop needed policies and procedures to manage the award and program starting from partner selection through close out. Due to its capacity development work, from 2020-21 alone, local CSO partners succeeded in reaching 38,846 total direct beneficiaries who are displaced due to armed conflict and other emergencies.

CARE applied a **mentorship model using a transition award** to transfer leadership of its Continuum of Prevention, Care and Treatment Of HIV/AIDS With Most At-risk Populations in Cameroon (CHAMP) project to local organizations. Since 2014, CHAMP has supported civil society partners and the Government of Cameroon to provide rights-affirming, client-friendly HIV services for key populations. In 2019, USAID and CARE initiated a transition process to build out the Government and civil society's technical capacity to implement the project. CARE's phased approach to transitioning included tailored accompaniment and the progressive transfer of staff, implementing sites, and skills to local partners. In 2022, CARE successfully transitioned 100% of project leadership and funding to its local partners.

2. Within our partnerships, we shift power, decision making, and leadership to local organizations, leaders, and communities through a range of participatory and inclusive programmatic approaches.

CARE seeks to understand, acknowledge, and proactively manage the power imbalance that exists when an organization of our size works with smaller organizations. Shifting power is necessary to ensure that

programs are built around local knowledge, perspectives, and expertise – and do not reinforce or exacerbate inequitable local power dynamics.

CARE leverages a range of participatory and inclusive practices to elevate local voice and shift power, including: community-led processes to address social norms and power structures; co-creation across the project lifecycle; feedback and social accountability mechanisms; using listening campaigns and basing programs on local knowledge; and locally-led monitoring, evaluation, and learning.

Programmatic examples of power shifting in practice:

Shifting social norms and power dynamics. In Ethiopia, CARE used the Social Accountability and Analysis (SAA) methodology to engage with girls, husbands, mothers-in-law, religious leaders, and health extension workers through regular reflection and feedback sessions to discuss social norms, identify barriers to family planning service access, and develop plans to increase married adolescent girls' engagement in economic and activities and household decision-making. Evaluations indicated impressive shifts in social norms in just 2.5 years: the percentage of girls utilizing family planning methods increased (13%), along with increased (73%) support from spouses or mother-in laws for using family planning methods. In addition, girls more than doubled control over personal savings and greatly increased confidence to speak up with family members (77%).

Strengthening social accountability using CARE's Community Score Card (CSC). In Malawi, CARE implemented the CSC – a tool that communities can use to improve the performance and responsiveness of service providers – to support the prevention of mother-to-child transmission (PMTCT). Using the CSC, the project brought together community members, health service providers, and government officials to identify barriers to PMTCT service uptake. At endline, a randomized control trial identified several behavioral changes: health workers reported a 26% improvement in commitment to their work, women saw a 20% increase in having a health worker home visit during pregnancy, and communities experienced a 57% increase in the uptake of family planning services.

Fostering local feedback. CARE has experimented with a cutting-edge feedback methodology called Constituent Voice (CV) – a quick way to gather perspectives from different stakeholders and act on feedback faster. It asks a limited set of questions on a regular basis through tailored surveys that give a quick picture of whether partners or impact populations view CARE's interventions favorably or not. In Bangladesh, a CARE social enterprise establishing agro-input kiosks used this feedback mechanism to listen and adapt agro-products to meet farmer (customer) needs. CARE partners learned that farmers wanted a smaller package size for fertilizer, as the size was too much product at too high cost for small-holder farmers. The social enterprise adapted the package size, resulting in greater customer satisfaction and an increase in incomes: farmers in areas covered by the social enterprise had a 31% increase in their incomes and vendors were able to earn $1,394 per month – eight times what the average farmer makes in a month.

> In FY22, 76% of CARE projects included **feedback and accountability mechanisms**.
>
> In 63% of these projects, feedback and accountability mechanisms were **co-designed with project participants**.

Promoting co-creation through CARE's Women Lead in Emergencies (WLiE) initiative. WLiE works with groups of poor, marginalized women, rather than individuals, to build women's solidarity and collective influence over the decisions that affect their lives. In Uganda, CARE piloted WLiE in the South Sudanese refugee response in Omugo. CARE's WLiE team co-created action plans with diverse groups of South Sudanese refugee women from different communities within the settlement. During the project, women's

confidence in their negotiation and communication skills increased from 42% to 91%, and their ability to work with other women to achieve a common goal went up from 30% to 92%.

3. We use our convening power to bring our longstanding partners together into robust networks that harness the power of collective action.

CARE recognizes that sustainable social change can only be achieved through the collective efforts of people, organizations, and institutions. Over its 77 years, CARE has cultivated a network of local social enterprises, civil society organizations, social movements, private sector partners, advocacy groups, and local leaders and changemakers operating in more than 100 countries. By convening networks of local actors, CARE is able to support them to scale up what works, extend the reach and impact of locally-led approaches, catalyze collective efforts, and foster capacity strengthening that occurs through relationship-building, joint learning, and knowledge sharing.

