



CARE Norway Organisational Review

Final Report

Norad
Norwegian Agency for Development Cooperation

P.O. Box 8034 Dep, NO-0030 OSLO
Ruseløkkveien 26, Oslo, Norway
Phone: +47 22 24 20 30 Fax: +47 22 24 20 31

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Norad

CARE Norway Organisational Review

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Table of Contents

Acronyms	3
1 Introduction	4
2 Executive Summary	5
Overall findings and conclusions	5
Organisational capacity	5
Performance	6
Results	7
Recommendations	8
3 Analytical Framework and Methodology	10
3.1 Stages in the review	10
3.2 Review model	10
3.3 Key issues and sources of information	12
3.4 Methodology	13
3.5 Projects visited in Uganda and Mali	15
4 Basic Assumptions and Hypotheses	16
4.1 Balancing a Norwegian and an international identity	16
4.2 Scope for increasing impact in Norway?	17
4.3 Cost-effective management of country programmes	17
4.4 CARE Norway's impact on country programmes	17
5 Organisational Capacity of CARE Norway	18
5.1 Resource mobilisation	18
5.2 Management structure and capacity	19
5.3 Human resources and professional capacity	20
5.4 Strategic capacity and coherence	20
5.5 Procedures/tools for the organisation	22
5.6 CARE Norway as a member of CARE International	23
5.7 Advocacy and visibility	23
5.8 CARE Norway secondment to regional unit	24

5.9	Findings, conclusions and recommendations	26
6	Performance Review	28
6.1	Cost-efficient use of funds and aid effectiveness	28
6.2	Clarity and ability to achieve goals	34
6.3	Risk analysis of human, professional and financial resources	35
6.4	Evaluation and learning	36
6.5	Findings, conclusions and recommendations	37
7	Results	40
7.1	Alignment with Norwegian political priorities	40
7.2	Relevance to final recipients	41
7.3	Findings, conclusions and recommendations	50
8	Summary of Findings, Conclusions and Recommendations	52
8.1	Overall	52
8.2	Organisational capacity	53
8.3	Performance	53
8.4	Results	55
9	Appendices	57
	Appendix 1: TOR	
	Appendix 2: Analytical matrix	
	Appendix 3: List of persons met	
	Appendix 4: List of documents reviewed	
	Appendix 5: Debriefing notes Uganda and Mali	
	Appendix 6: Organigrammes	

Acronyms

ASAAFE	Association du Sahel d'Aide à la Femme et à l'Enfance
AMAPROS	Association Malienne pour la Promotion du Sahel-Niono
BDS	Business Development Skills
CBO	Community Based Organisation
COU	Church of Uganda
CRS	Catholic Relief Services
DDMC	District Disaster Management Committee
DNU	Diocese of Northern Uganda
DoK	Diocese of Kitgum
ECARMU	East and Central Africa Regional Monitoring Unit
GDFA	Gulu District Farmers Association
GEWEA/RR	Gender Equality and Women's Empowerment Advisor/Regional Representative
GLAG	Great Lakes Advocacy Group
IDP	Internally Displaced Persons
KSWVO	Kica Ber Support War Victims' Organization
LC V	Local Council V (District Council)
LRA	Lord's Resistance Army
MJT	Musow ka Jigiya Ton (the name for VSLA in Mali)
MOU	Memorandum of Understanding
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Assistance
PLST	Plan Stratégique à Long Terme
RDC	Resident District Commissioner
ROCAM II	Renforcement Organisationnel Crédit Aménagement au Mali (second phase)
SII	Strategic Impact Inquiry
SMOWAC	Social Mobilization of Women Affected by Armed Conflict
SPC	Shared program costs
UN	United Nations
VISO	Voluntary Initiative Support Organization
VSLA	Village Saving & Loans Associations

1 Introduction

This report presents the findings of an organisational review of CARE Norway, carried out between October 2006 and May 2007.

The objective of the review is to examine CARE Norway's ability to provide effective aid in terms of cost-efficient use of funds, adhering with Norwegian development policies, relevance to final recipients and ability to achieve its own goals.

The review has been carried out through study of documentation, interviews with CARE Norway in Oslo, interviews with CARE International in Geneva, a visit to CARE's regional office in Kenya, and field visits to Mali and Uganda. Observations during the country visits have been used to illustrate the capacity, performance and results and the narrow focus on two countries necessarily gives limitations to the findings and recommendations.

The team consisted of Elsebeth Krogh (team leader) and Susanne Vedsted from COWI, Senior Adviser Ivan Evensmo, Norad, and Finance Director Kjell Stokvik, CARE Norway. During country visits the team was supplemented by consultant Mr. Ojamuge George Dickens (Uganda) and Ms. Aissè Diarra (Mali).

The consultants from COWI bear the responsibility for the contents of this draft report and necessary corrections will be made after discussions in Oslo on the 14 June 2007.

The review team would like to thank all involved staff and stakeholders in and around CARE at all these different levels for their kind cooperation and assistance in the process.

2 Executive Summary

Overall findings and conclusions

The overall conclusion from this review is that CARE Norway is a highly competent organisation with good management and staff capacity and professional and effective strategies and systems.

The main challenges currently faced by CARE Norway relate to

- The wish to increase impact on Norwegian development policies and increase visibility in the Norwegian society;
- The wish to diversify the funding base in Norway in order to reduce dependency on government funding;
- Balancing the double identity of being a non-governmental organisation in Norway and being a member of the global confederation of CARE International - in terms of resources put into CARE International as well as the benefits gained from the same;
- Ensuring efficient use of resources and mutually beneficial roles in each and every step in the aid chain from the Norwegian government and constituency through country offices to field offices, programmes and projects;
- Developing partnership modalities with local implementing organisations ensuring mutuality in relations and scope for partners' influence on project decisions.

Organisational capacity

CARE Norway is a financially sound organisation but is vulnerable due to the heavy dependency on government funding (more than 80% of total income from MFA and Norad). The organisation has shown the capacity to develop a strategy to mobilise additional funding from private firms and from the Norwegian public, the results of this still remain to be seen.

Members of management and staff in CARE Norway present at the time of this review were found to be professionally competent and committed team players. The considerable turnover of managers and senior staff members during the period of this review is however a cause of concern. When key managers and

staff members leave, the organisational culture together with its systems, strategies and tools will have to be strong enough to ensure continuity and quality of operations. The review team would like to draw the attention to the vulnerability of CARE Norway at this stage as a matter of concern calling for support and monitoring on the side of the board and possibly Norad.

Policies, strategies and guidelines exist at all levels and the team found coherence between the strategic level and implementation on the ground. Guidelines related to partnership are particularly notable, as is CARE's approach to impact assessment. The review team found, however, that the way partnerships were practiced in the field can be questioned. Local partners did express that their relation with CARE was rather one-sided and that they did not have much of a say in relation to the way projects were planned and implemented nor in the selection of topics for capacity building.

CARE Norway has placed gender high on the agenda but has not applied a state-of-the-art approach to gender and development. The organisation gives priority to projects targeting women who are supposed to comprise 70% of the target group in any project. The team found no specific justification of this, e.g. through evidence from a gender analysis. Nor did the team find signs of efforts to mainstream gender aspects in the work, whereby different roles and needs of women and men would inform programme choices in the specific context.

Performance

Internal routines, rules and guidelines in financial management are well documented. There is however an issue with some of the financial systems due to their complexity and old-fashioned nature.

There is a gap between actual administration costs and administration covered by MFA and Norad. CARE Norway is in dialogue with Norad on this issue. Local partners experience that Norad's funding cycle is very tight resulting in delays in release of funding. Furthermore, the pressure on local partners to comply with strict auditing regulations seems out of proportion with the context of partnership development, rather than sharing the unavoidable risks.

CARE Norway is practicing a system of close monitoring by programme staff from Oslo. At the same time very experienced and qualified staff were found at country level, fully capable of securing progress and quality control of programmes. The assessment by the review team is that quality control through this systematic approach to monitoring of projects is of a high standard, but that the tight monitoring from Oslo is an expensive solution and potentially duplicates effort. This is a matter for concern for CARE Norway, also in light of the heavy work burden on the programme managers.

Project documentation appears to be adequate and to be timely delivered throughout the project cycle. There seems however to be frequent problems with the quality of reporting from the field and from country offices. CARE

Norway programme managers spend quite a lot of time improving reports before they can be sent to Norad.

The team found that clear goals exist at all levels and appropriate systems are in place to meet the goals. There is a high awareness with staff of what it requires to work in an unstable environment as is found in northern Uganda. A shortcoming was however found in the lack of attention given to the risk carried by local partners.

Results

The strategies and work of CARE Norway was found to be well aligned with Norwegian development policies regarding support to civil society organisations, in particular the systematic approach to engaging with local partner organisations. Moreover, the focus on 'women oriented development assistance' was found to be given high priority and in line with Norwegian development priorities.

In both countries visited, projects had been identified jointly by partners on the ground and local CARE staff, and baseline surveys had been conducted, thus ensuring that local knowledge was built upon.

CARE promotes participatory approaches within a pre-defined programme-frame. The extent to which beneficiaries participate in projects and programmes depends upon the partners' methods of work. It was noted that the partners have varying degrees of knowledge in project cycle management and display low levels of confidence in the use of participatory approaches.

It appears that there has been little input from the partners regarding CARE policies and strategies. Instead, beneficiaries and the local partners treat CARE as they would a "donor". The actual partnership between CARE and national NGOs is rather a sub-consultancy than a "real" partnership. There is a focus on technical capacity building on issues defined by CARE and a predominance of CARE in the decision-making (e.g. administrative principles), responsibility and risks.

Most planned activities and goals for 2006 were achieved in the visited projects in Uganda and Mali. In the case of Uganda there are some areas of concern, i.e. problems in access to land for the IDPs, travelling constraints for staff due to the security situation and the challenge of sustaining results achieved in an IDP camp all the way back to the home communities after return.

The team observed tangible results among IDPs in northern Uganda in the fields of small enterprise development, access to pro-poor financial services, increased agricultural productivity, changing gender roles and the development of a savings culture.

Recommendations

Recommendations to CARE Norway

Diversified funding

CARE Norway should find other institutional donors like EU/ECHO to minimize the risk and dependency.

CARE Norway should continue to invest more in private fundraising to increase their unrestricted income.

Effective use of resources

The management team might need to look at the balance between time spent on CARE International activities and providing the necessary management support to the secretariat in Oslo.

In order to assess effective use of resources throughout the 'aid chain', roles and required competencies of the different actors will need to be specified.

Since CARE has succeeded in employing highly qualified staff also at local level, more delegation of monitoring functions may well be considered.

Financial management

CARE should change the financial system and have a global system that makes CARE able to do the reconciliation faster.

Reporting

CARE should take measures to strengthen the capacity of local partners in appropriate reporting and documentation of project progress and results.

Project cycle management

As a strategy for effective project management and sustainability CARE should work towards creating a common level among the partners in the use of participatory approaches and in project cycle management.

Partnership

CARE should embark on development of tailor made training programmes to suit the different needs of the different partners based on the assessed needs since the partners have varying organizational capacities. Such trainings should also be targeted to the Management Boards.

CARE should work with the 'mutuality' in partner relationships and allow for partner influence on decisions of relevance for project implementation.

CARE should address varying and individual risks faced by local partners through capacity building in risk management.

Sustainability

The Gulu sub-office should develop a strategy for sustainability of results based on different scenarios resulting from the on-going peace process. The strategy

should include realistic requirements for funding and be presented to Norad and other donors.

Recommendations to Norad

Norad should develop a new and improved structure and guidelines regarding administrative and other costs which are not direct project costs.

Norad should review the funding cycle. They should ask MFA / Stortinget for long term funding to follow the circle of their own partnership agreements with the NGO's. The funds should be rolled over between years. The use should be reported annually but as long as partners are on long term budget the timing of the cost is not so relevant.

Norad should make clear guidelines for audit/ financial requirements for local partners with limits for amounts to be audited and shared risk for NGO's. Today the guidelines are not adapted to this environment and this puts a lot of pressure on local partners to comply with strict Norwegian regulations.

3 Analytical Framework and Methodology

3.1 Stages in the review

The collection of information was done in four stages as shown below:

A. Study and documentation

October 2006 - January 2007

This phase comprised activities leading up to the Inception Report, i.e.

- Screening of crucial documents
- Selection of countries for field visits
- Collection of information from headquarters of CARE Norway and CARE International
- Elaboration of the analytical framework
- Identification of crucial issues and hypotheses

B. Country visits

March 2007

The review team paid one week visits to Mali and Uganda with the purpose of assessing CARE N's capacity through interviews with country offices, project staff, Norad staff and other stakeholders and through visits to selected project activities.

C. Data analysis and draft report

April - May 2007

Following the country visits, the data was interpreted and analysed. The first draft report will be presented to CARE Norway and Norad in two half-day workshops on the 14th June 2007. Then the draft report will be finalised and submitted to Norad

D. Final report and presentation of final results

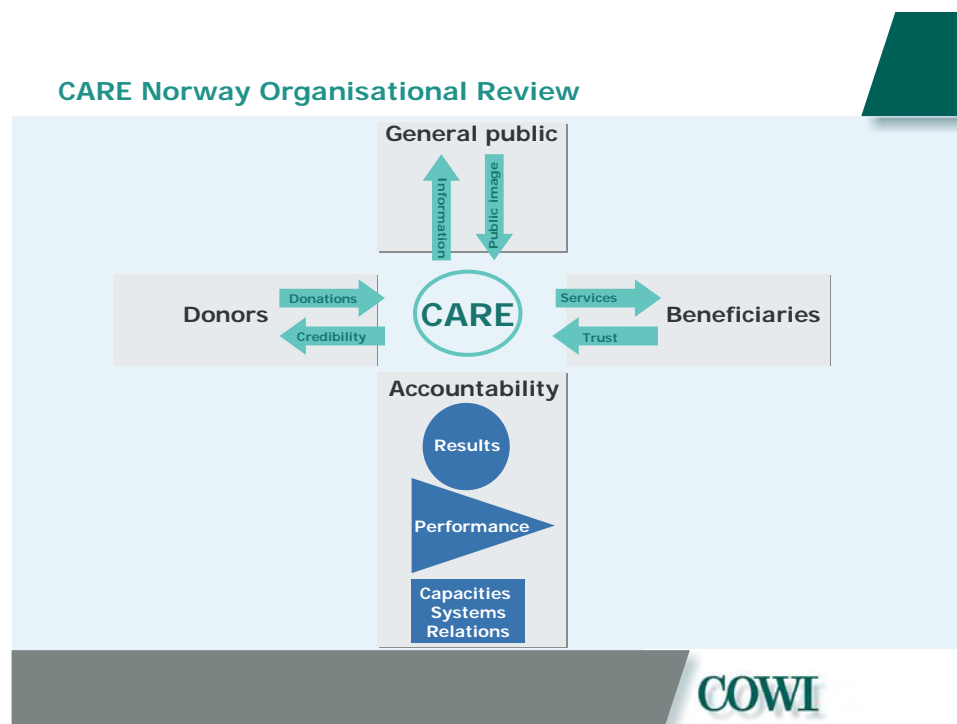
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Feedback from Norad and CARE Norway is anticipated two weeks after submission of the draft report. Based on the comments received the consultants will revise and finalise the report leading to submission of the final report.

3.2 Review model

In accordance with the Terms of Reference this review is based on Norad's model for organisational reviews of NGOs. The model comprises three main

elements, i.e. *I. Description of the organisation, II. Performance* and *III. Results*. These three elements are related to the context at home (in Norway) and abroad and are dynamically linked by an organisational learning loop. In the present analysis, the three elements are joined by *accountability* along the three dimensions of (a) beneficiaries in the South, (b) the general public in Norway and (c) the donors. This context and the connections between the main elements are shown in the diagram below.



Inspired by Alan Fowler

3.3 Key issues and sources of information

Based on the TOR and additional information gathered from CARE N, the review team has identified a range of **key issues** to be covered in the review. The purpose is 'to examine CARE Norway's ability to provide effective aid' and this has four related dimensions, being:

- Cost-effective use of funds
- Results in accordance with Norwegian political priorities
- Relevance to final recipients
- Ability to achieve its own goals.

These core issues have been analysed under the relevant components of the Norad review model. The consultants have identified the following **specific issues** to be assessed under the three main components in the model:

Organisational Capacity	Performance Review	Results
Resource mobilisation; Management structure and capacity; Human, professional & financial resources; Strategic capacity and coherence; Procedures/tools for the organisation; Advocacy and visibility.	Financial management; Quality control; Clarity and ability to obtain goals.	Alignment with Norwegian political priorities: Relevance to final recipients Context knowledge and relevance of activities; Beneficiary participation in programmes; Identification and working with partners; Results and outcomes

During the inception phase, and under the guidance of the Reference Group, the consultants identified the **sources from which information should be derived**:

In **CARE Norway**, key documents were reviewed on the organisation's mission, vision and strategy, country programmes and strategies, and evaluations and reviews. Interviews were conducted with the Board chairperson, the Management team/National Director, the Programme Director, programme coordinators for Africa and the Director of Finance & Administration.

In the **CARE International Secretariat in Geneva**, a meeting was held with the Deputy Secretary General and the Emergency Response Director, and major strategic documents were reviewed.

In **Uganda and Mali**, information was obtained from CARE country offices and programme staff in the field, from local partners and beneficiaries. In addition, local authorities, the Norwegian embassies and other agencies and organisations were consulted.

The key issues for the review were matched with the sources of information in an analytical matrix enclosed in the appendice.

3.4 Methodology

The review team applied a variety of data collection methods according to the type of information required and the practical possibilities.

Document screening was applied in the first stage of the review. Documents describing the overall strategies of CARE Norway and country programmes supported by Norad and other documents listed in the TOR were studied prior to the selection of Uganda and Mali for field visits.

Self-evaluations via email were used in relation to staff of CARE Norway HQ and CARE country offices in countries supported by Norad, i.e. Mali, Niger, Kenya, Uganda, Burundi, Rwanda and Burma. The first round was carried out prior to interviews in Oslo on 21 - 23 November and the second round prior to field visits. The purpose of the CARE Norway HQ self-evaluations was to examine pertinent issues in the organisation as a preparation for the subsequent interviews. The purpose of the local partner self-evaluations was to establish a general picture of experiences with CARE Norway and to put the findings from the two country visits in a broader perspective.

Key informant interviews were carried out in Oslo with the Board Chairperson, the management and staff of CARE Norway and with the Secretary General of the Norwegian Red Cross. Furthermore, two team members interviewed the Deputy Secretary General and the Emergency Response Director in the secretariat of CARE International in Geneva. These interviews were based on a uniform list of review issues but the emphasis varied slightly according to the person interviewed.

Selection of countries for field visits

On the initiative of CARE Norway, and in agreement with Norad, the selection of countries for field visits was brought forward to the initial phase of the review instead of in connection with the Inception Report as originally planned. The selection criteria outlined in the TOR were applied and led to the selection of Mali and Uganda. A note describing eligibility criteria and selection procedures is attached to this report as Annex 2.

Approach and methodology applied in country visits

The main sources of information in Mali and Uganda were (a) staff of the CARE country offices including management and project staff, (b) local partner

organisations involved in Norad-supported CARE programmes and (c) beneficiaries of project activities. In addition, other stakeholders and resource persons were consulted, e.g. Norwegian embassies, EU representations, local authorities and local organisations working in the areas visited. One team member paid a visit to the CARE Regional Office in Nairobi to hold interviews with key informants, including the CARE Norway Gender Advisor.

Key informant semi-structured interviews were held with CARE staff and local partners and selected other stakeholders. The self-evaluations were used to focus interviews with CARE staff and local partners in Uganda and Mali. These and all other key informant interviews (including in Oslo and Geneva) were also based on the list of review issues derived from the analytical matrix.

The country visits included **case studies** of selected projects representing the priorities and objectives of CARE Norway's project portfolio. Selected field sites were visited to meet with field staff of local partners and CARE and beneficiaries.

Field observations of staff performance have provided input to the assessment and **focus group discussions** with selected project beneficiaries provided an end-user perspective.

Local consultants took part in the country visits as full team members.

Visit programme and logistics for the country visits were prepared by CARE Norway in consultation with the review team.

To optimise the validity of findings, **triangulation** was applied throughout the data collection exercise. This was done through combining information from documents with interview statements, presenting identical issues and questions to a variety of informants and through cross-checking preliminary findings with key informants.

The information gathered during the review comprises quantitative and factual data as well as qualitative data, including personal judgements from key informants. The analysis of this combination of diverse input was based on the themes outlined in the analytical matrix so that all aspects were informed by as many sources of information as possible.

3.5 Projects visited in Uganda and Mali

Mali: Project presentation ROCAM II

CARE Norway is supporting three projects in the regions of Ségou, Mopti and Timbouctou. All three projects share the goal of increasing livelihood security and promoting the rights of vulnerable groups through increasing the capacity of civil society and local authorities to voice and consider the needs of these groups. Common priority areas are: Communal development, democratisation and civic education and strengthening of local institutions and civil society as well as economic development. All projects co-finance certain investments in social and/or productive infrastructure related to the communal development plans of the target communes. Another shared strategy is working with savings and loans groups (MJT) as a way to reach vulnerable groups, and women in particular, both for internal resource mobilisation and for training and awareness rising.

In addition to the common priority areas, each project has a certain specific emphasis. In Timbouctou the project tries to address the conditions and rights of marginalised nomadic groups and agricultural labourers. The Mopti project focus on communal management of natural resources and finally the Ségou project is promoting behavioural change with regards to health and sanitation improved livelihood security.

Uganda: Project presentation SMOWAC

In 2005, CARE Uganda initiated the Gulu Livelihood Social Mobilisation of Women Affected by Conflicts (SMOWAC) programme for a period of 5 years (2005 - 2009). The SMOWAC program originally had two components: one which is funded through the frame agreement between CARE N and NORAD and another one which was funded by the MFA (ended in mid 2006).

The component (funded by CARE N) is called the Business Development Service (BDS) project and has as its main objective to improve household economic livelihood security and self reliance for 20,000 IDPs, mainly women through participation in income generating activities, small enterprises and saving and loan groups using the MMD approach. The main strategy is to facilitate and strengthen the capacity of IDPs so they can identify and manage small enterprises, strengthen entrepreneurial capacity and to support the establishment and development of community saving and loans.

The project addresses gender equity by working specifically with women's organisations and by facilitating women empowerment through saving and loan schemes. The project has also worked on mainstreaming HIV/AIDS in all programming. Finally, the project is in line with the UN resolution 1325 and Norway's Plan of Action for implementation of this.

4 Basic Assumptions and Hypotheses

During the initial scrutiny of documents and the first round of interviews in Oslo and Geneva, the Review Team tried to identify some of the 'burning issues' and dilemmas that CARE Norway is facing at the present time. The hypotheses emerging from this process are presented in the following chapter.

4.1 Balancing a Norwegian and an international identity

It appeared during interviews and meetings in CARE Norway headquarters that, in particular, leading members of the management team are paying significant attention to strategic and organisational issues of the CARE International confederation. The CARE International dimension is not emphasised very much in the TOR for this review. In view of the amount of management time spent on this and CARE International's high appreciation of CARE Norway's contribution to the international work, the consultants proposed that this area be given attention in the review.

Our *hypothesis* was the following: **In a situation with limited financial and human resources the organisation is facing a dilemma of how to distribute resources and attention between the Norwegian and the international dimensions.** Considering the high pressure on resources, a high international involvement may reduce the capacity available for work in Norway related to fundraising, advocacy and popular mobilisation.

From the first round of interviews, the team gained the clear impression that CARE Norway derives added value *from* being a member of CARE International - and that CARE Norway also delivers value *to* certain areas of CARE International's work. The team were interested in these aspects and also a further perspective concerning how the membership of CARE International adds value to the beneficiaries in recipient countries and to the general public in Norway.

For the sake of commenting on the future directions and strategic choices of CARE Norway, the consultants found it very important to ascertain the character of the value added along these lines and to establish whether it was (or could be) documented and communicated to relevant stakeholders.

We presented the *hypothesis* that **more could be done to establish, document and communicate the added value of CARE International membership and that a realistic assessment of the added value could support strategic**

decisions and image-building of CARE Norway to a greater extent than is happening at present.

4.2 Scope for increasing impact in Norway?

There seems to be a standing discussion concerning how the dominance of the so-called 'Big Five' humanitarian organisations in Norway could be challenged in fund-raising and public profiling in order to increase its impact. One question is whether the fundraising market is saturated and another is whether there is scope for gaining a larger 'market share' for CARE Norway? We suggested the *hypothesis* that **through more efforts and continuation of existing innovative strategies, CARE Norway could gain a larger share of this market and increase the financial contributions from the Norwegian public and the business sector through sponsorship arrangements.** The question is whether CARE Norway's strengths in relation to e.g. advocacy expertise, specialised expertise in gender and micro credit, high quality of field programmes and a very strong international network might be utilised even more in the future within the Norwegian context. Is CARE Norway 'punching below its weight', i.e. does the capacity of the organisation call for greater impact on Norwegian development debates and policies?

4.3 Cost-effective management of country programmes

In the CARE system, many different actors are involved in management of programmes in the recipient countries. This presents the challenge to establish a division of labour to ensure cost-effective use of human resources and funds and avoid duplication of functions between the parties involved in a given country programme. Although a very comprehensive set of guidelines and manuals have been produced by CARE International, interviews in Geneva revealed that they are only partially used and are in need of updating. The team presented the *hypothesis* that **an updating of CARE International guidelines and manuals could potentially present a saving for CARE Norway in terms of the cost and effort that might otherwise be required if it were to develop its own systems.**

4.4 CARE Norway's impact on country programmes

In a confederation like CARE International, capacity in priority areas will be present at many levels. CARE Norway has used considerable resources in developing expertise in the areas of micro-finance and gender equality. It is also obvious that the organisation maintains a close contact to the country programmes receiving Norwegian funding. With this background, the *hypothesis* is that **the specialised support provided by CARE Norway in the fields of micro-finance and gender equality has a positive impact on the quality and the results of the Norwegian funded country programmes.**

5 Organisational Capacity of CARE Norway

CARE Norway was established in 1980 as an independent, voluntary organisation and is part of the global confederation CARE International. In 2005, CARE Norway was active in 22 countries with support to emergency assistance as well as long term development aid with Africa as the main focus. The financial basis for CARE Norway is derived from donations and support from individuals, organisations and companies, and from Norad, the Norwegian Ministry of Foreign Affairs (MFA) and FOKUS. Annual turnover is in the vicinity of NOK 100 million and the secretariat in Oslo employs 16 staff.

CARE N's operations/year	2005	2004	2003
Total operational costs	95 925	87 880	85 629
Total programme costs	85 078	73 035	72 303
Norad funding	43 206	44 380	48 022
Min. of Foreign Affairs funding	36 973	25 318	20 800
CARE N (collected funds)	4 727	3 124	3 481

Figures in NOK 1000 Source: Terms of Reference for this Review

5.1 Resource mobilisation

Funding from Norwegian public sources comprised around 84% of the total income in 2005, while the rest came from income from market activities (11%) and own collected funds (5%). NOK 43,206¹ were received from Norad for long-term development projects and NOK 36,973 from the MFA for emergency relief operations. CARE Norway's frame agreement with Norad ensures financial predictability for long-term development projects. Allocations for emergency relief are acquired from the MFA on a project-to-project basis.

The ability to generate funds is generally improving. In the annual report for CARE Norway 2005, the Board expressed satisfaction with the good result of the year 2005 ending with higher financial reserves than previous years. At the same time, the organisation is faced by challenges relating to changes in the

¹ All figures in 1000 NOKs

lottery market and changes in VAT rules. Both these factors threaten security of income.

During the last couple of years CARE Norway has moved up from a tenth to a seventh position on the 'top ten' list of Norad allocations through Norwegian NGOs. The allocation for 2007 is NOK 50 million and the increase in funding is explained by CARE Norway's strong focus on women-oriented development aid, this being one of the high priority areas of Norwegian development aid. Other Norwegian NGOs are facing some reductions in their funding as a consequence of the government's renewed focus on environment and women in development aid.

CARE Norway has for some years made efforts to increase its visibility in Norway through advocacy and public relations work. Staff members are regularly used by parliamentarians for advice in areas like women in development, micro-finance and in relation to specific countries. CARE Norway has also organised cultural events with great success and made an effort to approach the business sector. The purpose of these initiatives is to raise awareness of the work of CARE worldwide and to generate more income from the Norwegian public and business enterprises. The strategy is to gain a place among the prominent group of large NGOs with high visibility in the country.

5.2 Management structure and capacity

The management of CARE Norway comprises the National Director and Directors of Programmes, Marketing, Finance & Administration and Media & Policy. Interviews and interaction with the National Director and three of the department directors left the impression of a highly competent and well functioning team. From his start in the organisation, the National Director has managed to improve the financial situation considerably and build a team of highly committed staff members working closely together in pursuing an ambition of high visibility in Norway and a high and focussed impact in the South. The close cooperation extends to the Board too, including the very engaged Chairperson.

The National Director emphasises not only the work in Norway and the programmes in the South, but is also - together with other members of the management team and the Chairperson of the Board - deeply involved in several committees of CARE International. During the visit to CARE International's Secretariat in Geneva it was confirmed that CARE Norway is seen as a visible and competent member of the confederation adding value in several areas, especially gender equality.

One serious concern regarding the management capacity is that continuity seems to be at risk. During the period of this review CARE Norway faced a change of national director, a finance director going away on a year's leave and a media director going on maternity leave. Even though the two latter mentioned are planning to come back to the organisation, the fact is that three out of five members of management are leaving at the same time. This leaves CARE Norway in a vulnerable situation.

5.3 Human resources and professional capacity

In addition to the National Director, CARE Norway's secretariat in Norway employs four staff in the programme department, five in marketing, three in finance and administration, and three in media and policy. The focus of this review is on the management and on staff working with international programmes.

The programme department consists of three regional programme coordinators: two for Africa and one for Asia and the Balkans. In addition, a gender specialist has recently been appointed under CARE's regional office in Nairobi. The review team undertook individual interviews with the two programme coordinators responsible for South/West Africa and East/Central Africa, and one team member met the gender specialist in Nairobi. The programme coordinators for Africa showed a high commitment and sense of responsibility in relation to the programmes for which they are responsible.

There are indications that the workload on the programme staff in CARE Norway is very heavy. The explanation given for this was the staff reductions in connection with the recent economic 'turn-around' of the organisation. The question is whether the success in terms of making ends meet financially has had excessively heavy costs in the human resource area.

When assessing what is a reasonable workload of a programme coordinator, it is important to analyse the effectiveness of the division of labour between CARE Norway and CARE International. For example, is the close monitoring of programmes through annual visits to all programmes from the Oslo-based staff necessary when monitoring is also carried out from CARE's country offices? What is the added value from each level involved in this?

Another aspect of the pressure on human resources is the amount of time spent by members of management on the affairs of CARE International vis-à-vis their time spent on supporting CARE Norway's work with international programmes, including support to the department. This balance and the relative priority of the different areas of work would be worth considering in future job descriptions of the managers.

5.4 Strategic capacity and coherence

Being a member of a global confederation, CARE Norway makes use of its own strategies and policies as well as those of CARE International. Furthermore, strategies also exist at country level.

CARE Norway has prepared a comprehensive overall strategy for the period 2003 - 2007 giving a good overview of its vision, the main goals, organisational values, resources and the main challenges. The overarching goal is to fight poverty, discrimination and social injustice and to contribute to secure and dignified living conditions for the most vulnerable groups in the countries of cooperation. Of the eight specific goals for the period 2003 - 2007, four address the work in the South relating to improved conditions of women, secure

livelihoods of the target groups, strengthening civil society and good governance, and effective emergency aid. Three goals relate to strengthening the position of CARE Norway in the field of pro-poor advocacy, improved income and human resources, and one goal refers to the development of CARE International as a global organisation. The goals cover the breadth of the organisation, are mutually supportive and are comprehensively described.

The overall strategy is supported by an annual action plan detailing goals, challenges and priorities for each department and area of work. The programme priorities presented for the 2006 action plan are

- Livelihood and food security
- Resource mobilisation and strengthening of women's economic and social rights and position
- HIV and Aids prevention
- Early warning systems, crisis and conflict prevention, and emergency management and response.

At the thematic level, CARE Norway has prepared a Gender Equity Policy to direct the work in the main thematic priority area of the organisation. It is a gender equity mainstreaming policy providing criteria and guidance for all programmes to give priority to women by ensuring that they should constitute at least 70% of the target group of any project, they should be actively involved in programme development and be recruited as project leaders on a 50/50 balance. Policies of Norad and CARE International are referred to and discussed and specific priority themes for gender equity in CARE Norway's work are identified. The policy is more focussed on the empowerment of women than on gender equality as such and thus deviates from mainstream approaches in most donor agencies and NGOs which have moved from a 'women in development' (WID) to a 'gender and development' (GAD) approach. The review team was told that this approach is under revision but did not see any kind of documentation for this.

CARE Norway does not operate with country strategies as such, but the frame agreement applications to Norad include elaborate descriptions of country programmes (including strategic considerations). They follow a predefined format and address crucial issues in relation to the cooperation with local partners, objectives and anticipated outputs of programmes, target groups, alignment with national plans, risks and sustainability of the interventions.

Working through local implementing partners has a very high priority and they are assessed and selected with great care. The main criteria for the selection of partners are technical capacity and outreach in the local communities. The categories of partners in the Norad-supported programmes are local NGOs and Community Based Organisations (CBOs), district councils, a local bank and the World Food Programme.

Programme descriptions covering long-term development goals, immediate objectives and anticipated results are also comprehensive. The description of immediate objectives and results are very specific and factual and organised systematically for easy bridging into monitoring frameworks. Some country programmes include indicators for long term goals and immediate objectives,

as well as milestones for outputs related to each objective. The target groups are defined in specific and numeric terms and adhere to the gender policy of 70% being women.

The main strategies are support to capacity building of local partners through training programmes and support to local communities to develop and use their own capacity. The well-known Village Savings and Loans Associations (VSLA) developed and refined worldwide by CARE is one of the major instruments in building community capacity and strategies for sustainable change.

CARE Norway follows the Evaluation Policy of CARE International which is focussed on accountability and effectiveness through uniform evaluation steps to be observed in all projects. These include baseline surveys, mid-term evaluations and ex-post evaluations including extracting lessons learnt for future programming. All evaluations need to include a significant participation and high level of influence of project/programme participants as well as relevant parties external to CARE. A format for evaluation reports is provided, and the need to allocate sufficient resources for evaluation is emphasised. CARE Norway presents an annual plan for evaluations to be undertaken in all countries supported. This plan is included the annual application document to Norad and comprises reviews, mid-term evaluations, final evaluations and thematic studies.

Sustainability is receiving considerable attention in CARE International's approach to development projects. The decision to work through local implementing partners is an attempt to further this goal, as local capacity is built up and will remain in the area after CARE has phased out. The team did not, however, see any exit strategies or any considerations of a time limit for the involvement in a given area - in support to country offices, sub-offices or projects.

The review team has observed a clear coherence between the various levels of strategies and policies and noted that the values and principles of the organisation are clearly reflected. Moreover, a clear strategic link was found from policies and strategies at headquarter level through country offices and to implementation of programmes in the field.

5.5 Procedures/tools for the organisation

CARE International is known as one of the global confederations of NGOs that is strong in tools and manuals. This was confirmed during this review as manuals and guidelines were found to exist at all levels right from CARE International and CARE Norway to country office and sub-office level.

All programme work in CARE International is guided by programme standards and these are also used by CARE Norway and the country offices visited. Manuals for specific areas such as partnership, gender issues and micro-finance have been developed at field level.

In both countries visited, the team observed the well elaborated guidelines for selection of implementing partners at sub-office level. All CARE partner

organisations had gone through “a winnowing process” of assessment before consideration for partnership. They had all signed MOUs with CARE that spell out the roles of each party. Once the partners are selected, CARE undertakes organisational capacity assessment and develops a plan for organisational development.

In relation to evaluation and impact assessment, Care International's evaluation policy and the guidelines for Strategic Impact Inquiry (SII) are viewed as useful instruments.

In the Gulu sub-office in Uganda, a comprehensive monitoring guide for the Norad-supported project has been developed and appears to be used systematically.

5.6 CARE Norway as a member of CARE International

CARE Norway is a member of the international confederation CARE International which has 12 national members in North America, Europe, Asia and Australia. The annual budget of the confederation amounts to more than 800 million dollars a year, and 900 projects are supported reaching more than 50million beneficiaries each year. Country based activities are implemented through 70 country offices in Africa, Asia, Middle East & Europe, and Latin America. 90 % of the 14,000 staff working for the confederation are nationals. A common vision, a mission and a set of values support the common identity and direction throughout the confederation.

CARE International maintains small secretariats in Geneva, Brussels and New York with limited human resources and depends largely on professional inputs from the national members. Therefore, the chairperson of the board for CARE Norway, the national director and other members of the management team in Oslo spend a substantial amount of time participating in activities of CARE International. The chairperson of the board participates in committees related to programmes, advocacy and fundraising, the national director is active in the National Directors' Committee, and other members of the management take part in the work of committees of relevance to their respective departments (please refer to attached diagram 'Relations to CARE International' in the annex).

During the review team's visit to the secretariat in Geneva, the leadership expressed high satisfaction concerning the participation and contribution of leading figures in CARE Norway, especially in the field of gender equality. The national director's participation in the process of developing the new strategy for the confederation was particularly emphasised.

5.7 Advocacy and visibility

In the competition for visibility and influence in Norway, CARE Norway is trying to find its own niche focussing on specialised knowledge on specific countries and on the themes gender equality and micro-finance. CARE has gained access to parliamentarians in Norway who invite staff members for country briefings and thematic discussions related to the core competencies of the organisation. The decision to target specific audiences through cultural events, for example, also seems to have been successful.

The Director of CARE Uganda commented that some of the benefits of working with CARE Norway are found in the area of advocacy. First of all, this relationship gives access to the Norwegian government which is important because of the crucial role Norway is playing in peace processes. Secondly, CARE Norway contributes to advocacy related to women and conflict issues, in particular on UN Resolution 1325 about women in conflict. CARE Norway is also included in CARE initiatives vis-à-vis the UN system where access to the former emergency coordinator Jan Egeland has been important.

The focus on gender violence is appropriate given CARE's low controversy advocacy policy and non-confrontational lobbying style. A more daring advocacy campaign would need to have a basis in realistic perceptions of what is possible to achieve in terms of political impact and at what political level. That will depend on the context and on the reputation amongst local authorities for the quality of its service provisions. The question arises: does CARE punch below its weight in areas where it has a solid track record?

5.8 CARE Norway secondment to regional unit

The purpose of the East and Central Africa Regional Monitoring Unit (ECARMU) is to improve strategic planning among the national partners and liaison with human rights, peace building and other organisations using the rights based approach. The unit has five advisors for emergency, advocacy, HIV/Aids, communication, natural resources and gender and is led by the Deputy Regional Director. The regional unit is a support unit and not part of the line organisation.

The initiative for the Gender Equality and Women's Empowerment Advisor (GEWEA/RR) position came from CARE Norway in 2005 as part of the plan to become a centre of expertise on women's empowerment and gender equality within CARE International (the interviewees used the word 'excellence' and referred it probably back to one of the Norwegian Board members, who is a leading academic and well versed with this horizontal network model for information sharing and research). Other CARE International members have or plan similar arrangements for other thematic issues. The main tasks are to strengthen the quality of gender responsive programming and to represent CARE Norway and ECARMU towards key stakeholders in the area of gender equality and women's empowerment.

CARE Norway has seconded a person to ECARMU from October 2006 until the end of 2007 under the current frame agreement with Norad. A continuation beyond that date will depend on the mid term review planned for August this year and the possible financial contribution also from other CARE International members. The advisor's task is to collaborate with gender resource organisations through networking (with a specific focus on Norwegian entities such as the Norwegian embassies and INGOs), facilitate queries raised by donors and others and establish partnership agreements with organisations working in the same area.

Although still in its infancy, this arrangement exemplifies the contributions that CARE Norway can make in specific areas (for instance gender policy) to CARE International worldwide and through their country offices to certain regions. The review team wished to confirm the validity of the approach, but had no way to measure the extent to which it is implemented and the actual impact achieved.

Nevertheless, the impression is that the Great Lakes Advocacy Group (GLAG) has become an important promoter of the Sexual Violence Protocol signed by 11 East and Central African countries and a keen watchdog on their governments' practices. Their advocacy work takes on two directions, one vertical towards the community level and district authorities and the other towards the higher strategic political level. ECARMU seems well placed to facilitate this advocacy in both directions. It has developed its mentoring capacity horizontally by support to gender teams working in partner organisations and strengthened its vertical advocacy structures, linking community level documentation with the national policy level.

Another positive example is the advocacy work at country level done by CARE Uganda's support to peace building in Northern Uganda. The country office is coordinator for the 65 member wide initiative of Civil Society Organisations for Peace in Northern Uganda (CPOSNU) and hosts its secretariat.

Thus, CARE Norway's performance in relation to its own gender goals and to Norwegian political priorities seems quite good. In particular, its impact on policy level - to sharpen the gender perspective in CARE International and scale up the global work against gender violence - seem very good and is highly commendable. It is a good example of how much can be achieved through well focussed and systematic long-term work. As a small member of the CARE International federation, CARE Norway has used its limited resources in a cost-effective way to build its competence and reputation in a small but highly relevant area of poverty reduction and development. Although too early to document systematic results, this strategy is likely to have an impact on a much wider space than otherwise would have been possible working alone.

However, the influence on other CARE members in gender programming appears to be a slow process. CARE International's large hierarchical structure, with its many layers, special member country interests and coordinating processes makes one question the system's effectiveness. The team was not convinced that the country offices get maximum effect out of their advocacy work considering their actual positions in the host countries. Long-term presence, volume of relief and development aid, professional competence and its solid partnership foundation gives CARE International a legitimacy that goes beyond most other INGOs.

The team acknowledges that CARE Norway already contributes - through participation in relevant forums such as in the National Directors Committee - to push the system to become more effective. In times of the rapidly changing

global aid architecture and discussions about the future roles of northern led development organisations such as CARE International, this nevertheless requires more energetic initiatives to assist CARE Country Offices in becoming independent members with all rights in the CARE federation. The team argues that CARE Norway should use its influence – particularly in those countries where it is a donor - to promote this discussion and push harder for decisions that will lead the CARE system in that direction.

5.9 Findings, conclusions and recommendations

Resource mobilisation

CARE Norway has a sound economy although it is highly dependent on funding from the Norwegian Government - funds from the Norwegian MFA and Norad represent 80 % of CARE Norway's total income. The rest is private income. Having such a large proportion of income from one donor creates a lot of dependency and could become a risk in the future (e.g. in the event of a change in government policy). CARE Norway's management is aware of this and has embarked on a strategy for increasing alternative sources of income through private fundraising in Norway.

Recommendations:

-CARE Norway should find other institutional donors(e.g. EU/ECHO) to minimize the dependency and risk.

-CARE Norway should continue to invest more in private fundraising to increase their unrestricted income.