The Philippines Humanitarian Partnership Platform (HPP): A model for locally-led disaster response. In 2015, CARE launched the HPP in the Philippines, a platform of networked national NGOs, local cooperatives and private companies, faith-based groups, and women's organizations from across the Philippines. The Platform – which boasts over 30 members – ensures a rapid, scalable, and locally-led response to natural and man-made disasters. During non-crisis time, HPP invests in capacity strengthening and planning for and testing preparedness measures. It switches to emergency mode during crises where it provides flexible funding and accompaniment to frontline responders. In 2020, CARE reached nearly 1 million people with emergency support across the Philippines and provided 1.7 million people with lifesaving information through various online and offline communication and education campaigns. CARE has replicated and adapted this model in Nepal and Malawi.

4. We leverage our global presence through the CARE Confederation to connect local actors to global stakeholders, movements, and networks to amplify their voices and scale what works.

One of our comparative advantages and value additions for many local partners is our ability to leverage our global role to scale their impact and influence. This means we leverage our influence and networks to support local actors to connect with global stakeholders, movements, networks, researchers, partners, and funders to: 1) access resources, knowledge, and expertise, 2) scale approaches and expand operations to extend their reach and impact, and 3) engage as active and visible partners at the national, regional, and global level to shape policies and funding.

Supporting domestic workers in Latin America by connecting local movements to global networks. Since 2010, CARE has worked with organizations of domestic workers in Latin America to promote their right to dignified work, and to connect these organizations to networks, governments, social movements, international organizations, and the private sector to catalyze action at the regional level. CARE has engaged partners across Latin America to support research, exchange experiences, conduct strategic planning, and build coalitions, with the goal of influencing public policies, developing organizational capacity, and improving the lives of more than 10 million domestic workers across the region. CARE has also leveraged its global role to convene a regional alliance for domestic workers' rights, connecting global and regional organizations with regional domestic workers' movements. Through alliances with women's associations at national and regional levels, CARE has helped press for important changes in national legislation and contributed to the ratification and implementation of ILO Convention 189 (protecting the rights of domestic workers) in Ecuador and Bolivia, as well as the ratification of the ILO Convention 190 (violence-free workplace).

5. We adopt and scale operational models and programmatic approaches that ensure local people and communities – especially women, girls, and other marginalized groups – shape their own social, economic, and development futures.

CARE has experimented with and scaled a range of operational and programmatic models that elevate and support local leadership. In some cases, we strengthen foundational structures – such as savings groups, collectives, development committees, and social enterprises – for social and financial capital and voice for women, girls, and marginalized communities, so that they can shape and lead their own development futures. In others, we explore operational models that transition leadership and ownership of development and humanitarian response to local organizations and CARE offices.

Examples of this approach in practice include the following:

Since the 1990's, CARE has supported several of its Country Offices (COs) to **transition from a traditional CO model to an autonomous, locally-led entity** – to locally-led foundations, CARE affiliates, independent members, and, in some cases, entirely separate organizations. This model allows COs to grow and evolve independent of CARE, while also benefiting from the CARE Confederation's global network of expertise, relationships, and resources. In 2018/19, USAID's "Stopping as Success" initiative highlighted CARE's transformations in Thailand, Morocco, and Burundi as models for transition from international to locally-led development.

Through the CARE Social Ventures Program, CARE has created the world's largest owned and operated global pipeline of **locally-led social enterprises**. Over the past 30 years, CARE has successfully spun off 30 local, self-sustaining, for-profit social enterprises that have generated over $100M in value from acquisitions, created over $1 billion in assets, and impacted 2 million people. These local social enterprises also benefit from remaining globally-connected through the CARE Confederation, which has helped them access capital, mentorship, funders, partners, and networks that enable them to thrive. For example, in Bangladesh, JITA is a social enterprise that empowers rural communities through income opportunities, market inclusion, and access to essential goods that promote health, hygiene, and nutrition. With CARE's support, JITA has extended its presence and impact: it has developed business skills of over 3,000 women, provided quality, essential products to over 17 million base-of-the-pyramid customers, gained $0.3 million in revenue, and attracted eight corporate partners.

Since 1991, CARE's **Village Savings and Loan Association (VSLA) program** has helped turn women's ambition and self-determination into a source of economic power and change. CARE's support for the VSLA model has helped over 17 million people – the vast majority of whom are women – join savings groups, and has led to more than 330,000 groups that save $600 million annually and have nearly 99% loan repayment rates. A 2022 study of the program found that:

- For every $1 invested by CARE, the savings of a typical participant increases by $14 after one year. If the VSLA is layered with non-savings components, such as education and health, this increase goes up to $22.
- On average, woman savings group members are 54% more likely to own assets.
- An average VSLA member sees their total savings increase by 153% over the first year of participation, and their average income increase by 275% over five years.