Management structure and capacity

The organisation has a highly competent and committed management team which is devoted to increasing visibility and impact in Norway and in the programme work in the South, and as a member of CARE International. Due to a number of members of management leaving at the time of the review, staff continuity is at risk.

Human resources and capacity

CARE Norway has highly competent and committed programme staff who are committed to securing quality of work. There are, however, indications of a heavy workload amongst programme coordinators.

Recommendation:

The management team should examine the balance between time spent on CARE International activities and providing the necessary support to the secretariat in Oslo.

Strategic capacity and coherence

A set of comprehensive policies, strategies and guidelines exists at all levels and the team found a high degree of coherence between the strategic level and

implementation on the ground. Guidelines related to partnership are particularly notable, as is CARE's approach to impact assessments.

6 Performance Review

6.1 Cost-efficient use of funds and aid effectiveness

6.1.1 Financial management

CARE Norway follows Norwegian accounting laws and practices and is in line with the Norwegian Government's *Statens økonomireglement*. Internally, the financial management system is supported primarily by internal routines, rules and guidelines; secondly, by computer-assisted financial/and project management systems; and thirdly, by annual financial planning and the reporting cycle of Norad with a set division of duties.

Internal routines, rules and guidelines are well documented. Of most importance for financial management in the field are the overseas financial handbooks from each lead member and local financial/ procurement guidelines. The chief accountants /controllers supervise the Country offices (CO) on financial control and routines. The controller will visit a project if particular challenges are discovered by CARE Norway while the goal is that programme co-ordinators visit once a year. Each country office is also monitored by the Lead member controllers and internal auditors also conduct regular visits to check internal control systems.

The main planning tool is CARE Norway's *Annual Action Plan*. Different donors may require different regimes in the financial routines and reporting, which makes the cycle somewhat more complex.

The implementation of CARE's financial management system varies little from country to country. The implementation of the Scala system has been successful in both countries visited, but its costs in terms of staff resources have been high.

CARE Norway receives a set percentage to cover administrative costs when it receives funds for project purposes. The purpose is to cover the administration of the funds and projects (including required reporting back to the donor).

The percentage for administration costs set by the MFA is normally 3 – 5 % for emergency projects, 8 % for GAP projects. Norad's administration share is 8 %. The administration cost for CARE Norway was 10 % in 2005. Consequently, there is gap which has to be funded by other sources.

In addition to the administration contribution from the donor, the country offices have a system for allocating funds to costs that are not directly associated with a donor-financed project. These must be budgeted and booked

as Shared Programme Cost (SPC). This will normally include fixed costs for the Country Director, financial and administrative staff, office rent etc. These costs are recovered from donor-funded projects according to a preset distribution key agreed with CARE Norway and, implicitly, the donors. The cost level varies from country to country (ranging between 3-10%). The exact percentage varies from country to country depending on the size of the programme, number of expatriate staff, etc.

The review team finds that this variation in contribution to administration costs of country offices is quite important and that a maximum percentage of e.g. 5 % should be set in relation to all country offices.

The cost of the Regional HQ is mostly funded by the lead member except for seconded staff. The cost for the HQ in Geneva is low – 1.3 %.

The team found that the matching funding requirement has not improved CARE Norway's grass root connection, but has forced the organisation to raise money by recruiting private companies. The fundraising done in the streets is not done by a private company, but rather by CARE Norway itself. In general, the public does not approve of this kind of fundraising, and the costs are high. One alternative to this requirement is to open for matching funding from EU or USAID / ADA or foreign private donors, if Norad still wishes to keep this requirement.

The capacity in both Country offices visited was good. They have skilled and experienced staff with good knowledge of Scala and were well informed about Norad's regulations. However, the team discovered that knowledge about the regulations varied between the different local partners. The local partners were regularly visited by CO finance staff and it seems that they were well known among partners.

Local partners informed the team that Norad's funding circle was very tight and that all costs must be charged by December 31. However, the funds cannot be released to the local partner until March each year, due to the fact that CARE Norway has to wait for the grant letter from Norad before funds can be released. This effectively restricts their funding year.

This tight circle creates problems for most of the partners in Uganda. The partners received the funding too late to buy seeds and could not deliver in time before the rainy season started. Their staff was not paid between January and March. In December they had problems utilizing all funds and unused funds had to be returned to Norad. This could also have a negative impact on the quality of the programme.

The capacity of CARE Norway is good at the finance department, but the financial follow up from the programme-coordinators toward the programmes appears to be a bit stretched.

Audits

The selection process of local auditors is undertaken by the country offices, in dialogue with Oslo. The auditor's instruction is issued by CARE Norway's auditor (Ernst & Young) in Oslo, in dialogue with the CARE Norway's Finance director. The instruction includes issues such as audit according to accepted international audit standards and follows up of regulations from Norad. In

addition, the auditor evaluates the internal control system which is relevant for the audit. The audit takes place in February / March each year.

We found that in some cases not all small local partners were audited regularly by the local auditor in Uganda if the contract was less than USD 50,000.

Today there are no guidelines adapted to this environment and a lot of pressure is put on local partners to comply with strict regulations. The team found that partners do comply, but if Norad wants to build up capacity in this field they should also share the risk with CN / NGO if problems occur. Otherwise only the best will be selected. CARE cannot take risks given to today's discussions in the media in Norway where focus has been put on mismanagement of development funds. It should be clear to the Auditor General/ Stortinget and the public that operating in the poorest countries in the world involves a financial risk.

For example, a set of guidelines has been developed between CARE Denmark and Danida. This was developed in co-operation and is now used in different countries where CARE receives funding from Danida. These regulations set up risks and responsibilities/ regulation between local partners/ CARE and Danida.

6.1.2 Quality control and technical capacities

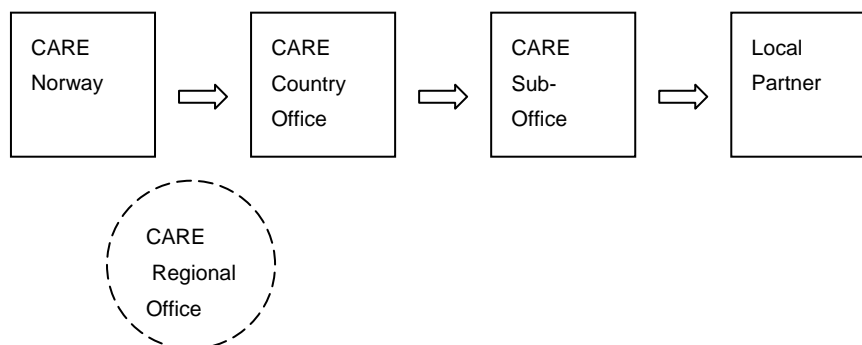
CARE Norway applies quality control through regular strategic visits to projects receiving Norwegian funding. In addition, programme staff of CARE Norway spend considerable time assuring the quality of reports, applications, budgets, accounts etc. Programme coordinators are encouraged to use CARE's programme standards as a guide in assessing progress. In the job descriptions of the regional programme coordinators, the quality assurance of CARE Norway's programme activities is stated as one of the main areas of responsibility. It is required that agreed principles and standards for programmes are adhered to in programme implementation. The norm is for the programme coordinators based in Oslo to visit all programmes in their respective region twice-a-year.

The review team has looked into the division of labour between CARE Norway and the country offices in relation to monitoring and quality control in order to assess efficiency throughout the aid chain.

With reference to the diagram in section 3.2 (the 'review model'), the role(s) of CARE Norway in the chain of actors should ideally be defined in relation to securing accountability towards the donors and the general public in Norway. The third dimension of accountability - vis-à-vis the beneficiaries - is in the CARE system largely delegated to the country offices. In most cases, the detailed monitoring of activities is delegated further down in the chain to the sub-office level. Securing accountability towards beneficiaries through such a system of delegation requires adequate capacities in the countries and timely and adequate reporting back to CARE Norway.

The quality of reporting from country offices does in many cases not live up to the standards required, and CARE Norway's programme department often needs to improve reports before submitting them to the back donor. Assuming this

problem can be solved through capacity building of country based staff, it would seem obvious that CARE Norway could add more value to projects and programmes through focussing more on strategic and thematic support than monitoring project progress as such. Even though this is actually CARE Norway's understanding of the situation now, the review team found that projects visits from Norway often have a very detailed focus on project progress, similar to the project monitoring done by local CARE staff.



The overall assessment by the review team is that quality control through this systematic approach to monitoring of projects is of a high standard. It must however be noted that monitoring projects directly from Oslo is an expensive solution and a heavy burden on overstretched staff responsible for large programme portfolios covering up to 10 countries in a region.

Uganda

In the case of the Gulu Livelihood Social Mobilisation of Women Affected by Conflict (SMOWAC) project in Uganda four levels are in play: CARE Norway, CARE Uganda, CARE Gulu sub-office and local implementing partners. In addition, the technical capacities of the regional CARE office in Nairobi are called upon in relation to priority themes such as advocacy, rights-based approaches and gender.

It was found that monitoring visits from Norway are always coordinated with the country office and the sub-office and, in most cases, are carried out jointly. A de-briefing in the form of a meeting, an email message or a report is delivered at the end of every visit and decisions regarding follow-up are made jointly. To guide staff in the process, a comprehensive monitoring and evaluation plan document has been developed by the Gulu sub-office specifically for SMOWAC. Progress is monitored against indicators and reported to donors on a regular basis. In addition, Strategic Impact Inquiries are conducted with regular intervals. The project standards developed by CARE International and adopted by CARE Norway were not referred to by CARE staff in Uganda, but the local manuals and guides are to a large extent based upon these. In Uganda, monitoring is coordinated by the Programme Director in Kampala and carried out by CARE Gulu programme staff. Very experienced and qualified staff was found at both these levels, fully capable of securing progress and quality control of programmes.

In order to assess effective use of resources throughout the 'aid chain', roles and required competencies of the different actors will need to be specified.

Many competencies were found to be in Business Development Skills (BDS) among both the CARE team and the partner staff as evidenced by the success stories of the Village Saving & Loans Associations (VSLA) in all the project sites. The beneficiaries are highly motivated by the outcome of their savings and investments. The VSLA has a well-developed mobilization and training curriculum segmented to suit the growing needs of the partners. All the partner staff in-charge of the VSLA are well trained in the mobilization and supervision of the saving groups/associations.

Meanwhile, less well developed competencies were seen in the area of agriculture development (AD). Although all the partners within the agriculture component have employed young agriculture graduates, they depend on the staff from the district agriculture office for all training. Unlike in the BDS, CARE is unable to offer technical backstopping due to the lack of an agriculture expert at the field office. It possibly explains why the agriculture training does not have a well-developed training curriculum (at least there was no mention of its existence). The structuring of the agriculture trainings is left in the hands of the external facilitator(s), who are mainly drawn from the district.

The review team was not presented with an overall competency plan stating the responsibilities and required capacities at each level in the chain. Possible duplication of effort could be eliminated through an assessment of appropriate roles, added value and necessary competencies of the different actors involved in monitoring and quality control. Since CARE obviously has succeeded in employing highly qualified staff also at local level, more delegation of monitoring functions could be considered.

Mali

CARE Mali follows by and large the same procedures as in Uganda. The language, cultural and programme similarities are contributing to a close collaboration between the CARE offices in Mali and Niger. Also, the CARE offices in the West Africa region have tried to spread and share the centres of expertise among them. For example, CARE Mali can require assistance in the field of VSLA from CARE Niger (chosen to be the "leading agency" in this field), whereas CARE Mali is the leader when it comes to gender equality/empowerment of women and can assist the other offices when needed. Also, CARE Mali plans to be the leader in terms of land rights and conflict resolution. CARE Ghana is currently chosen to be the lead in the process and discussion concerning aid effectiveness as a part of the Paris declaration process.

CARE Mali has three regional offices - in Ségou, Mopti and in Timbuctou. The team visited the one in Ségou. Each programme has its own monitoring system with specific indicators developed by the programme coordinator in collaboration with the country office, project staff and local communities. Each regional office has furthermore a monitoring specialist to assist the coordinator and other staff (e.g. for compilation of data for report use). Both at the level of CARE Mali and its regional offices, it was found that staff are highly qualified and competent. Each regional office has resource persons qualified in specific areas related to the programme activities, such as economic development, communication, and municipal development/strengthening (in the case of the

Ségou office). Other specialists (e.g. in land rights/conflict prevention) can be acquired from other offices having the required competence or, if not available, the local CARE office can decide to hire relevant consultants.

The challenge in the *Renforcement Organisationnel Crédit Aménagement au Mali - second phase (ROCAM II) II* programme is the fact that the establishment of VSLA groups (called MJT in Mali) are the entry points in the villages. Once the groups have been established and are working in a satisfactory way, more activities would be added. The activities are by and large decided by the VSLA members depending on their specific needs and the socio-economic and cultural profile of the villages. In some cases, it seems as if many different activities are chosen by the villagers and furthermore, some of these may be in fields/areas that are not covered by the usual CARE-expertise (e.g. agriculture). As mentioned earlier, the responsible CARE programme coordinator can decide to recruit a consultant to give advice but in some cases they chose to do this on their own which may constitute a risk if the in-house expertise is limited.

6.1.3 Value added by CARE Norway in the aid chain

In order to assess whether CARE Norway is an appropriate channel for Norwegian government funding, the value added in different stage in the aid chain is a useful parameter. This will provide information on effective use of resources and on how to avoid duplication of efforts by different actors, and it will provide information to Norad on the advantage of channelling funds through CARE Norway rather than funding a number of CARE country offices directly.

According to interviews with CO staff in Mali, the support from CARE N is important. The programme managers/officers from CARE N provide professional support with respect to some of the themes being of specific importance for CAREN/NORAD such as gender, partnership/participation, but also programme administration and implementation in general. It is the feeling of the team that having the close contact to CARE N means a kind of "security" for the CARE Mali office in terms of using the NORAD funding correctly. The relation between CARE N and CARE M seems to be very close and useful for both parties. It should be mentioned however, that the relationship may be stronger than expected because of the interest in the CARE M activities of the programme manager which is due to the fact the person has been working for several years in the region and has a deep-insight knowledge of the situation.

CARE staff in Uganda expressed high appreciation for the access to Norwegian competencies in peace building and leading figures in the international humanitarian landscape such as Jan Egeland. Moreover, access to Norwegian government funding was emphasised as an advantage. CARE Norway's professional inputs in the area of gender equality and women focussed assistance were also mentioned as important.

The overall assessment of the review team is that the value added by CARE Norway to the work of CARE at international, country and local level mainly relates to experience with women-focussed assistance. As acknowledged by

CARE Norway itself, the organisation does not have a special competency in the field of micro-finance. This professional expertise is found elsewhere in the confederation, and CARE Norway is rather trying to 'catch up' with the capacity. If CARE Norway intends to develop and maintain a leading position in the gender equality field compared to other CARE International members, it is important to further develop the approach and build specialised competencies in the organisation beyond the 'women as primary groups' approach. At the time of writing, the review team was informed that a revised strategy focusing more on gender than on women is under way, but no documentation has been received.

6.1.4 Reporting and documentation

Assessment

The review has reviewed selected monitoring and progress reports from the projects SMOWAC (Uganda) and ROCAM II (Mali).

Project documentation appears to be adequate and to be delivered in a timely fashion throughout the project cycle. The documents reviewed by the team were all systematically structured and of high quality. There is no doubt that staff at all levels are aware of when, what and how to document and are also able to write professional reports. These qualities are signs of good systems and procedures, effective management and qualified staff.

Uganda/Mali

The reviewed documentation and reports are all of good quality and well elaborated. While there is a high degree of professionalism in CARE in documentation of the project information, this is not the case with all partners. The partners met during the visit to northern Uganda seem not to be very keen in capturing the project good practices and success cases, even in cases where some information has been captured the partners do not have the skills of using it for advocacy. For example, most of the project information that is captured as photographic media is kept in visitor albums as a good hospitality gesture; a few are reflected in the reports and even fewer are used for advocacy work.

6.2 Clarity and ability to achieve goals

Long-term development goals and immediate objectives are clearly defined in the overall strategies of CARE Norway, CARE Uganda and CARE Mali. To a large extent, CARE Norway benefits from working within the framework of the clear and comprehensive strategies of CARE International (pls. refer to the chapter 5.4). Being conscious of the necessity of having a clear and convincing profile in Norway, the organisation has also developed clear goals for information and income generation as well as for developing its international profile.

CARE International has developed an evaluation policy to be applied in all programmes worldwide. Apart from being a policy, this document serves as a specific guideline specifying professional demands to evaluation processes and evaluators, and alignment with overall strategies and goals. It even includes an outline of evaluation reports ensuring that all relevant aspects are covered.

CARE Norway organises programme seminars for local project managers or sector coordinators in principle every second year where evaluations can be used as a topic for discussions and exchange of knowledge. E.g. one was

organised in 2003 in Oslo where the theme was 'Civil Society Development' including discussions on definitions and approaches to working with civil society, also from a rights based perspective and how CARE should address these issues in project implementation.

Another programme seminar for project managers was organised in Tanzania (Bagamoyo) where the theme was the CARE Norway Gender Policy. This seminar was the first occasion for CARE N to discuss the policy and get feedback from staff, and to discuss the practicability and the implementation of the policy to CARE N's programming. The workshop resulted in a broad consensus on the importance and validity of the policy document and agreed upon the next steps: How to ensure success in the process of the practical application and implementation of CARE N's Gender Equity Policy at the field level.²

Implications of working in a difficult environment

The management and staff of CARE's sub-office in Gulu are clearly aware of what it takes to work in an unstable environment. The work is coordinated with operations of other organisations through coordination mechanisms of local authorities and UN-OCHA, and the security situation is monitored on an ongoing basis. Prior to planned field visits safety is assessed, and the staff operates in a flexible way sometimes changing plans at short notice. Training in strategic management in the Gulu sub-office is an urgent task. Likewise to develop a response plan in the case that IDPs on short notice should decide to leave the camps and return home to their villages. The office should also be supported in their efforts to develop teambuilding and solidarity among the staff members.

CARE International has guidelines for assessing and monitoring programme activities to minimize risk which has been applied to all CARE partners. However, little was seen in connection to addressing the individual risks of the partners. It was the team's impression that CARE has "blanket treatment" of all its partners.

6.3 Risk analysis of human, professional and financial resources

The review team found that elaborated guidelines including scoring sheets for 'Risk identification and management' are found in CARE Uganda's Operations Manual in relation to sub-grant engagement, i.e. engaging with local implementing partners. In fact, the risk assessment will provide the 'Go/No Go' decision in relating to the particular partner in question.

The CARE system has developed several manuals and guidelines for the activities to be carried out to secure its own system. With respect to administrative and financial procedures, clear guidelines are used in CARE N as well as in the country offices³ to avoid any mismanagement regarding

² CARE Norway: Final report 2003-2005, p. 3.

³ E.g. in Mali: Manuel d'approvisionnement.

logistics and purchase. For each position in the office, it is clearly stated what are the responsibilities and duties in this respect.

When it comes to administration of CARE staff, all offices (HQ as well as field offices) has a manual concerning HR-policy adapted to the local context⁴.

Furthermore, in order to avoid corruption and to be able to react if cases on this should appear, CARE International has developed a specific policy on corruption.

The selection of partners is done according to severe guidelines where each potential partner is being screened to ensure to get the most reliable and capable partners as possible (ref. guidelines for selection of local partners).

6.4 Evaluation and learning

The basic elements of CARE International's Evaluation Policy are reflected in the Monitoring and Evaluation Document for the SMOWAC Project in Uganda. This document stipulates that a baseline survey needs to be carried out during the initial stages of the project to establish benchmarks against which progress can be measured. Furthermore, annual reviews shall be carried out in close cooperation with implementing partners, and an end-of-project evaluation shall be conducted including a community survey and a review of project documents. The Monitoring and Evaluation Document is rather new (from November 2006) but it is the impression of the review team that local project staff is well acquainted with the requirements and conscious of the need to carry out evaluation activities of high quality through making use of professional consultants. The Monitoring and Evaluation Document also gives guidance to learning processes throughout the project cycle to ensure that evaluation and review results inform future decisions regarding project implementation. To facilitate learning from project implementation, a number of learning events are held on a regular basis, such as partner level quarterly meetings and cross visits for SMOWAC project participants.

The review team were shown examples of baseline surveys and evaluations prepared by external professional consultants and they were of state-of-the-art standard.

CARE Norway emphasises learning from project experiences through thematic seminars at regional level in order to extract lessons learnt from core areas such as micro finance approaches and gender aspects.

In the field, the respective country offices facilitate regular planning meetings with the partners, provide advice and support in organisational management. They also facilitates an annual evaluation process where both partner organisations and beneficiaries participate in reviewing the strategy, approaches and progress and make recommendations for improvements. Thus, the ownership of the project is ensured both with the beneficiaries and the partner organisations and this contributes to the harmonisation of the approaches.

⁴ E.g. in the case of Mali: Manuel des Ressources Humaines, janvier 2007

Financial management

In Mali a long process and a series of meetings and evaluations have been launch in the beginning of the 2007 to prepare the next LTSP 2008-2012. The team got the opportunity to get through the report from a seminar evaluating the use of partnership. The seminar gathered all implicated parties and the evaluation (based on the SWOT method) highlights very clearly the positive points as well as areas where there is room for improvement.

6.5 Findings, conclusions and recommendations

CARE Norway (CN) follows Norwegian accounting laws and practices and is in line with the funding requirements. Internal routines, rules and guidelines are well documented.

There is a gap between actual administration costs and the funding for administration covered by MFA and Norad. This has to be funded by other sources.

The review team finds that this variation in contribution to administration costs of country offices is quite important and that a maximum percentage of e.g. 5 % should be set in relation to all country offices.

The team found that the matching funding requirement has not improved CARE Norway's grass root connection but has forced the organisation to raise money by recruiting private companies to do fundraising in the streets.

Local partners experience that Norad's funding circle is very tight and all costs must be charged by 31st December. The funds cannot be released to the local partner until March because CARE Norway has to wait for the grant letter form Norad before funds can be released. This means that the funding year for partners is relatively short.

In relation to auditing, a lot of pressure is put on local partners to comply with strict regulations. The team found that partners do comply, but if Norad wants to build up capacity in this field they should also share the risk with CARE Norway / NGOs if problems occur.

Recommendations:

Norad should develop a new and improved structure and guidelines regarding administrative and other costs which are not direct project costs.

Norad should develop new rules for matching funding in line with EU (Euroaid)/ ADA (Austria) or abolish the matching funding requirement.

CARE should aim at reducing the important variation in contribution to administration costs of country offices and a maximum percentage of e.g. 5 % should be set in relation to all country offices.

Norad should take the lead among European development donor agencies to harmonize rules/ requirement and develop a common

standard for reporting etc. By doing this Norad would enable NGO's like CN to lower their administration cost and make it easier to report on common indicators like the latest from the Paris Declaration.

CARE should change the financial system and have a global system that enables CARE to do the reconciliation faster (and even do real time consolidation).

CARE should arrange more seminars for local staff both on finance and programme related issues. Country offices should arrange seminars for local staff to make sure they know Norad's regulation and project cycle.

Norad should review the funding cycle. They should ask MFA / Stortinget for long term funding to follow the circle of their own partnership agreements with NGOs. It would be beneficial if the funds could be rolled over between years. The use should be reported annually but as long as partners are on long term budget the timing of the cost is not so relevant.

CARE should make sure that their local auditor visits and audits local partners regularly, also when the contracts are small.

Norad should make clear guidelines for audit/ financial requirements for local partners with limits for amounts to be audited and shared risk for NGOs. Today the guidelines are not adapted to this environment and this puts a lot of pressure on local partners to comply with strict Norwegian regulations.

Quality control and technical capacities

CARE Norway has applied a system of close monitoring by programme staff from Oslo. At the same time, very experienced and qualified staff were found at country level who were fully capable of securing progress and quality control of programmes.

The overall assessment by the review team is that quality control through this systematic approach to monitoring of projects is of a high standard, but that the tight monitoring from Oslo is an expensive solution and risks duplicating efforts.

Recommendations:

In order to assess effective use of resources throughout the 'aid chain', the roles and required competencies of the different actors will need to be specified.

Since the CARE country offices have succeeded in employing highly qualified staff also at local level, a stronger delegation of monitoring visits should be considered.

Reporting and documentation

The quality and timely delivery of project documentation depends on reminders from CARE Norway and quality assurance of documents is carried out by CARE Norway prior to submission to donors. While there is a good standard in

CARE in relation to documentation of the project information, this is not the case with the partners.

Recommendation:

CARE should take measures to strengthen the capacity of local partners in appropriate reporting and documentation of project progress and results.

Clarity and ability to achieve goals

The team found that clear goals exist at all levels and appropriate systems are in place to meet the goals. There is a high awareness with staff of what it requires to work in an unstable environment as is found in northern Uganda. A shortcoming was however found in the lack of attention given to the risk carried by local partners.

Recommendation:

CARE should address varying and individual risks faced by local partners through capacity building in risk management.

7 Results

7.1 Alignment with Norwegian political priorities

Civil society support has a high priority in Norwegian development assistance and a so-called 'competency profile' has been developed by Norad as a tool in the assessment of Norwegian NGOs entering framework agreements.

The overarching goal of Norwegian development cooperation is 'to contribute towards lasting improvements in economic, social and political conditions for the populations of developing countries, with particular emphasis on ensuring that development aid benefits the poorest people' (quoted from www.norad.no). The goals and objectives of CARE Norway and CARE International clearly fall under this broad heading. Moreover, the priority areas of CARE are also congruent with some of the specific goals of Norwegian development cooperation, notably to 'combat poverty and contribute towards lasting improvements in living standards and quality of life', and 'contribute towards promoting equal rights and opportunities for women and men in all areas of society' (www.norad.no).

Partnership

The strengthening of local partners in the South is the major emphasis in Norad's support to NGOs. The objective is 'to strengthen civil society in the South as a driving force and agent of change in order to achieve national development objectives'. Through the systematic cooperation with local partner organisations and extensive involvement in capacity building, CARE Norway supports this objective.

'Work in partnership with others' forms the second programme principle of CARE International: 'We work with others to maximise the impact of our work, building alliances and partnerships with those who take similar or complementary approaches, are able to work on a larger scale, and/or who have responsibility to fulfil rights and alleviate poverty through policy change and enforcement.' This wording relates to partnerships with donors and like-minded organisations rather than local partners in implementation. Working through local organisations in project implementation is a relatively new feature with CARE.

In the two countries visited during this review, the team found strong evidence of a systematic and thorough approach to partnership development on the ground. Systems and procedures for the assessment of eligible partner organisations and for the processes of training and capacity building of local partners exist and are being used on the ground.

The team also learnt that project equipment remained CARE property throughout the implementation period and had to be returned to CARE when the collaboration expired. Norad does not have a general policy on this issue, and consequently the practice varies among receivers of Norad grants. In CARE's case country offices follow the CARE International standard. The team is aware of arguments both for and against this arrangement. However, it will challenge CARE to consider whether it should continue with this norm as the organisation is going deeper into mutual partnership arrangements with local partners

Cross-cutting issues

In relation to cross-cutting issues in Norwegian development cooperation, the most visible priority in CARE Norway-supported programmes is gender equality. There are also intentions to strengthen the rights-based approach in the CARE family, but this is not yet systematically applied. As mentioned earlier, CARE Norway's strong focus on improving the situation of women is a feature mentioned in connection with the recent increase in the Norad framework budget allocated to the organisation.

7.2 Relevance to final recipients

7.2.1 Context knowledge and relevance of activities

Assessment

The review team found that CARE's modality of work involving local NGOs to some extent ensures that knowledge about local conditions is present and the activities chosen meet important needs in the target communities. In the areas visited in Uganda and Mali, projects are identified jointly by partners on the ground and local CARE staff, ensuring that local knowledge is built upon in the one hand and policies and principles of CARE are adhered to on the other. In Mali, CARE is also in close collaboration with municipalities and relevant line-ministries to coordinate efforts.

Uganda/Mali

The high relevance of activities was confirmed during interviews with beneficiaries in IDP camps in the Gulu area. Field staff of CARE as well as local partners displayed detailed and up to date knowledge of local IDP conditions. The same results were found in the case of the field visits in Mali.

In order to ensure that the needs of the beneficiaries are met, CARE staff in conjunction with the partners conducts baseline assessments. After the baseline studies, CARE engages both the partners and the beneficiaries in project design and planning. Group interviews with beneficiaries conducted in IDP camps in the area confirmed that the projects chosen were relevant to local needs.

7.2.2 Beneficiary participation in programmes

Assessment

The use of participatory approaches is encouraged by CARE at all levels but field visits revealed that not all local partners give high priority to this approach. Therefore, it was found that the extent to which beneficiaries participate in projects and programmes depends on the partners' methods of work. In the areas in which the use of participatory methods is a weak point, CARE Norway may be able to develop a comparative advantage in adding value to projects through supporting and enforcing the use of such approaches.

Uganda

The CARE Gulu sub-office is very keen to use participatory project cycle management. Principally, the findings from the field are normally shared with the partners and are fed into the project implementation process. However, during interaction with the partners it was our impression that, the partners have varying degrees of knowledge in project cycle management and display low confidence in the use of participatory approaches. Therefore, the approach to beneficiary involvement in activities varied a great deal between partners. No indication was found of beneficiary involvement in reporting on progress and results. This issue was seemingly not taken up by CARE Norway and not a lot of guidance was provided on this.

Mali

In the case of Mali, the programme-frame is mainly decided by CARE Norway/CARE Mali and the regional offices - but the context is taken into consideration. Moreover, experiences from similar CARE Mali activities are reflected in the proposed programme frame. For example, ROCAM II is based on the ROCAM I and the entry points are the loan and saving groups but the additional activities are decided by the population once they enter the villages (such as income generating activities, focus on hygiene, agriculture etc.) .

7.2.3 Identifying and working with local partners

Assessment

The process of *identifying* the right partners and of building their capacities in relation to CARE's approaches and to the task at hand appeared thorough and systematic. The *capacity building* takes place in the form of a series of training courses for key staff and in some cases board members of the partner organisations. The courses are provided by the CARE sub-offices and often involving external trainers. In terms of the way CARE *practices partnership*, it appears that both the beneficiaries and the local partners treat CARE as a “donor” rather than a partner. It is evident that CARE is a sole partner for some of the organisations. This makes the partners dependent upon CARE's decision making processes. It is questionable if the term *partner* really covers the relationship between partners and CARE since many decisions generally already have been taken by CARE (programme, activities) and because CARE often is in a stronger position than the partners (financially, equipment). This creates rather an asymmetric relationship. While there are some good examples, there has been little input from the partners on CARE policies and strategies. The team thus found that there is an issue related to *mutuality* in partnerships practiced by CARE that may need some attention in order to live up to the participation principle in the programme standards.

Uganda

Currently CARE Norway is in partnership with five local organisations in connection with the Norad-funded SMOWAC project. These are:

- 1 The Diocese of Northern Uganda (DNU), Church of Uganda (COU).
- 2 Voluntary Initiative Support Organization (VISO).
- 3 Diocese of Kitgum (DoK), Church of Uganda (COU).
- 4 Gulu District Farmers Association (GDFA).
- 5 Kica Ber Support War Victims' Organization (KSWVO).

Local partners interviews in Gulu told of the quite lengthy process they had to go through before they were accepted as partners - and also about the training and capacity building programme that followed after acceptance. The latest of CARE's five implementing partners in the North, the diocese in Kitgum, said that the organisational screening process before they were selected as a partner, had been extraordinary tough and far more thorough than previous arrangements (when they entered into cooperation with Unicef and Tear Vision). First they found it very hard, but later come to appreciate it a lot. CARE offered them assistance by an external consultant to address their organisational weaknesses which they in the end found very useful. CARE is considered the best partner they ever had. Partner meetings provide opportunities to share ideas, discuss experiences and address problems. Yet, the local trainers that the review team met with did not know that CARE Norway has seconded a gender specialist to the regional office in Nairobi. A visit by this advisor to the programme would be of great interest to them.

CARE Gulu has conducted training courses for key staff and some board members from the partner organisations. Some of the courses already undertaken include: strategic impact inquiry (SPI), Do No Harm (Part 1), Microsoft Word essential computer packages. The partners are waiting for the completion of training modules in "Do No Harm" and computer packages. It is their desire to be trained further in financial management, strategic planning and participatory approaches etc.

Training in conflict sensitivity and conflict resolution has been a specific input from CARE Norway to the programs in Gulu, Pader and Kitgum Districts. The training was seen as very relevant to the programmes and much appreciated by the staff, who added that the conflict resolution techniques they learnt were useful also in addressing internal tensions and disagreements in the office.

The small number of skilled trainers is a limiting factor. More trainers would increase the outreach and the impact. Another problem has been the shortage of transport to visit groups in the field. On the positive side, they said the training material is very good and the refresher courses useful. They have also been able to make comments which have resulted in improved materials.

CARE conducts regular field monitoring meetings (at least once every quarter) with the partners to discuss pertinent issues on programme implementation. Such meetings provide feedback to both parties on the implementation processes and they have commonly turned into implementation problem solving meetings. To an extent, some of the issues raised by the partners influence CARE decisions; for example in 2006, when Gulu District Farmers Association realised that the beneficiaries reluctantly accepted the vegetable seeds supplied by CARE, they raised the issue in one of their reports and in the quarterly meetings. CARE acknowledged the problem and authorized a seed assessment which resulted in a change in the type of seeds supplied (to the satisfaction of the beneficiaries). Another example was the suggestion by DoK

Mali

COU for the introduction of mushroom growing and micro/kitchen gardening as an income-generating activity for the groups living in the camps.

Over the last 20 years, CARE programmes in Mali have supported community based organisations, local government and NGOs. In 2002, CARE Mali restructured its in-country operations and currently operates from regional offices in Ségou, Mopti and Timbouctou. CARE's programmes currently address the roots causes of poverty; they focus on agricultural production and marketing, education and health care and decentralised governance. Furthermore, information on HIV/AIDS prevention as well as female genital mutilation is a part of the proposed activities.

The CARE partners in Mali comprise local NGOs, municipalities, village authorities, civil society and de-concentrated services of the Malian administration/state playing an important role in relationship to reach the objectives of the programme. The partner municipalities are selected with assistance from the prefect. NGOs are selected with participation of the municipalities in which they are supposed to operate. There are several thousand NGOs in Mali but the review team was told that only some 400 are capable of elaborating reports and even fewer are able to establish a financial report. Partnership is a learning process for both national and local government and CARE Mali.

In its long term strategic planning for 1997-2002 (more specifically in 2000 when the Plan Stratégique à Long Terme (PSLT) for 1997 - 2002 was revised), one of the most important decisions taken was to start working with local civil society organisations. This was quite a change after some 20 years of direct service delivery to delivery service via local organisations ("faire-faire").

The decision has been supported by the following two hypotheses:

- 1) Partnership with national NGOs offers an opportunity to reach more beneficiaries and contributes more efficiently to strengthening civil society in general;
- 2) Partnership with national NGOs offers an opportunity to get projects with a more "light" staff/personnel structure to be more cost-effective and less expensive.

Procedures and principles to select local NGOs/partners have also been established in Mali. This is done in two steps: First a pre-selection on the basis of submitted tenders from the partners. Secondly, a field visit to get a closer/more in-depth view on the organisation (programme and financial administration, human resources administration, logistics, etc). An evaluation form has been developed for this purpose.

Currently CARE Mali has some 30 national partnerships in all regions of Mali except for Kayes and the district of Bamako. The team met with two local organisations (ASSAFE, AMAPROS) in the Ségou region and one municipality board (localitet) and the prefect in Niono.

In general, the organisations are satisfied with the partnership they have concluded with CARE Mali.

The priorities reflected in the programmes of CARE Mali (funded by CARE Norway) are the same as those of CARE Norway. Prior to deciding which areas to work in, preliminary studies are carried out. Also a review of possible municipalities and experiences from the past are included. Before launching a programme/project, a poverty mapping is carried out.

Capacity building/training of local partners/NGOs is an approach adopted by CARE Mali in order to improve the quality of the Malian civil society in the local development. The following actions are being done: Technical support, service delivery, administrative practices and internal and external governance.

A guide ("*Renforcement des capacités des ONG Nationales*") gives a more detailed description of each training action and represents a solid base for capacity training of partners. Also each programme has specific training modules related to the specialities of the planned activities. One of the other CARE N-funded programmes in Timbouctou/Mopti is dealing with a strongly social divided society and training in conflict prevention is thus a part of the training package.

An evaluation of cooperation with NGOs was carried out in March 2007.⁵ The evaluation will be used in the planning of the next PSLT (2008 - 2012). All CARE Mali staff (Bamako and regional offices) took part in a workshop in February 2007 to analyse the strengths and weaknesses and experiences from the partnership between CARE and national NGOs; to verify start hypotheses meaning impact of partnership on strengthening of civil society in Mali and operational costs; make recommendations for the new PSLT.

The overall objective was to analyse strengths and weaknesses and experiences from the partnership between CARE and national NGOs; to verify start hypotheses meaning impact of partnership on strengthening of civil society in Mali and operational costs and make recommendations for the new PSLT. In general, partners are satisfied with the kind of partnership they have concluded with CARE M and recognise that it is developing towards a greater sharing of responsibilities between partners and CARE. However they also find that the current partnership is more a sub-consultancy rather than a partnership.

7.2.4 Results and outcomes

Assessment

Results and outcomes of projects are documented through the country-based implementation reporting system, in evaluation reports and through a special methodology of CARE called Strategic Impact Inquiry (SII). To supplement the written information, the review team carried out focus group interviews with beneficiaries and interviews with local partner organisations in Uganda and Mali. Results are documented in the reports in quite some detail, following indicators laid out during the planning and preparation phase and inserted in a basic logical framework structure.

⁵ "Rapport d'Atelier d'Analyse du Partenariat entre CARE et les ONG Nationales Ségou du 28 février au 2 mars 2007

Sustainability.

Uganda

Staff of the CARE Sub-Office in Gulu commented that most planned activities and goals were achieved in 2006. They also pointed to some areas of concern such as problems in access to land for the IDPs and travelling constraints for staff due to the security situation. The review team would like to add another concern which is the challenge of sustaining results achieved in an IDP camp all the way back to the home communities after return. At the moment, the settlement situation is quite unpredictable. Depending on the progress in the peace negotiations in Juba, the IDPs may decide to stay in the camps or go to their home areas in large numbers. The latter would provide outreach difficulties for CARE Gulu staff if CARE decides to accompany and support the beneficiaries when they move, which in the view of the review team would be advisable to consolidate results and impact of the project.

Promoting small enterprises

- *CARE has enhanced skills for managing business enterprises among 550 groups (with women comprising 67%).*
- *The following trainings have been offered; book keeping, budgeting, records management, and quality control.*
- *The common IGA activities beneficiaries engage in include small eating houses, brick making and selling, local brewing, selling charcoal and fire wood, bread baking and confectioneries, bead making, blanket selling, pottery, fish mongering, small scale retail shops, produce dealing, slab making, bee keeping and honey selling.*
- *A total of 355 women drawn from the three districts, were trained in confectionery making, bead and blanket weaving and honey processing.*

Source: CARE Gulu Annual Report 2006

Uganda

The interviews with groups of beneficiaries among IDPs in northern Uganda gave evidence of quite tangible results in the field of small enterprise development, access to pro-poor financial services, increased agricultural productivity, changing gender roles and the development of a savings culture. However, there are some qualifications to this, including:

For sustainability purposes, with the skills acquired from the various trainings, the beneficiaries are envisaged to be able to continue with the activities when they return home.

Challenges of 'land lords', while the bee keeping groups will be able to get back home with the skill acquired on bee keeping and processing, they may find it hard to move the bee hives since they were installed on

individual land near the camps. There chances that the landowners/ landlords may not willingly release the beehives are high.

Impact of the intervention on the environment; although it is yet on a small scale, some of the income-generating activities (i.e. brick making and selling, confectioneries, charcoal sale and fire wood sale) that use fire wood as a source of raw materials are envisaged to negatively impact on the environment over time. CARE should therefore mainstream environment mitigation activities in its programmes. Such activities would include sensitisation of the beneficiaries concerning the protection of the environment and introduction of tree planting.

Promoting access to pro-poor financial services

Uganda

There are widespread examples of success and changes in socio-economic status that have been registered by the VSLA members living in the 25 camps in the three districts. From the monthly loans (or what they commonly refer as “cash box” or *chandulu-lim* in Acholi), the beneficiaries have been able to start a variety of small businesses (including retail trade, fisher mongering, beer brewing, selling charcoal and firewood, and sale of vegetables at the market within the camp). From the income generated, beneficiaries are able to off-set a range of family requirements (including school fees, medical bills, clothing, food, and minor household items).

All the VSLA Steering Committees have been trained on their roles and the members have been sensitized on the values or advantages of participating in the VSLA, and the review team experienced a high degree of motivation and commitment with the beneficiaries during the mission. It is therefore envisaged that, when time for returning home comes the beneficiaries will carry on with VSLA activities after all the associations are formed according to the parishes and villages where the beneficiaries were displaced from.

Mali

Even if the contribution from the VSLA (MJT) is not considered to be enormous in terms of financial resources, similar examples of success have registered in the of Mali. According to the mid-term evaluation report⁶, this activity only gives support to cover small expenses which is very important in the communities. Furthermore, the activity supports in an un-expected area namely the preservation of dignity of a vulnerable household. In fact, the loans taken by women, very often are designated to cover immediate needs of the household such as for medicine, school fees, improvement of meals, etc. The fact that the household can get a loan within the group means that the poorness of a household is less visible to the rest of the village and avoid that the head of household loses face.

⁶ Mid-term evaluation report: CARE International au Mali-Unité Suivi-evaluation Bureau Regional de Ségou, ROCAM II "Rapport d'évaluation à mi-parcours-draft Janvier 2007.

Le projet dans son ciblage des groupes cibles prend en compte les groupes vulnérables et marginalisés, et met l'accent sur la participation des femmes.

Sur 674 groupements MJT renforcés par le programme, 592 groupements sont constitués par des femmes soit 87,63%

Source: ROCAM Annual report 2006

Increased agricultural productivity

- *From the reports, a total of 15,400 (78% women) have been supported with high yielding seeds, which include sim-sim, groundnuts, maize and sunflower.*
- *Animal (drought power) was introduced along side seed supply.*
- *A total of 32 991(target) market associations were formed and trained on market skills.*
- *91 groups in 14 camps opened 92 acres of cassava multiplication and the planting material benefited 13,000 beneficiaries.*
- *The members of Dice Rich groups in Awach Camp, with a membership of 20 (16 women and 4 men) have been able to open 1-2 acres of groundnuts each besides the 10 acres of cassava for the group.*

Source: CARE Uganda 2006 Annual Report

Uganda

Good harvests from the high yielding seeds of sim-sim, groundnuts etc have enabled beneficiaries to supplement their relief food rations. Some of the food is sold to earn income for acquiring basic requirements for the family.

Some groups have also been able to generate income from the hire of bulls to other people.

As in the VSLA groups, the women in the agriculture groups have gained confidence in their roles at home and within the community. They are now able to go for meetings without being queried by the men. They have greater decision-making role in what they produce from the gardens and they have control over the proceeds when the sales are made.

A majority of the groups at Awach Camp, under DNU COU engaged in agriculture and other IGA activities i.e. Bee Keeping and processing, vegetable growing and poultry keeping etc.

Changing gender roles

Uganda

Through the various project activities, gender roles in families are beginning to be re-defined to the advantage of women. Women's voice and control over

family resources is being registered in households. A woman beneficiary in Awach Camp in Gulu district, under the agriculture project implemented by DNU COU, proudly boasted that,

.... with the event of the project, our” voices are now being heard” over agricultural produce in the house. We are increasingly being consulted by our husbands on issues pertaining to the sale of agricultural produce; even when the proceeds are received, which was not the case previously.....

At Acholi Bur Camp in Pader District; the VSLA members (women) observed that they have gained self confidence and that communities now hold them in higher esteem. Using the skills and experience from the VSLA members (women) said they are now more able to engage their spouses and family members in discussions on family welfare and development issues.

There is also growing confidence and trust of women members of the associations. In the recent elections, for example, several women from the associations were elected into leadership positions in the Village Local Councils (LC).

Mali

Increase in women's participation has also been registered in the case of ROCAM II although at different levels. Whereas it seems as if many households are very traditional and men not always are willing to let their wives take part in the decision-making at the house-hold level, women have increasingly got used to play a role in the community life. According to the interviews conducted in the villages as well as the Mid-term evaluation report, women are much more involved in activities related to the public life such as e.g. sanitation.

Improved nutrition

Uganda

From the increased agricultural production (especially sim-sim, groundnuts, cassava etc) families are able to supplement the relief food supplies in the camps. Generally, people in the camps looked well nourished apart from the big stomachs most children were carrying, which is likely to be the result of worms.

Increased household income

Uganda

Beneficiaries under the various IGA are not only able to generate income but have also discovered the latent business skills in them.

Participating in the VLSA, groups have adopted a “culture of saving” and planning for their welfare. This was not the case when the members were participating in the *kalulu* (the Acholi traditional saving scheme). In the *kalulu* scheme, money was collected and given to individuals with no interest charged and there was no saving done. Achen one of the beneficiaries of the “cash box” (who saves only Ushs 1,000 per day) from Acholi- Bur Camp had this to say;

“ Before I joined the ‘cash-box’ association, I did not have the idea of savings, I thought my income was too little to be saved... but now, my small weekly savings “tied together” with that of the members has, enabled me to start a small business for running the family”.

7.3 Findings, conclusions and recommendations

Alignment with Norwegian political priorities

The strategy and work of CARE Norway was found to be well aligned with Norwegian development policies regarding support to civil society organisations and gender. In particular the systematic approach to engaging with local partner organisations was found to be of very high quality.

Context knowledge and relevance of activities

Projects are identified jointly by partners on the ground and local CARE staff. Baseline surveys are conducted, thus ensuring that local knowledge is built upon.

Beneficiary participation in programmes

The extent to which beneficiaries participate in projects and programmes depends upon the partners' methods of work. It was found that the partners hold varying degrees of knowledge in project cycle management and display low confidence in the use of participatory approaches.

Recommendation:

As a strategy for effective project management and sustainability CARE should work towards creating a common level of understanding among the partners in the use of participatory approaches and in project cycle management.

Identifying and working with local partners

The process of identifying the right partners and of building their capacities in relation to CARE's approaches and to the task at hand appeared very thorough and systematic.

While there are some good examples, there has been little input from the partners regarding CARE policies and strategies. It appears that both the beneficiaries and the local partners treat CARE like a “donor”.

The actual partnership between CARE and national NGOs is rather a sub-consultancy/out-sourcing than a "real" partnership and is only for the benefit of CARE. There is a focus on technical capacity building on issues defined by CARE and a predominance of CARE in the decision-making (e.g. administrative principles), responsibility and risks. And CARE's practice of reclaiming project property such as office furniture, computers and other communication equipment from local partners upon completion of the

collaboration could be seen as a dis-incentive to local capacity building (ref. section 7.1).

Recommendations:

CARE should embark on development of tailor made training programmes to suit the different needs of the different partners based on the assessed needs since the partners have varying organizational capacities. Such trainings should also be targeted at the Management Boards.

CARE should work with the 'mutuality' in partner relationships

Results and outcomes

The general conclusion is that CARE Norway's programme in Northern Uganda achieves good results in a difficult context. However, a closer look is necessary to determine at what level in the organisational chain certain decisions should be taken. The team got the impression that there is too much centralised decision-making, justified by reference to earlier events which may no longer be valid. An organisational policy of decentralising decisions to the lowest possible level should be actively pursued.

It appeared that most planned activities and goals were achieved in the Gulu project in 2006. There are some areas of concern, i.e. problems in access to land for the IDPs, travelling constraints for staff due to the security situation and the challenge of sustaining results achieved in an IDP camp all the way back to the home communities after return.

The interviews with groups of beneficiaries among IDPs in northern Uganda gave evidence of quite tangible results in the field of small enterprise development, access to pro-poor financial services, increased agricultural productivity, changing gender roles and the development of a savings culture.

Recommendation:

The Gulu sub-office should develop a strategy for sustainability of results based on different scenarios from the on-going peace process. The strategy should include realistic requirements for funding and be presented to Norad and other donors.

8 Summary of Findings, Conclusions and Recommendations

8.1 Overall

The overall conclusion from this review is that CARE Norway is a highly competent organisation with good management and staff capacity and professional and effective strategies and systems. Being a member of the large global confederation CARE International is beneficial but at the same time challenging to the organisation.

At the outset the team presented two hypotheses in relation to CARE Norway's task to balance a Norwegian and an international identity (please refer to section 4.1). The first related to the dilemma of distributing financial and human resources between work in Norway and work in Care International. The team has found that the relative amount of time spent by management on CARE International activities compared to time spent to support own programme staff can be questioned. The high workload of programme coordinators is a clear evidence of this. The hypothesis regarding using the international link for a possible stronger image of CARE in Norway was only partly confirmed, as the organisation is already taking steps in this direction.

The team's hypothesis (section 4.2) on increasing the potential advocacy impact of CARE Norway to profit from the core competencies and the international network is also valid. Although some creative steps have been taken to increase impact, the impression remains that such a strong international leverage and such a high quality of work in poverty reduction worldwide would call for more impact and reputation. The team would like to reiterate its point on CARE possibly 'punching below its weight', especially in light of the directions of the new CARE International strategy.

It was found during this review that the support provided by CARE Norway has a positive effect on the country programmes, in particular in the areas of gender equality and monitoring (referring to the hypothesis in section 4.4). It also became obvious that expertise in a variety of important areas is found at many different levels in the aid chain and that specialised expertise from Norway may not always be needed in relation to country programmes. When it comes to the hypothesised need to update manuals and guidelines of CARE International (section 4.3), the impression of the team is that this may not be a big issue. Focus should rather be on supporting the ongoing process of developing local manuals as these may be more relevant and also create more ownership and capacity at CARE sub-office and partner level.

8.2 Organisational capacity

- In terms of funding, CARE Norway is one of the larger humanitarian NGOs in Norway, although not part of the 'top five'. The organisation has addressed this situation and embarked on a strategy to mobilise additional funding from private firms and from the Norwegian public. Even though CARE Norway has a sound economy it is highly dependent on funding from MFA and Norad, providing 80 % of the total income.

Recommendations:

- CARE Norway should find other institutional donors like EU/ECHO to minimize the risk and dependency.
- CARE Norway should continue to invest more in private fundraising to increase their unrestricted income.

- The organisation has a highly competent and committed management team and programme staff. However, it has recently been affected by a number of senior staff leaving the organisation. Moreover, a heavy workload has been observed amongst the programme coordinators.

Recommendation:

The management team might need to look at the balance between time spent on CARE International activities and providing the necessary strategic support to the secretariat in Oslo (e.g. in terms of priority-setting and monitoring standards).

- A set of comprehensive policies, strategies and guidelines exists at all levels and the team found a high degree of coherence between the strategic level and implementation on the ground. Guidelines related to partnership are particularly notable, as is CARE's approach to impact assessment.

8.3 Performance

- Internal routines, rules and guidelines in financial management are well documented. There is a gap between actual administration costs and administration covered by MFA and Norad. This has to be funded by other sources.
- The variation in contribution to administration costs of country offices is quite important and that a maximum percentage of e.g. 5 % should be set in relation to all country offices.
- The Scala system is very complex and very difficult to learn. The Micro 80 is old fashioned and the reconciliation is done manually with the risk of discovering problems too late. The capacity for follow up in Norway is good.
- Local partners experience that Norad's funding cycle is very tight resulting in delays in release of funding. Furthermore, the pressure on local partners to comply with strict auditing regulations seems out of proportion with the

context of partnership development, rather than sharing the unavoidable risks.

Recommendations to CARE:

CARE should change the financial system and have a global system that makes CARE able to do the reconciliation faster (even real time consolidation).

CARE should arrange more seminars for local staff on finance and programme related issues. Country offices should arrange seminars for local staff to make sure they know Norad's regulation and project cycle.

CARE should aim at reducing the important variation in contribution to administration costs of country offices and a maximum percentage of e.g. 5 % should be set in relation to all country offices.

Recommendations to Norad:

Norad should develop a new and improved structure and guidelines regarding administrative and other costs which are not direct project costs.

Norad should review the funding cycle. They should ask MFA / Stortinget for long term funding to follow the circle of their own partnership agreements with the NGOs. The funds should be rolled over between years. The use should be reported annually but as long as partners are on long term budget the timing of the cost is not so relevant.

Norad should make clear guidelines for audit/ financial requirements for local partners with limits for amounts to be audited and shared risk for NGOs. Today the guidelines are not adapted to this environment and this puts a lot of pressure on local partners to comply with strict Norwegian regulations.

- CARE Norway has applied a system of close strategic monitoring by programme staff from Oslo. At the same time very experienced and qualified staff were found at country level, fully capable of securing progress and quality control of programmes.
- The overall assessment by the review team is that quality control through this systematic approach to monitoring of projects is of a high standard, but that the tight monitoring from Oslo is an expensive solution and potentially duplicates effort.

Recommendations:

In order to assess effective use of resources throughout the 'aid chain', roles and required competencies of the different actors will need to be specified.

Since CARE has succeeded in employing highly qualified staff also at local level, more delegation of monitoring functions may well be considered.

- Project documentation appears to be adequate and to be timely delivered throughout the project cycle. While there is a high degree of professionalism in CARE concerning documentation of the project information, this is not the case with all partners.

Recommendation:

CARE should take measures to strengthen the capacity of local partners in appropriate reporting and documentation of project progress and results.

- The team found that clear goals exist at all levels and appropriate systems are in place to meet the goals. There is a high awareness with staff of what it requires to work in an unstable environment as is found in northern Uganda. A shortcoming was however found in the lack of attention given to the risk carried by local partners.

Recommendation:

CARE should address varying and individual risks faced by local partners through capacity building in risk management.

8.4 Results

- The strategies and work of CARE Norway was found to be well aligned with Norwegian development policies regarding support to civil society organisations. In particular the systematic approach to engaging with local partner organisations was found to be of very high quality.
- Moreover, the focus on gender issues in development was found to be very systematic and in line with Norwegian development priorities.
- In both countries visited, projects are identified jointly by partners on the ground and local CARE staff, and baseline surveys are conducted, thus ensuring that local knowledge is built upon.
- CARE promotes participatory approaches within a pre-defined programme-frame. The extent to which beneficiaries participate in projects and programmes depends upon the partners' methods of work. It was noted that the partners have varying degrees of knowledge in project cycle management and display low levels of confidence in the use of participatory approaches.

Recommendation:

As a strategy for effective project management and sustainability CARE should work towards creating a common level among the partners in the use of participatory approaches and in project cycle management.

- The process of identifying the right partners and of building their capacities in relation to CARE's approaches and to the task at hand appeared thorough and systematic.
- While there are some good examples, there has been little input from the partners regarding CARE policies and strategies. It appears that both the beneficiaries and the local partners treat CARE as they would a "donor". The actual partnership between CARE and national NGOs is rather a sub-consultancy than a "real" partnership. There is a focus on technical capacity building on issues defined by CARE and a predominance of CARE in the decision-making (e.g. administrative principles), responsibility and risks.

Recommendations:

CARE should embark on development of tailor made training programmes to suit the different needs of the different partners based on the assessed needs since the partners have varying organizational capacities. Such trainings should also be targeted to the Management Boards.

CARE should work with the 'mutuality' in partner relationships.

- It appeared that most planned activities and goals for 2006 were achieved in the visited projects in Uganda and Mali. In the case of Uganda there are some areas of concern, i.e. problems in access to land for the IDPs, travelling constraints for staff due to the security situation and the challenge of sustaining results achieved in an IDP camp all the way back to the home communities after return.
- The interviews with groups of beneficiaries among IDPs in northern Uganda gave evidence of quite tangible results in the field of small enterprise development, access to pro-poor financial services, increased agricultural productivity, changing gender roles and the development of a savings culture.

Recommendation:

The Gulu sub-office should develop a strategy for sustainability of results based on different scenarios resulting from the on-going peace process. The strategy should include realistic requirements for funding and be presented to Norad and other donors.

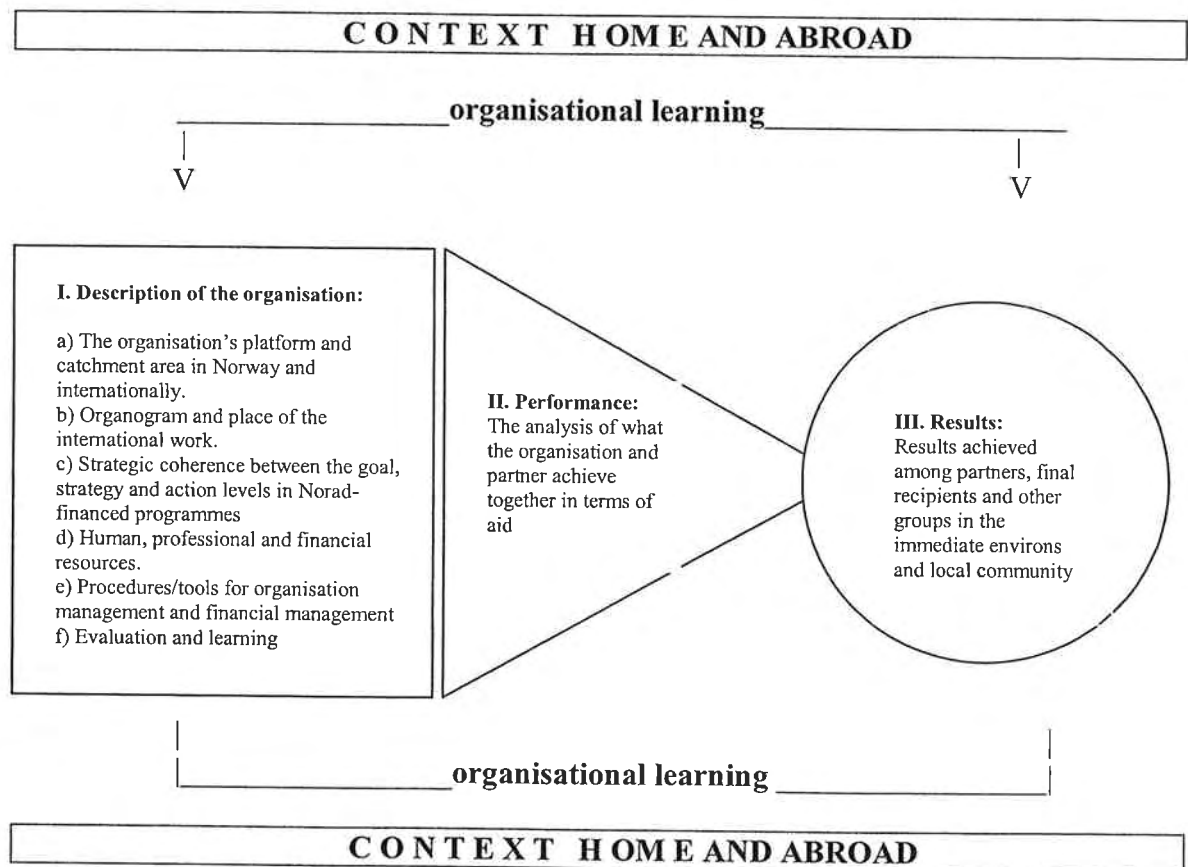
9 Appendices

Appendix 1: Terms of Reference

Organisational review of CARE Norge (CARE N) TERMS OF REFERENCE (ToR), Oslo, 10/7-06

1. Model for work on the organisational review

In the figure below, the main components of the review are illustrated by an open organisational system in which the different parts are dependent both on each other and on the surroundings. The organisational review will comprise a capacity analysis of the system's performance and find out where its strengths and weaknesses lie. Its performance, which is illustrated in **triangle (II)**, is specified in more detail in section 4 (pp. 6-8). The analysis also requires knowledge about *organisational matters* that must be taken from the **square (I)**, and the results achieved by the partners, among final recipients and other groups illustrated by the contents of the **circle (III)**. The contents of these sub-figures are also described in more detail in section 4.



An organisational review concentrates on the services the Norwegian organisation delivers. This means services delivered both upwards in the organisational chain to Norad and players in the international arena, and downwards to partners abroad. Services also includes what partners deliver upwards to the Norwegian organisation, to other national players and downwards to local target groups. Services delivered upwards can, for example, include the organisation's reports to Norad. Services delivered downwards can include the organisation's programmes and collaboration with local partners. It is the "*performance of the system for delivery services*" that is

to be analysed, not the services themselves. In these terms of reference “services” shall include both service delivery, capacity building and advocacy work.

The context at home influences the Norwegian organisation in Norway; the context abroad influences the organisation and partners in their joint work. By context is meant framework conditions which the organisation cannot influence itself, factors it can influence as a result of prolonged purposeful efforts, and factors in its surroundings which it can readily influence.

The organisational review will normally start with a description of the services delivered at different levels in the organisational chain. The description shall be related to the context in question. It shall also provide an overview of the distribution of resources in the organisational chain. As the analysis of the organisation’s and partners’ services progresses, the causes of the conditions that are uncovered will be examined in more depth, both factors of an organisational nature (**the square box I**), the partners’ roles and resources, and factors that can be attributed to the context in which the work is done.

It is important not just to examine the results (**Circle III**) among partners and final recipients/target groups but also the results for other groups in the immediate environs and the local community. Unintended consequences of the organisation’s and partners’ work are also relevant to examine in this connection. As illustrated by the arrows in the figure, there is continuous interaction between the organisational chain and the surroundings. In this interaction a great deal of communication and learning takes place at different organisational levels between the Norwegian organisation, partners and recipients, which is important to performance.

The capacity analysis of this organisational system shall assess both the services delivered and the quality of the ongoing interaction processes, which will require the use of different kinds of indicators.

The **square (I)** contains the actual description of the organisation, including the organisation’s platform, organogram, strategic coherence, human and financial resources and procedures/tools, evaluation and learning.

The analysis of the organisation’s ability, together with its local partner, to make use of its resources in order to achieve results takes place in the **triangle (II)**. **The analysis of performance is the most important part of the organisational review.**

The circle (III) contains the results which the organisation achieves together with its partners with respect to the development of the partners’ capacity and aid to final recipients. The results are divided into two parts in order to illustrate that most organisations have the twofold goal of strengthening local partners and thereby strengthening special target groups and/or civil society. In addition to observations, interviews and the material available in the organisation’s reports to Norad, the country visits will show whether the results among partners or final recipients are actually in accordance with the picture painted by the organisation in its reports.

An organisational review shall thus assess an organisation’s ability to achieve effective aid given its available financial, human and professional resources and work methods. The main question is whether the organisation – together with its partners – has the capacity and professional expertise required to achieve its goals

and implement the measures and programmes supported by Norad or which Norad will support. This presupposes that the organisation is familiar with the socio-cultural context in which it operates and that it has a realistic ambition level for its work. Other important aspects include examining to what extent and how the organisation coordinates its work with other organisations, locally and in relation to the national authorities. And whether it is familiar with and utilises the same guidelines and standards in its work as other players do?

The team's assessment shall take account of Norad's experience of dialogue with the organisation, the annual meeting, country visits, the organisation's follow-up of previous grant letters, participation in various national and international forums etc.

After an overall assessment, Norad should be able to:

- Determine whether the organisation has the required system for management and control of its own activities, including expertise with respect to developing and applying methods and systems for the documentation of results and long-term effects.
- Determine whether the organisation's reports to Norad give a true picture of partners and final recipients and provide Norad with an adequate basis on which to assess further support.
- Determine whether the organisation is capable of adapting goals and means to each other, and adapting means and goals to the situation and the context.

After the review the organisation should be able to:

- Decide the direction of the organisation's further work on development of its capacity.

2. Background

CARE Norway (CARE N) was established as a Norwegian non-governmental development organisation in 1980. In recent years CARE N has also engaged in emergency work. It has more than 1 500 members and 4590 regular donors. CARE N has a board, a general assembly and a secretariat. The organisation has 15 employees of which 4 are directly working with coordination and management of short and long term development programmes.

CARE N's operations/year	2005	2004	2003
Total operating costs	95 925	87 880	85 629
Total programme costs	85 078	73 035	72 303
Norad funding	43 206	44 380	48 022
Min.of Foreign Affairs funding	36 973	25 318	20 800
CARE N (collected funds)	4 727	3 124	3 481

Figures in NOK 1000

CARE N is working to fight poverty through a gender equity focus. For CARE Norway the aim is to make gender equity an integral part of the rights based approach. CARE Norway works actively towards promoting women's rights and gender equity, both at the individual and societal level. This is done through various

kinds of projects, many of them working on social and economic mobilization of women and vulnerable groups.

An important tool in this regard is the organisation of village savings and loan associations (VSLA). VSLA represent an entry point for rights based approach aspects of CARE N's work. The women networks, which are built through the VSLAs, are fundamental elements in many of CARE N's projects. Several projects, within for instance strengthening of civil society and health education, use the women networks as a basis. Moreover, CARE N has programmes in conflict areas. CARE N's focus in such settings is particularly on women in conflict, both with regard to protection of women and their participation in conflict solving and peace initiatives (re UN S/RES/1325).

Through the cooperation agreement with Norad, CARE N is primarily involved in the following themes; gender equity and the empowerment of women, food- and livelihood security; democracy and civil society strengthening, microfinance (mobilisation of women through VSLA), conflict resolution, hiv&aids. These themes are all part of the ongoing debate on development issues both in Norway and internationally.

CARE N has been working with funding from Norad for several years. Since 1992 the support has been through long term cooperation agreements. The following countries are included in the present agreement: Mali, Niger, Tanzania, Uganda, Kenya, Rwanda, Burundi, Somalia and Burma. The volume of the agreement is NOK 48 mill for 2006.

CARE N is one of twelve members of CARE International, one of the world's largest private organisations for development assistance working in about 70 countries. The secretariat of CARE International is in Geneva, Switzerland. CARE's values are based on the UN human rights declaration and is neutral in terms of politics and religion.

CARE International has established country offices in 70-developing countries, through which the organisation operates. E.g. the CARE International office in Uganda represents all CARE International members and implements the programmes on behalf of the members contributing to the country programme.

To ascertain CARE N's role in the cooperation with the country offices on programme implementation will be an important part of the organisation review. The review should also comment on the added value of CARE N and discuss whether Norad should continue or not to use CARE N as a channel/partner for development funding.

In Norad's appropriation document for CARE N for 2005 it was suggested to do a review of CARE N. There were several reasons for this:

- the ongoing cooperation agreement was coming to an end and a new one was to be negotiated from 2006. CARE N had indicated a wish for a longer term agreement, an increase from 3 to 5 years.
- CARE N's programme portfolio under the Norad agreement has evolved during the last few years. Norad wanted to illuminate this process and also look more closely on exit strategies and sustainability in the projects
- the last organisational type of review of CARE N is apparently a desk study from 1998. A field review of a programme in Madagascar was done around year 2000.

Together with several other NGOs CARE N was the subject of a review on micro finance administration in 2001.

Intending to coordinate the new long term cooperation agreement between Norad and CARE N with CARE N's own new strategic period 2008-2012 and awaiting the results of the present organisational review, Norad and CARE N entered into a temporary cooperation agreement for the years 2006-7.

3. Purpose

The purpose of the organisational review is to examine CARE N's ability to provide effective aid. By effective aid in this context is meant:

- The cost-efficient use of funds
- Results that are in accordance with Norwegian political priorities
- Relevance to final recipients
- The ability to achieve its own goals.

The review shall assess CARE N's professional, financial and administrative capacity to – together with its partners – carry out programmes that implement the organisation's Norad-financed measures and programmes.

4. The scope of the assignment

The review shall be based on the following reference material:

- CARE N's cooperation agreement and contract with Norad including supplementary information provided to Norad, Norad's allocation letter for 2005 and 2006, CARE N's policy and strategy for aid work, reviews, annual reports, website and applications, CARE International's strategic framework, programming principles and project standards, evaluations, research material, as well as research-based literature aimed in particular at the areas within which the organisation works, and documents with reference to 'best practices'
- Relevant evaluations, reviews and other documentation in Norway and in the countries of operation
- Applicable guidelines for grants to civil society (2001)
- White paper no 35 (2003-2004)
- "Nye roller for frivillige organisasjoner i utviklingssamarbeidet", (New roles for NGOs in the development cooperation) a report dated 15 June 2006, The Norwegian Ministry of Foreign Affairs
- "Building demand-led and pro-poor financial systems", Norad's position paper on micro finance, 2003/3
- "Strategy for women and gender equality in development cooperation 1997-2005", The Norwegian Ministry of Foreign Affairs

The organisational review shall form the basis for a general assessment of both CARE N's reporting to Norad and the quality of the organisation's internal communication. The analysis shall also include an assessment of the head office's organisational structure and dimensions in relation to its own functions and tasks. The review shall cover the whole organisational chain from head office to local

partner¹. The work will consist of studying, analysing, concluding and presenting recommendations and proposals for follow-up.

An overview of factors it will be natural to examine in more detail follows below. The overview is not intended to be exhaustive and the team is free to add factors that are perceived to be relevant. Added factors should be presented to the reference group and approved by the Civil Society Section, Norad.

Most of the following points involve questions that cannot be answered in chronological order once and for all, but are more recurring questions that will follow the team in its assessments throughout all the phases of the work up until the final report.

The following issues shall be reviewed and analysed:

Description of CARE N (The square I)

- CARE N's catchment area, platform and structure:
 - ✓ In Norway and abroad
 - ✓ Mandate, policy (including CARE N's Gender Equity Policy) and strategies
 - ✓ Strategic coherence between goal, strategy and action levels
 - ✓ Governing bodies, organisational structure and work methods
 - ✓ An organogram indicating the place of the international work
 - ✓ CARE N's position and role in CARE International and its interaction with the network both technically and financially
 - ✓ CARE N's partners/whether CARE N operates on the basis of partnership (or is self-implementing)
 - ✓ CARE N's procedures for (a) monitoring and (b) formalised dialogue/ collaboration with any partners in the South.
- Capacity and professional competence
 - ✓ Procedures/tools for organisation management, financial management, quality control and the measurement of results
 - ✓ Risk analysis of human, professional and financial resources
 - ✓ Evaluation and learning
- Other aspects of the organisation which CARE N wishes to shed light on:
 - ✓ The use of the international network as a resource base in terms of technical expertise to minimize parallel technical structures within CARE
 - ✓ Composition of secretariat in accordance with the organisation's role in Norway
 - ✓ Degree of innovating projects and programmes

Performance analysis (The triangle II – the main focus of the analysis) - of CARE Norway

- Policy, strategy and action programme for building partners' capacity:
 - ✓ How and on the basis of what principles does CARE N choose its partners?
 - ✓ To what extent and how does CARE N contribute to strengthening partners?

¹ The local partner can consist of a network of individuals, informal local community groups (CBOs), individual NGOs, NGO networks, government or semi-government organisations. The context in which such players operate is also highly variable, which strongly influences the critical variables for capacity building it will be most relevant to examine in the review.

- ✓ How does CARE N contribute to the development of partners' knowledge, e.g. if the partner has good ideas but is poor at making arrangements that help the ideas to be realised?
- ✓ How is a new country/country programme selected for the cooperation agreement with Norad?
- ✓ How and to what extent is CARE N's Gender equity policy used in terms of building partner's capacity and in general in the development and follow up of the programmes?
- ✓ How does CARE N endeavour to measure and monitor the attainment of goals?
- ✓ What success indicators has CARE N established/does CARE N establish?
- ✓ How is capacity relating to the work to be done checked?
- ✓ To what extent are partners at a country level included in decision-making and strategy processes and what other roles do they play in relation to CARE N?
- ✓ How does the communication between the head office, the country offices and partners work?
- ✓ How are risk assessments and analysis of conflict sensitivity carried out?
- ✓ What is the added value of CARE N in its cooperation with the country offices and other partners and how is the added value expressed?
- ✓ What is the timeframe for partnerships? To what extent is a phasing out strategy prepared with a view to the partner standing on its own feet in the end?

- of selected country offices/relevant suboffices and other local partners:

- The quality of the country office's planning and implementation process:
 - ✓ Mandate, policy and strategy(ies) of one or two selected country offices
 - ✓ The technical, financial and human resources of the selected country offices, in relation to the socio-cultural context of the programme.
 - ✓ The country offices local legitimacy.
 - ✓ What is the timeframe for the partnerships with local partners? To what extent is a phasing out strategy prepared with a view to the local partner standing on its own feet in the end?
 - ✓ To what extent are local partners and target groups included in the planning and implementation phase?
 - ✓ How and to what extent do the country offices contribute to the strengthening of local partners?
 - ✓ How much local expertise and resources are mobilised in programmes?
 - ✓ How realistic are the goals and the planned results during the planning phase?
 - ✓ In the planning phase, how are indicators used and how is risk analyses carried out?
 - ✓ How is the selection process of the target group/final recipients in the programmes and to what extent can the members of the target group/final recipients be characterized as vulnerable according to CARE N's definition?

- of both CARE N, the selected country offices/relevant suboffices and the local partners

- Reporting and evaluation of capacity-building results:
 - ✓ What indicators and other instruments are used to report goal attainment at different levels?
 - ✓ What are the reporting requirements and how are they followed up?

- ✓ What feedback is given on reports of the local partners working directly with the end users, via the country offices all the way from CARE N?
- ✓ What guidance is triggered by feedback on reports?
- Strategic coherence of goal, strategy and action levels between CARE N and selected country offices?
- Conflict sensitivity: How is conflict sensitivity and for example a "Do No Harm"- principle integrated in CARE N's, the country offices and the local partners' methods of operation?
- Coordination: To what extent is the work coordinated with other relevant players in the respective country including local/national authorities and regional players?
- Costsharing: CARE N's contribution of costs for the administration of selected country offices compared to the total costs for the relative country programmes.
- Learning in CARE N, the country offices and local partners:
What kind of systems for learning are existing in CARE N and in the country offices and to what extent are they used? Are there exchange systems for learning between CARE International members and country offices, regional offices? If yes, how do they work?
- The quality of communication when:
 - ✓ A failure takes place in terms of quality and delivery date in relation to contractual obligations
 - ✓ Conflicts and corruption occur.

Results achieved among partners and final recipients (The circle III)

- What has been achieved in terms of building the capacity of the country offices and the local partners that can be attributed to CARE N?
- How has this contributed to strengthening civil society?
- What results have been achieved among final recipients?
 - ✓ What is the level of the results (input, output, outcome)?
 - ✓ To what extent are indicators used in reporting?
 - ✓ How is the risk situation handled during the programmes?
 - ✓ To what extent is the target group involved in the reporting of goals?

5. Work process and method²

The team:

- External consultant (team leader):
- CARE N:
- Norad:

The team will report to a reference group. The reference group will consist of members representing the stakeholders, Norad and CARE N. The reference group may in addition include external members with specific knowledge and resources. The reference group's role is advisory.

The main part of the review will be carried out in Norway, where CARE N has its head office. If perceived as relevant, the team or part of the team may visit the

² Two good reference documents as regards organisational analysis are Stein-Erik Kruse's "How to Assess NGO Capacity: A Resource Book on Organisational Assessment", 1999, Bistandsnemnda and "Institutional Assessment and Capacity Development: Why, What and How", produced by EuropeAid for the European Commission, September 2005

CARE International secretariat in Geneva, Switzerland or another member of the CARE International Federation.

Two country visits will also be carried out as part of the review. In each country visited, one local consultant with local civil society knowledge shall join the team. The team leader shall be responsible for hiring the local consultant.

General information about the collection of data/information

The review shall be based on document studies, but also on the use of a self-evaluation form and interviews in order to ensure necessary participation in the process.

The self-evaluation form will preferably be used by board members and employees at head office and country level and possibly others. Interviews, which should be based on an interview guide, can be conducted with a sample of persons at all levels in the organisation, including partners and (possibly) target groups or other stakeholders.

The main focus of the analysis shall be on data from 2003 and up to the present.

The study and documentation phase

In the first part of the review the team develops a preliminary report (inception report) on the basis of an in-depth study of the documents concerning CARE N and its cooperation with and reporting to Norad and its local partner. In the inception report the team presents particular issues in relation to the ToR, the feasibility of the ToR and the approach chosen to answer the questions in the ToR. This includes a presentation of hypotheses, justification of methodology, discussion of challenges and risks and the time-schedule. A plan for the remaining work will also be part of the inception report. This will include a reasoned proposal concerning the destination and programme for the country visits, collection of further data, methods, design, analysis and the structure of the report. The inception report will be presented to the reference group for comments. The inception report is subject to approval by Norad, prior to departure.

Country visits

During country visits, a quality assessment of the partnership will be carried out, and tests of what it actually delivers in terms of goods and services to the final recipients will be a central element. In addition to conversations with project employees, it will also be necessary to speak with people who are not dependent on the organisation in any way. Examples of such persons are (a) peers, i.e. other players who work within the same field in the same country, and (b) players at the local level, for example residents in areas in the vicinity of where the organisation's activities take place, but who do not benefit directly from the organisation's work.

Countries eligible for visits are:

Mali, Niger, Tanzania, Kenya, Uganda, Burundi, Rwanda, Burma

Relevant criteria when selecting the two countries:

- For one country: Long term engagement combined with a high volume
- For the other country: A relatively new programme sufficiently established to be of interest to the review
- The countries should have a representative selection of partners compared to CARE N's core issues

- One country could be affected by conflict having an impact on CARE N's programme

The team holds a debriefing with CARE N and its partners before travelling home from country visits. The Norwegian embassy, if relevant, should also be part of this debriefing.

Interpretation of the data and observations

The consultant's view shall be explicitly stated in the report, and the methodological approach shall be systematic and analytical. As far as possible, conclusions shall be based on triangulation, i.e. elucidation of the same question from several angles using data from composite source material. The document studies and interviews shall be organised in a manner that ensures they are representative and that the analysis provides a basis for drawing tenable conclusions.

Analysis and conclusion

All assessment of the reliability and relevance of the management of the undertaking and its finances shall be based on documentation.

Recommendation and follow-up

The review shall provide Norad with new knowledge about the direction further cooperation with CARE N should take. The recommendations shall be structured with this in mind and contain proposals for improvements on which Norad should focus in its follow-up work.

The recommendations shall also contain proposals for measures to improve CARE N's organisational structure in order to optimise the organisation's aid activities. Otherwise, the team is free to include other recommendations that are deemed to be relevant to furthering the objective of the review.

The team leader is responsible for the final report, but any internal disagreement about its conclusions and recommendations should be stated in the report.

6. Reporting

In order to allow an opportunity for comment and for correction of any factual errors and misunderstandings, the team will send a draft of the final report to CARE N, local partners and Norad no later than 10 February 2007 with a deadline for responding to the team two weeks later.

Final report

The final report will be structured in accordance with these Terms of Reference. It shall be written in English, contain a summary of approx. 3-4 pages and be maximum 40 pages long. Appendices can be added. 2 printed copies of the final report shall be sent to Norad as well as in electronic format.

CARE N may on its own or partners' behalf request that information that is considered particularly sensitive with respect to the life and safety of staff be included in separate appendices with restricted access.

Information, presentation and publication

In order to ensure that the report constitutes a good basis for follow-up, the team shall keep Norad's case administrator and the reference group informed about the progress of the work and include them in discussions about important findings, topics and issues before the country visits start, as well as during the concluding phase of the work.

At the request of CARE N or Norad, the team leader shall be available for discussions about recommendations and follow-up points.

As part of the assignment, the team leader and/or consultant shall make two presentations of the final result two months after the report is completed. One of the presentations will be made at CARE N's head office or other expedient venue, while the other will be made at a half-day seminar for CARE N and Norad personnel.

The report will normally be published on the internet. In special cases an alternative solution might be to have two final products, one report intended for internal use by Norad, CARE N and partners and one report – or summary of the first report that can be made available to the general public.

7. Time schedule

Time schedule

The work will commence in October 2006, and the final report will be presented to Norad no later than 1 March 2007.

GUIDELINES FOR ORGANISATIONAL REVIEWS OF NORWEGIAN NGOs THAT RECEIVE FUNDING FROM NORAD.

March 2006

Introduction and objective

In its remit, the Norwegian Agency for Development Cooperation (Norad) has been assigned responsibility for ensuring that organisations that receive financial support can demonstrate achievements at an efficient and rational level in relation to the goals set by the organisation for the Norad-financed work

For several years, Norad has carried out assessments, studies and evaluations as part of its quality assurance of the organisations' aid efforts, but their competence in the aid field and administrative capacity has often been assessed without visiting the organisations' local partners. The form in which aid is given has changed significantly and today, great emphasis is placed on the partner organisations' (in the South) active share in the planning and implementation of projects and programmes. Moreover, the requirements are more stringent with respect to efficiency and focus on results in development work, and there is greater focus on learning and the development of capacity. The new template for reviewing organisations shall reflect these changes.

These guidelines provide information about how Norad will carry out systematic organisational reviews of Norwegian NGOs which receive funding from Norad. The guidelines have primarily been drawn up for use in reviewing organisations with cooperation agreements, but, if necessary, they can also be used in connection with organisations which enter into one-off agreements with Norad.

The guidelines describe the division of responsibility in Norad in all phases of reviews and they provide a template for the Terms of Reference for such reviews. The guidelines, which have been drawn up by a working group under the leadership of the Civil Society Section (ESS), are intended to help the departments to carry out reviews in a uniform manner, so that comparisons can be made and common lessons learned.

The guidelines are valid from 20 March 2006.

Contributions to the revision of the guidelines can be sent to the Civil Society Section in Norad.

Selection of organisations

The decision about which organisations are to be reviewed and when should be based on one or more of the following criteria.

- a) The time that has elapsed since the previous review of the organisation. All organisations with cooperation agreements should be reviewed at least once every four years.
- b) If the organisation is applying for a cooperation agreement for the first time or is being assessed for a new period.
- c) If it is assumed or known that the organisation is engaged in innovative aid activity that is deemed to have particular learning value that can be transferred to others.
- d) Other factors that indicate that the organisation should be reviewed.

The selection shall also take account of criteria for materiality, distinctive character and risk, cf. the government financial regulations.

Reference group

It is recommended to use reference groups during organisational reviews. A reference group is appointed by the responsible department in connection with each individual review. Members are proposed by relevant departments in Norad, the organisation itself, relevant department(s) in the Ministry of Foreign Affairs and specialists from external expert milieus. The members should be familiar with the organisation, the partners and with reviews in general or have experience of relevant fields. The organisation's case administrator in Norad shall participate as a member of the reference group and coordinate the work of the group.

The purpose of the reference group is to ensure that the review is as relevant and representative as possible.

The following are important tasks for the group:

- To comment on the Terms of Reference
- To comment/discuss the inception report
- To take part in the debriefing seminar.
- To comment on the final report and contribute to the follow-up plan.

Composition of the team

In order to ensure good professional breadth and to contribute to learning, the team shall normally consist of representatives of Norad, the organisation itself and an external consultant. The team should consist of at least three persons. A local consultant/researcher who is independent of the organisation shall be part of the team during country visits and shall contribute to those parts of the review that deal with the organisation's work and results in the country concerned. The team will hire the local consultant.

The team leader will be an external consultant. The external consultant writes the report. At Norad or the organisation's request, the team leader shall be available for discussions about recommendations and follow-up points.

When composing the team, the following selection criteria may be helpful: professional competence, relevant experience, independence, ability to cooperate,

availability. For the representative from Norad, impartiality in relation to past and future case processing should be taken into account in order to avoid unfortunate dual roles.

Entering into a contract

Endeavours should be made to utilise framework agreements in accordance with the procedures that apply to ordering, carrying out and reporting professional assignments. When purchasing services from consultants who do not have a framework agreement with Norad, the contract templates in the Agreement Manual shall be used.

Brief information about the work process

The review consists of three phases - planning, implementation and follow-up, and it will normally be carried out as follows:

1. A reference group is appointed.
2. Terms of reference are drawn up and sent to potential consultants in accordance with the applicable guidelines.
3. The team is put together and contracted.
4. The team carries out a study and review of the documentation.
5. The team organises a seminar for the reference group with a presentation of the provisional findings and discussion about the further focus of the review.
6. Country visits to at least two countries including a debriefing before travelling home.
7. The dialogue phase between the team, the organisation and Norad about the provisional report.
8. The final report with conclusions and recommendations is sent to Norad.
9. Presentation of the report to the organisation, Norad and others.
10. Summing up and follow-up of the report with a separate plan.

Country visits

As a rule, reviews shall include visits to at least two countries in which the organisation has offices and/or local partners. The criteria for choice of country shall reflect breadth in at least two ways: in relation to the different types of activities run by the organisation, and in relation to any success stories and the opposite. Moreover, the countries chosen should help to shed light on the breadth, type of project and partnership as well as positive and negative learning.

Responsibility

The department that administers the agreement with the organisation has prime responsibility for the review being carried out on Norad's part. ESS is the coordinating entity that arranges matters so that the review can be conducted in a systematic and comparable manner.

Planning of the review

- The **individual departments in Norad** assess the need for reviews of the organisations for which the departments have administrative responsibility, notify the **Civil Society Section (ESS)** and include them in their Activity Plan (AP) and budget.
- **The Civil Society Section (ESS)** is responsible for updating Norad's ongoing programme for reviews and keeping EVAL informed in this respect. The annual

plan is decided by the Director General together with the Activity Plan.

- **A reference group** consisting of members from Norad, the organisation and relevant department(s) in the Ministry of Foreign Affairs is appointed by the responsible department.
- **The responsible department** prepares draft Terms of Reference (ToR). The draft is sent for comment to the reference group and the organisation. The final Terms of Reference are approved by **the department**. Embassies in countries which are candidates for country visits should be informed about such plans as early as possible.
- If necessary, **the responsible department** will send the Terms of Reference out to tender in accordance with the applicable rules. Endeavours shall be made to utilise framework agreements.
- **The responsible department** puts together and contracts the team for the review and thereafter convenes the first meeting with the team and the organisation in Norad at which the ToR is reviewed and a shared understanding of it is arrived at.

Carrying out the review

- The case administrator in **the responsible department** is the point of contact for the team, assisting the team by providing relevant information and documents, maintaining a continuous dialogue and making other practical arrangements to facilitate the team's work.
- **The team** presents provisional results to the reference group and thereafter presents a proposal for a destination and a programme for approval by the **responsible department** in Norad.
- **The team** is responsible for carrying out a debriefing of the organisation and partners before travelling home from the country visits.
- **The team** is responsible for sending a draft of the final report for correction and comment by Norad, the organisation and its partners.

Follow-up of the review

- **The responsible department** is responsible for sending the final report to the relevant experts in Norad and the organisation in order to obtain comments on the report.
- **The responsible department** is responsible for documenting Norad's own assessments of the report, including the preparation of a follow-up plan, all of which will be sent to the Director general for approval.
- **The Director General** assesses the consequences for further funding of the organisation.
- If it is considered that the review may be a candidate for follow-up in the media, the responsible department will write a response memo about Norad's standpoint and follow-up of problematic matters, specifying who will be spokesperson in

connection with the case. The memo will be distributed to the Director General, the coordinating entity (ESS) and Norad's information department.

- **The responsible department** is responsible for ensuring that the whole of Norad benefits from the experience and lessons from the review.

Summing up of common experiences from reviews

- **The Civil Society Section (ESS)** is Norad's expert entity for organisational reviews, and it is responsible for updating and adapting guidelines in relation to any changes in funding schemes and administrative routines. Funding for this work is provided by the Department for Quality Assurance and EVAL (the Evaluation Department), as required.
- **The Civil Society Section (ESS)** is responsible for Norad's learning needs and for the institutionalisation of the experiences uncovered by the review.

Appendix 2: Analytical Matrix

Matrix for organising themes and questionnaire for CARE Norway capacity analysis

Note: Q1 etc. refer to questions addressed to different groups of interviewees (not enclosed).

Elements	Themes	Sources of information	Documentation
I. Organisational Capacity ('square')			
	Platform & catchment area	CARE N doc's Board Management team	Doc summary Interviews Q1,Q2
	Resource mobilisation/funding strategy	Board Management team	Interviews Q1,Q2
	Management structure and capacity	Management team	Organigram Interviews Q2
	Human, professional & financial resources	Oversight over ansatte/profiler Management team	Resource mapping Interviews Q2
	Strategic capacity and coherence	Strategies Programme staff	Strategy analysis Interviews Q3,Q4
	Procedures/tools for the organisation: -management & org.dev. -programming -evaluation and learning	CARE N's procedures, manual for procedures	Interviews Q3,Q4
II. Performance review ('triangle')			
II.a Cost-efficient use of funds	Financial management	CARE N's financial management manual Finance Director	Interview Q5
	Quality control, Reporting	CARE N's procedures, manual for procedures	Interviews Q3,4,5
II.b Ability to achieve its own goals (CARE N)	Clarity of objectives and goals (SMART?)	Management Programme staff Partners	Interview Q2,3,4 Q9
	Measurements of results Reporting	M&EProcedures,manuals Board,Management Programme staff	Interviews Q1,2,3,4,5 Q9
	Risk analysis of human, professional and financial resources. Ability to work in conflict areas.	Programme staff Finance Director Partners	Interviews Q 3,4,5 Q9
	Evaluation and learning	Programme staff Finance Director Partners	Interviews Q 3,4,5 Q9

Elements	Themes	Sources of information	Documentation
III. Results ('circle')			
III.a Results in accordance with Norwegian political priorities	Development assistance channelled via NGOs	NORAD's policy/strategy Evaluations Norad Management Programme staff	Doc's summaries Interviews Q6 Interviews Q2,3,4
	Promotion of partnership	NORAD's policy/strategy Norad Programme staff	Interviews Q6 Interviews Q2,3,4
	Cross-cutting themes: Women, good governance, micro-finance, HIV/AIDS..	NORAD's policy/strategy Norad Programme staff	Interviews Q6 Interviews Q2,3,4
	Geographic/geo-strategic focus	NORAD's - UD's policy/strategy Norad Programme staff	Interviews Q6 Interviews Q 3,4
III.b Relevance to final recipients	Knowledge about country situation/needs	Programme staff Partners	Interviews Q 3,4 Q9
	Relevance of activities	Programme staff Partners Beneficiaries	Interviews Q 3,4 Q9 Field interviews
	Beneficiary participation in programme identification etc.	Programme staff Partners Beneficiaries, Manual?	Interviews Q 3,4 Q9 Field interviews
	Identification of the right priorities	Partly NORAD, partly CARE N.	Policies/strategies Interviews Q 4,6
	Identification of the "right" partners in the recipient countries	CARE N & CARE M/U Partner strategy?	Policies/strategies, Interviews desk & programme officers, Q 4,7
	Strengthening of partners	CARE N & CARE M/U Partners	Interviews desk & programme officers, Q 4,7, Q9, Annual Reports
	Inclusion of partners in decision-making	CARE N& CARE M/U Partners	Interviews desk & programme officers, Q 4,7, Q9 Annual Reports
	Measurement of results	CARE N & CARE M/U Partners Beneficiaries	Interviews with desk officer & programme officers Q 4,7, Q9 Field interviews

Appendix 3: List of persons met

In Oslo:

Gunnar F. Andersen, National Director, CARE Norway
Eva Lystad, Board Chairperson, CARE Norway
Steinar Sundvoll, Programme Director, CARE Norway
Gørill Husby, Director of Media and Policy, CARE Norway
Moirá Kristin Eknes, Programme Coordinator, CARE Norway
Grete Benjaminsen, Programme Coordinator, CARE Norway
Trygve G. Nordby, Secretary General, Norwegian Red Cross

Members of the Reference Group from Norad:

Kate Halvorsen, Senior Adviser, Children and gender equality
Parvez Kapoor, Senior Adviser, Micro Finance
Anette Haug, Senior Adviser, Evaluation
Vigdis Halvorsen, Adviser, Dept. for Civil Society
Andreas Beer, Adviser, Dept. for Civil Society, desk officer for CARE N

CARE International in Geneva:

Howard Bell, Deputy Secretary General
Jonathan Mitchell, Emergency Response Director

CARE's East and Central African Regional Management Unit (ECARMU) in Nairobi:

Maria Jose Da Veiga Coutinho, Deputy Regional Director
Simone Ellis Oluoch Olunya, Regional Gender Equality and Women's Empowerment Advisor/Representative (GEWEA/RR)

List of persons met in Uganda 5 - 9 March 2007

Category/Names and Title

Valter Tinderholt, Director, Save the Children in Uganda, Kampala

Kevin Fitzcharles, Country Director, CARE Int in Uganda, Kampala

Apollo, Finance and Administration Manager, CARE Int in Uganda Kampala

Shamim , Head of Programmes, CARE Int in Uganda Kampala

Phillip Okin, CARE Int in Uganda Gulu

David Walter Ocira, Coordinator BDS, CARE Int in Uganda Gulu

Pius Okello, Ag Manager, CARE Int in Uganda Gulu

CARE Field Office Staff, CARE Int in Uganda Gulu

Walter Ochora, Chairman LC V, Gulu District

Langoya, CAO, Chairman DDMC, Gulu District

Timothy Pitt, Head of Office, UN OCHA

Tumuhimbisibwe Ivan, Team Leader Agriculture, CRS Gulu

Gjermund Sather, Min Consellor, Royal Norwegian Embassy Kampala

Hans Henrik Philipsen, Senior Programme Officer, Royal Norwegian Embassy Kampala

Anyeko Jannet, GDFA

Anywar Collins, GDFA

Issa Mohamed, VISO

Ojara George, GDFA

Akero Joe, GDFA

Laker Agnes, VISO

Ocaka George Asisis, KSWVO

Amony Cynthia, DNU

Kilama Alfred, DNU

Emmeilne Orach, VISO

Apiyo Sarah, DNU

Okeck JR, GDFA

Opio BJ, GDFA

Hellen Kilawa, GDFA

Beneficiaries, Awach Camp, Gulu

Beneficiaries, Paicho Camp Gulu

Beneficiaries, Owiny-Kibul Camp, Pader

Beneficiaries, Warip Can Bee keeping, Gulu District

List of persons met in Mali.**CARE Mali - Bureau de Bamako**

Marc de Lamotte	Directeur de bureau
Uwe Korus	Directeur Adjoint/Programme
Abdoulaye Touré	Senior Coordinateur de Programme
Lamine Doumbia	Manager des ressources humaines
Seydou Dia	Manager des finances
Aly Djiga	Ancien employé de CARE Mali - personne
ressource	

Délégation de la Commission Européenne

Franco Tranquilli	Conseiller Principal - Chef de la Coopération
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Programme des Nations Unies pour le Développement

Philippe Poinot	Représentant Résident Adjoint - Directeur du programme
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Eau Vive - Mali

Ely Dembele	Directeur Adjoint - Conseiller Technique
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Aide de l'Eglise Norvégienne

Steinar Pettersen	Coordinateur Régional de Programme -
Afrique de l'Ouest	
Mme ?	

Ambassade de Suède

Camilla Bengtsson	Conseiller
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Equipe de ROCAM II - Ségou

Fadimata Mahamane	Chef de projet
Aliou Bah	Responsable de volet CPCC
Souleymane Barry	Responsable de volet DE
Mahamane Badou	Responsable de volet RC

Rencontre avec les ONG partenaires à ROCAM II - Ségou

Mr Salif Ouattara	AMAPROS
Mme Traoré Adam Diaou	ASSAFE

Equipe PAICOL - associée à la réunion à Ségou

Mme Djénapo Kadidia	PAICOL (Djéné)
Mr El Hadj Mahamane Yattara	PAICOL (Tombouctou)

Rencontre avec le Préfet - Niono Ville

1. Mohamed Sangaré	1 ^{er} adjoint
2. Alassane Diallo	Préfet
3. Salikou Ouattara	AMAPROS

Commune de Kala Siguida

Village de Quinzambougou M2

Groupement Cèsiri

- | | |
|-------------------|---------------|
| 1. Djénéba Diarra | Présidente |
| 2. Mamou Daou | Organisatrice |
| 3. Fily Kéita | Trésorière |
| 4. Atou Traoré | Contrôleuse |
| 5. Minata Traoré | Contrôleuse |

Groupement Benkadi (femmes)

- | | |
|-----------------|---------------|
| 1. Aoua Dembélé | Présidente |
| 2. Sira Kanté | Organisatrice |
| 3. Alimata Daou | Trésorière |
| 4. Nana Traoré | Contrôleuse |
| 5. Nia Traoré | Contrôleuse |

Groupement Nyèta (Femmes)

- | | |
|--------------------|---------------|
| 1. Ba Sogoba | Présidente |
| 2. Ramatou Dembélé | Organisatrice |
| 3. NiamaGuindo | Trésorière |
| 4. Astan Traoré | Contrôleuse |
| 5. Bibatou Traoré | Contrôleuse |

Village de Molodo (central)

Groupement Yiriwa (Hommes)

- | | |
|----------------------------|---|
| 1. Binké Diarra | Président |
| 2. Amadou Mariko | Organisateur |
| 3. Abdoul Nasser Touré | Trésorier |
| 4. Bakary Koita | Contrôleur |
| 5. Almamy Coulibaly | Contrôleur |
| 6. Yacouba Togola | Equipeur |
| 7. Youssouf Dembélé | Equipeur |
| 8. Sékou A. Traoré | Magasinier |
| 9. Issa Touré | Information/organisation |
| 10. Moussa Coulibaly | Production/commercialisation |
| 11. Madou Diallo | Secrétaire aux conflits |
| Fatoumata Coulibaly | Assistante communautaire (AMAPROS) |

Village de Kanassago

- | | |
|------------------------|---|
| Oumou Coulibaly | Assistante communautaire (AMAPROS) |
| Drissa Diakité | Superviseur AMAPROS |

Groupement Jigisèmé

- | | |
|-------------------|------------|
| 1. Aoua Coulibaly | Présidente |
| 2. Oumou Touré | Trésorière |

3. Bè	Dembélé	Organisatrice
4. Oumou	Diarra	Contrôleuse
5. Aoua	Dembélé	Contrôleuse

Groupelement badénia

1. Tè	Barry	Présidente
2. Astan	Barry	Trésorière
3. Bintou	Dembélé	Organisatrice
4. Mariam	Traoré	Contrôleuse
5. Yorobo	Dramé	Contrôleuse

Groupelement Jigifa

1. Aminata Bouaré		Présidente
2. Aminata Coulibaly		Trésorière
3. Safiatou Cissé		Organisatrice
4. Mariama Togola		Contrôleuse
5. Aminatou Diarra		Contrôleuse

Commune de Macina - Village de Kokry

Mme Diarra Véronique Assistante communautaire (ASSAFE)

Mr Tamba Simpara Superviseur ASSAFE

Mr Traoré Sékou Président d'ASSAFE

Participants à la rencontre de la mairie de Kokry

Bourahima	Ouédraogo	1 ^{er} adjoint au maire
Moussa	Dembélé	2 ^e adjoint au maire
Sory	Berthé	3 ^e adjoint
Mahamane	Sissoko	Conseiller communal
Siaka	Coulibaly	Conseiller communal
Sékou	Traoré	Conseiller communal
Zié	Coulibaly	Régisseur des dépenses
Mariam	Bouaré	Secrétaire dactylo
Maimouna	Diarra	Membre MJT Benkadi
Daniel	Dembélé	Président groupe des jeunes
Alimata	Coulibaly	MJT Benkadi Sabougnouman
Kadia	Touré	MJT Benkadi Sabougnouman
Véronique	Samaké	Assistante communautaire ASSAFE
Tamba	Simpara	Superviseur ASSAFE
Sékou	Traoré	Président ASSAFE
Fatoumata	Mahamane	Chargé de programme ROCAM II
Abdoulaye de Bamako	Touré	Directeur de programme, CARE Mali, bureau

Responsables des groupements MJT rencontrés à Kokry village

Djénébou	Sanogo	Présidente
Djénébou	Koné	Secrétaire animatrice
Bibatou	Coulibaly	Trésorière
Anna	Doucouré	Contrôleuse
Mahourè	Konta	Contrôleuse

Appendix 4: List of documents reviewed

Baseline Study for Social Mobilization of Women Affected by Conflict (SMOWAC) in Pader District, Uganda, 2006

CARE International: An overview of CARE International, Powerpoint presentation, CARE Secretariat, Geneva

CARE International: CARE International Evaluation Policy (condensed version), 2006

CARE International: CI Programme Standards Framework, June 2005

CARE International au Mali: Manuel des Ressources Humaines, 2006

CARE international: CARE's Strategic Impact Inquiry on Women's Empowerment: A bit of history, 2006

CARE International au Mali: Enquête d'évaluation de l'alignement des projets aux principes programmatiques de CARE International

CARE International au Mali: Rapport d'Atelier d'Analyse du Partenariat entre CARE et les ONG Nationales Ségou du 28 février au 2 mars 2007

CARE International au Mali: Unité suivi évaluation Bureau régional de Ségou ROCAM II: Rapport d'évaluation á mi-parcours - draft, January 2007

CARE International au Mali: Korofina Nord, Bamako: Audit report of NORAD funded projects and implemented by CARE Mali (period from January 2005 to December 2005)

CARE International au Mali: Plan Stratégique à Long Terme - 2005-2007, December 2004

CARE International au Mali: Manuel d'approvisionnement

CARE International au Mali: Manuel des Ressources Humaines, 2006

CARE International au Mali: Rapport annuel ROCAM II, 2006.

CARE International au Mali: AOP FY07 Objectifs Annuels du Bureau Régional de CARE - Ségou

CARE International au Mali: Guide d'enquête des ONG partenaires - Sélection ONG partenaires, 200?

CARE International au Mali: Guide de visite d'évaluation approfondie des ONGs partenaires, 200?

CARE International au Mali: Procédures et principes de sélection des ONG locales, 200?

CARE Mali's FY07 Annual Operating Plan

CARE International au Niger/CARE Norvège: Rapport d'évaluation du programme MMD Phase III. IRAM, Juillet 2004.

CARE International au Niger/CARE Norvège: Evaluation finale du Programme Équité entre les genres et sécurité des conditions de vie des ménages, Juillet 2004.

CARE International Evaluation Policy 2002

CARE International in Uganda: Baseline Study for Social Mobilization of Women Affected by Conflict (SMOWAC) in Pader District, 2006

CARE International in Uganda: Long-Range Strategic Plan (LRSP) 2002-2007

CARE Norway Annual Report 2005

CARE Norway Annual Plan Year 2007

CARE Norway: Final Report for Grant Recipients, 2003 - 2005

CARE Norge: CARE's gender equity policy, 200?

CARE Norway: Job descriptions for Regional Programme Coordinators

CARE Norge: Personelhåndbok for CARE Norge, Maj, 2006

CARE Norge: CARE Norges Rammeverk for programstandarder. Perioden 2003 - 2007

CARE Norway: Rapport fra tjenestereise til Uganda og Tanzania i perioden 18. marts til 2. april 2006.

CARE Uganda Operations Manual, 2006

CARE Uganda HQ Organogram

Diocese of Kitgum: Report on Participatory Organizational Capacity Self-Assessment, 2006

NORAD/CARE - SMOWAC Project: Project Implementation Report, June 2006

NORAD: Sivilt samfunn som kanal for norsk utviklingssamarbeid - noen overordnede problemstillinger, NORAD marts 2006.

SMOWAC Project: Monitoring and Evaluation Document, 2006

SMOWAC Project: July - December 2006 Implementation Report

Uganda 2007 - Consolidated Appeals Process (CAP), United Nations

Job descriptions for programme coordinators in CARE Norway and CARE Mali and Uganda.

Appendix 5: De-Briefing Notes Uganda & Mali

Organisational Assessment of CARE Norway

Review Team's Visit to CARE Uganda/Gulu 5-9 March 2007

De-briefing note

The review team visited the CARE Gulu Sub-Office, authorities, organisations and other stakeholders in Gulu and carried out interviews with beneficiaries in IDP camps, with local partner organisations and with CARE staff. The team would like to thank staff of CARE Uganda and CARE Gulu for planning and organising a successful programme for the trip and for assisting the team with programme information and logistical support.

This note presents the preliminary findings from the trip. They have been shared with CARE staff in Gulu staff and Kampala on the 8th and 9th March. The list of findings is subject to change following screening of documents and further analysis leading to the draft report of the organisational assessment.

Capacity

- Professional capacity and approach observed in relation to programme cycle management (PCM) with CARE and with local partners.
- The programme staff found to be highly competent.
- There may be a need for streamlining the participatory approach with local partners as the capacity and practices are found to be uneven.
- The competency in business development issues seems to be present with CARE and local partners, whereas the team is uncertain about whether adequate competencies in the field of agriculture are there.
- The capacity for strategic planning may be present in the Gulu office but apparently not transformed into a strategic and future-oriented approach for working with long-term development in a volatile environment.

Performance

- The overall finding is that CARE Gulu has demonstrated the ability to reach tangible results through development projects in a volatile environment affected by conflict and insecurity. The review team in particular noted results in the fields of savings and loans groups, business development (i.e. honey production) and animal draught power for agriculture.

- CARE Uganda Operations Manual, chapter 15 on Sub-Grants - is used in developing and maintaining partnerships in northern Uganda.
- CARE Gulu has developed its own monitoring system for the Smowac project.
- A systematic approach to assessing potential partners and developing partnerships is applied.
- Local partners appreciate training delivered by CARE and express a need for continued training.
- Given the very different background and capacity of the five local partners in northern Uganda, more differentiated courses tailored to specific needs of the individual organisation may be considered.
- CARE Gulu staff working on the Norad-supported Smowac-project seem to focus on implementation of service delivery and not engage themselves in advocacy activities.
- Some stakeholders expressed that CARE's participation in coordination fora is very limited compared to the extensive volume of programmes undertaken by the organisation.
- Environmental issues need to be addressed in connection with certain activities under the project such as burning of charcoal from Shea nut trees.

In conclusion, the review team would like to raise the question: Is CARE Uganda/Gulu 'punching below its weight'? Given the extensive experience with long term interventions among the IDPs in northern Uganda, could the organisation raise its voice more strongly in strategy and policy foras in relation to e.g. the need for long term planning for IDP interventions and the advantages of combining short and long term assistance side by side? Could CARE strengthen its role as one of the leading organisations in Uganda when it comes to working with a long term perspective in conflict areas?

Kampala 9 March 2007

Ivar Evensmo, Norad
Kjell Stokvik, CARE Norway
Ojamuge George Dickens, COWI Uganda
Elsebeth Krogh, COWI (Team Leader)

Organisational Assessment of CARE Norway

Review Team's visit to CARE Mali/Bamako/Ségou 19-24 March 2007

De-briefing note

The review team visited the CARE Bamako and CARE Ségou regional offices, authorities, organisations and other stakeholders in the region of Ségou (especially related to the ROCAM II) and Bamako and carried out interviews with beneficiaries in different villages, with local partner organisations and with CARE staff. The team would like to thank staff of CARE Mali and CARE Ségou for planning and organising a successful programme for the trip and for assisting the team with programme information and logistical support.

This note presents the *preliminary* findings from the trip. They have been shared with CARE staff in Ségou on the 21st March. The list of findings is subject to change following screening of documents and further analysis leading to the draft report of the organisational assessment.

Capacity

- Professional capacity and approach observed in relation to programme cycle management (PCM) with CARE Mali and CARE Ségou staff. Most local partners seem to be competent and will progressively be trained and included in strategic planning to take over the responsibilities from CARE Ségou.
- The programme staff found to be highly competent and committed.
- There may be a need to review the training modules given to the local partners with respect to include institutional support.
- The activities carried out under the ROCAM II programme are multiple. Competency in MJT and AGR issues exist with CARE Mali and Ségou. Local partners have been trained in these topics by CARE and also seem to be competent. The team is uncertain about if the local partners without adequate competencies in a given topic will link up to and inform CARE staff.

Performance

- A systematic approach to assessing potential partners and developing partnerships is applied.
- Local partners appreciate training delivered by CARE and would like CARE to include specific training in institutional capacity building. Beside a basic training package focused on the programme activities (the case of ROCAM II) additionally training is given as activities progress.
- CARE Mali and its local partners have started a reflection on the experiences with partnership until now. If CARE wants to support and strengthen the capacity of local partners (NGOs) they may consider

organising "tailor-made" courses that correspond to the different needs of the local partners.

- ROCAM II has its own monitoring system developed by the programme responsible with support from the CARE monitoring expert.
- CARE Mali has introduced a progressive gender policy in the office and has recruited several women for high positions in the organisation. Through a positive discrimination in the recruitment, CARE Mali foresees that it will be easier to put a stronger focus on gender equality in the programmes.
- CARE Mali would like to be known as a leading organisation in the field of gender equality, but the team did not have any confirmation on this. This may need more PR activities?
- CARE Mali is currently developing an expertise in the field of conflict management and natural resources and would like to be a leading organisation in Mali in this field.
- CARE Mali has been very visible on the national level by being strongly involved in the negotiations with the Mali government in order to set up a framework agreement between the state and the civil society organisations (international and national) in Mali.
- With respect to other NGO's, CARE Mali is coordinating the working group on aid effectiveness within the group of European NGOs - the FONGEM.
- CARE Mali seem to be active in coordinating groups for NGOs in Bamako whereas it seem that such groups are not existing/active in Ségou or other of the regions. Staff from CARE Ségou exchange however with other partner on an informal basis.

Results

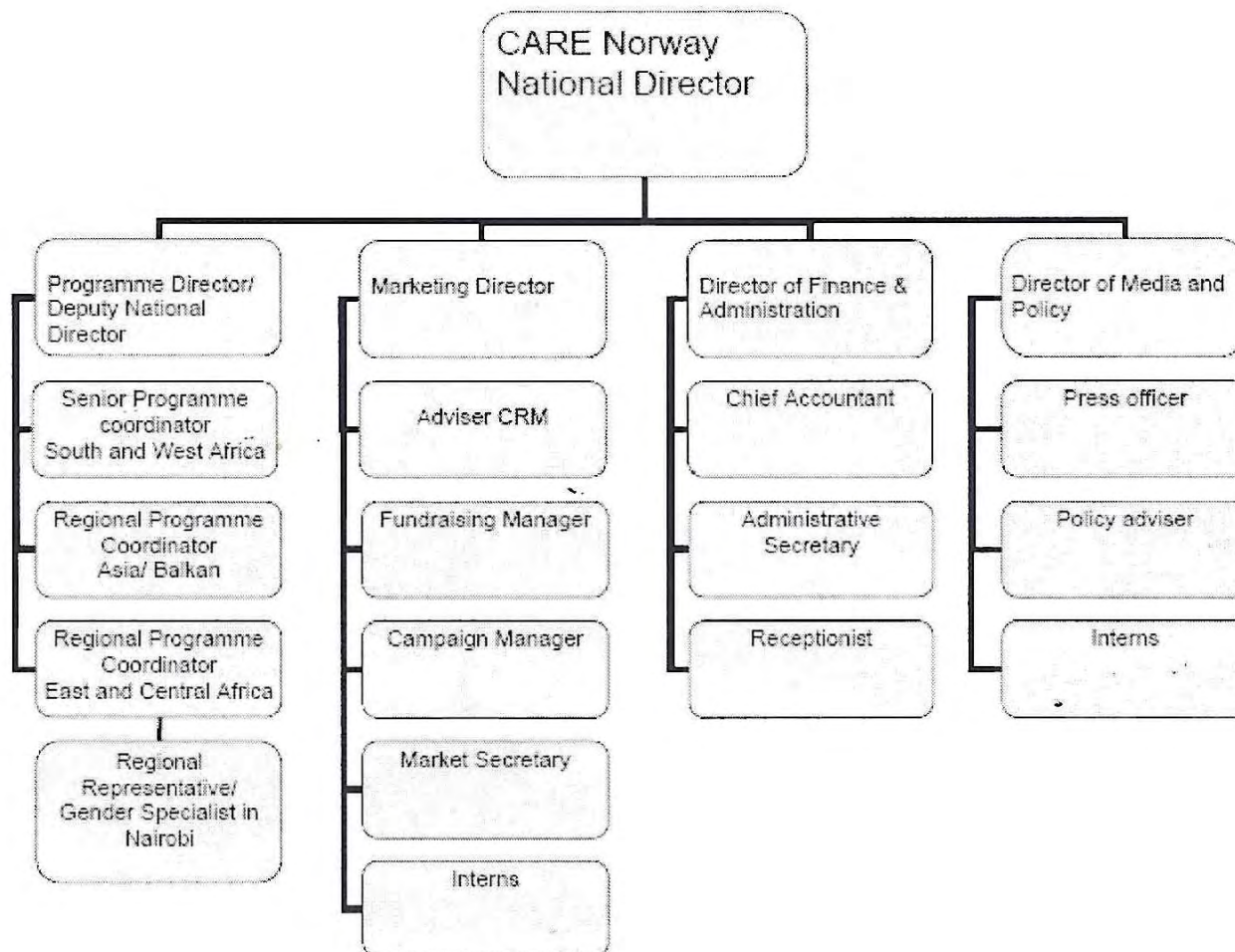
- The activities are in line with policies and strategies of the Mali government and are thus supporting these. They also seem to be supporting the ongoing decentralisation process in Mali by starting from the base (beneficiaries/field)
- Also, the activities in the field seem to be very relevant and corresponding to the needs of the beneficiaries.
- The gender policy of CARE Norway is applied in the field where CARE Mali/Ségou has chosen to have a strong focus on women and empowerment. CARE Mali also uses the gender policy for programme activities financed by other donors.
- The loan and saving groups (MJT) make it possible for poor people to get access to credit and thus create better income opportunities and a better living standard.
- Activities related to information and sensitization on topics such as FGM, hygiene and sanitation, HIV-AIDS and STI's are relevant and seem to be the beginning for a change in behaviour.

In conclusion, the team finds that CARE Mali is doing a good work in Mali and that the activities in the field seem to be relevant. The team would like to raise

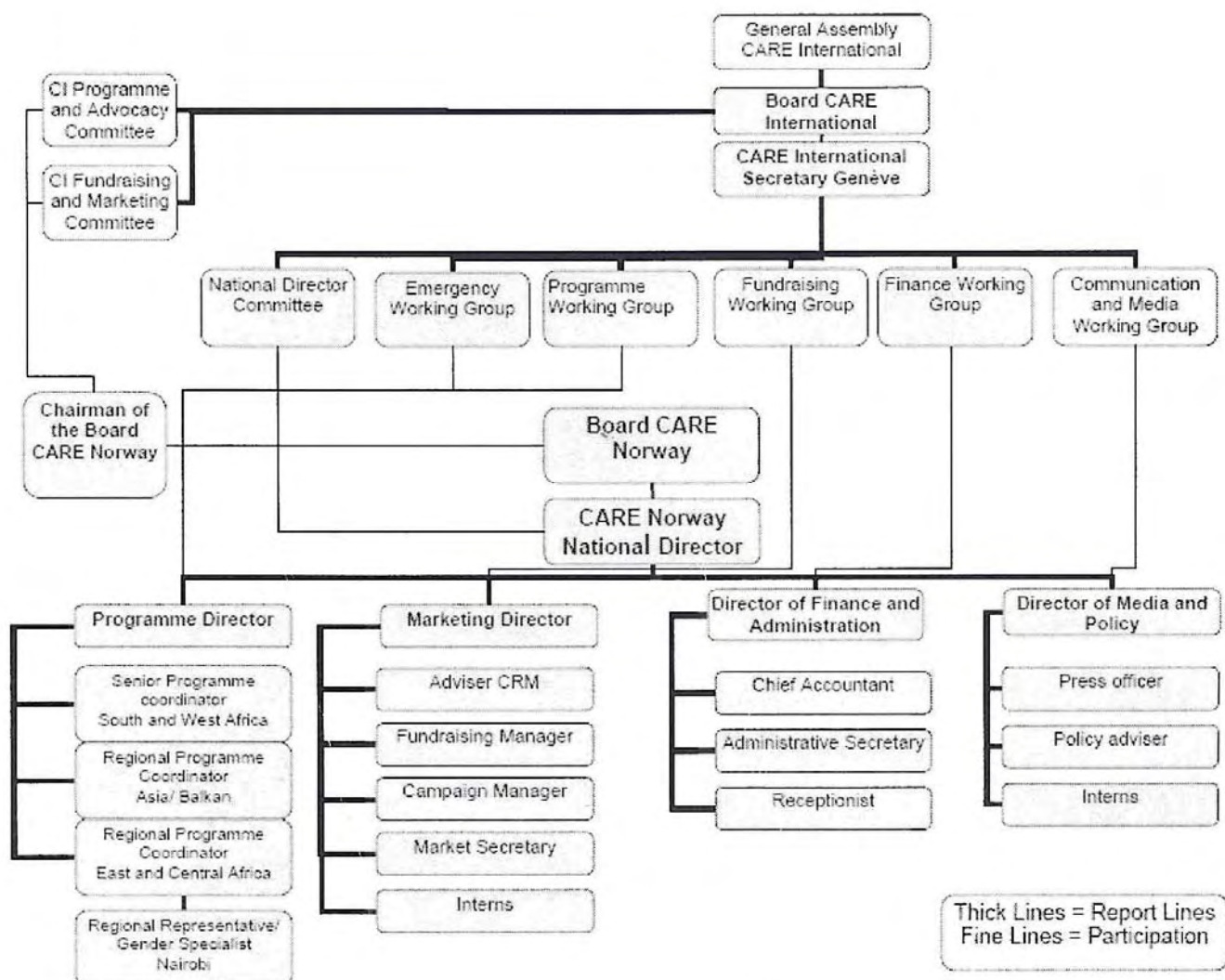
the question on what is actually the overall vision/mission of CARE in Mali since it seems as if the organisation is trying to cover many aspects/areas (Decentralisation, good governance, gender equity, FGM, MJT...) and to be present in different fora.

Appendix 6 : Organigrammes

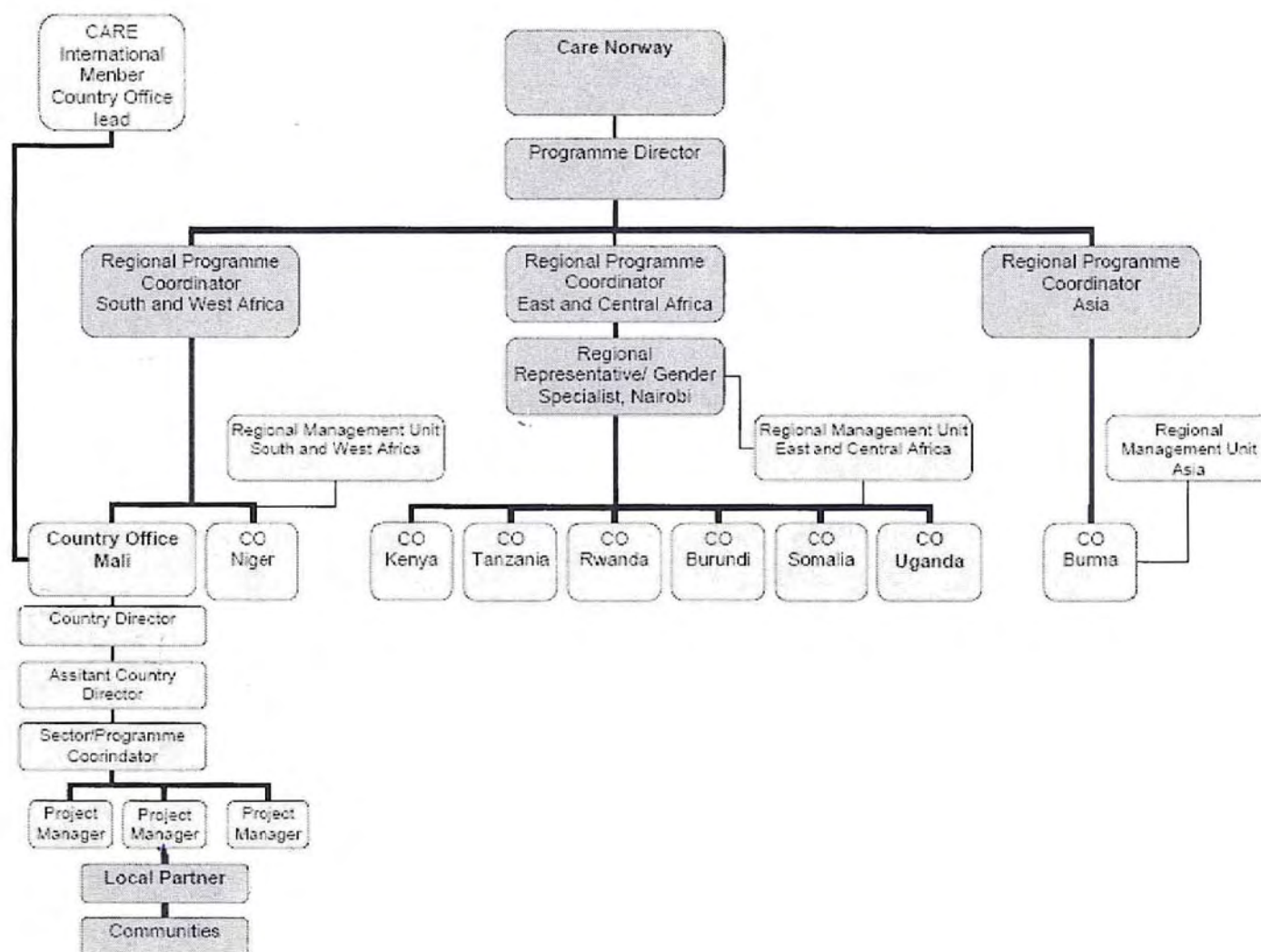
CARE Norway

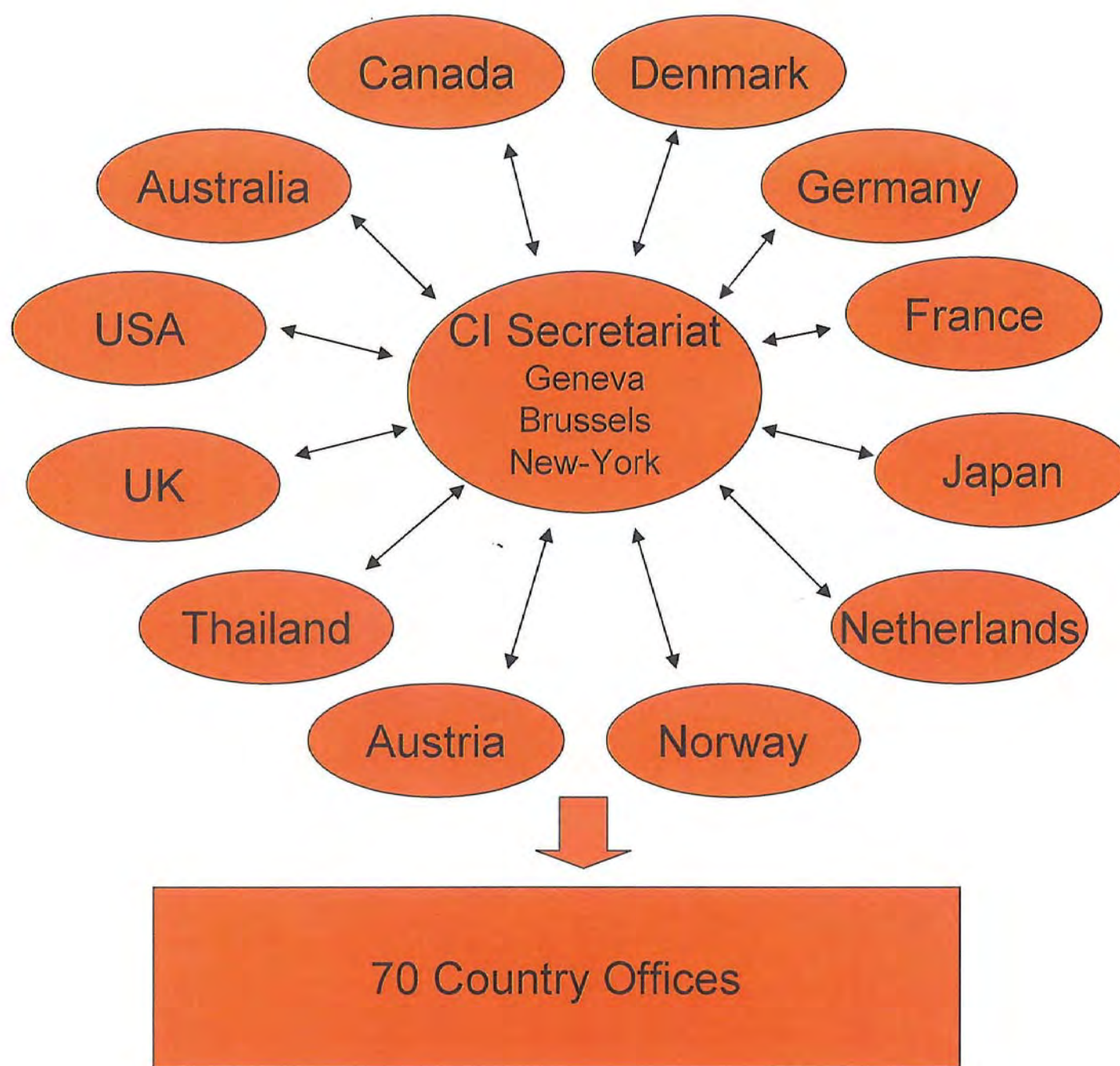


Relations to CARE International



Relations to CARE Country Offices (NORAD framework agreement 2006/2007)





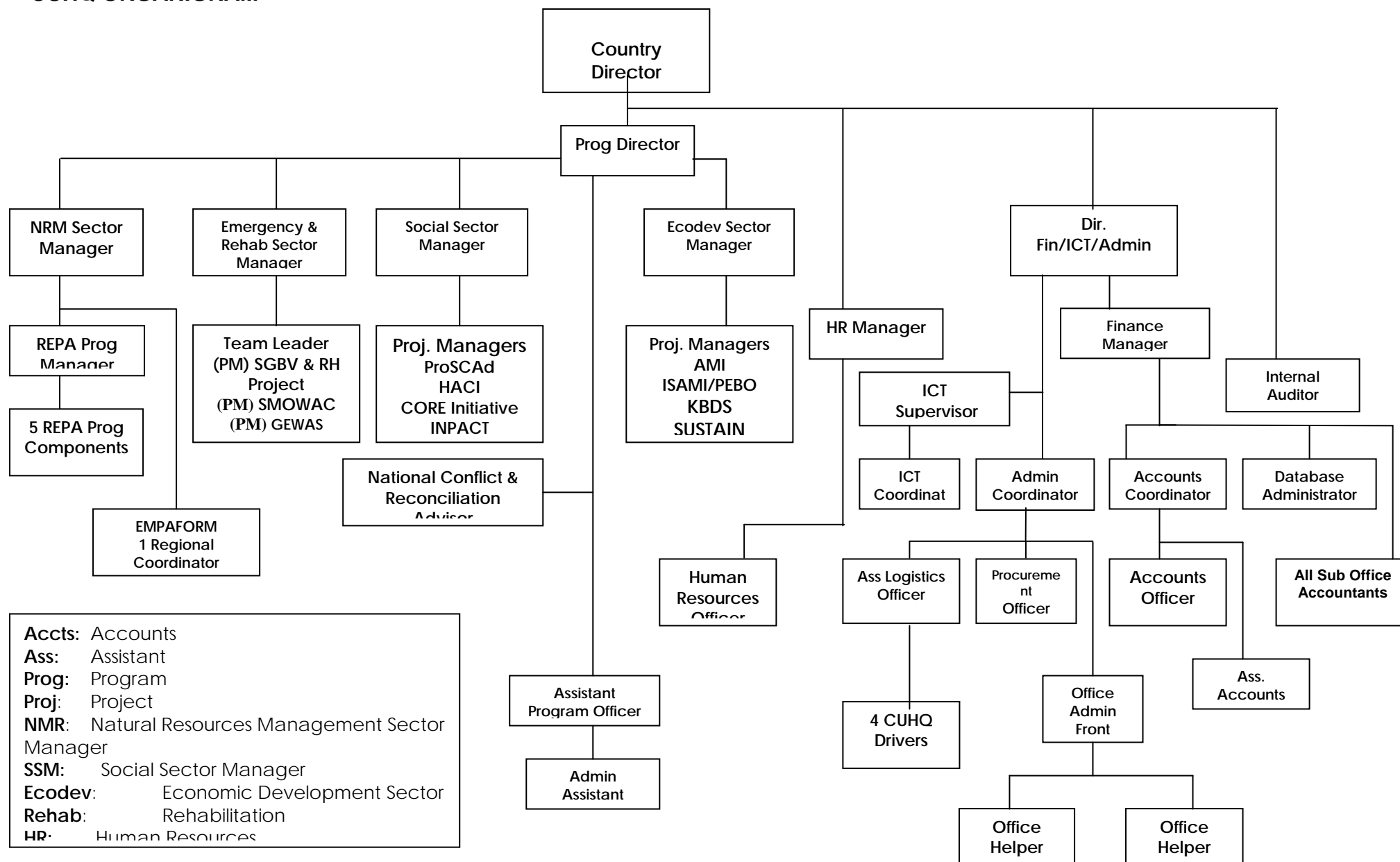
Africa

Asia

Middle East & Europe

Latin America

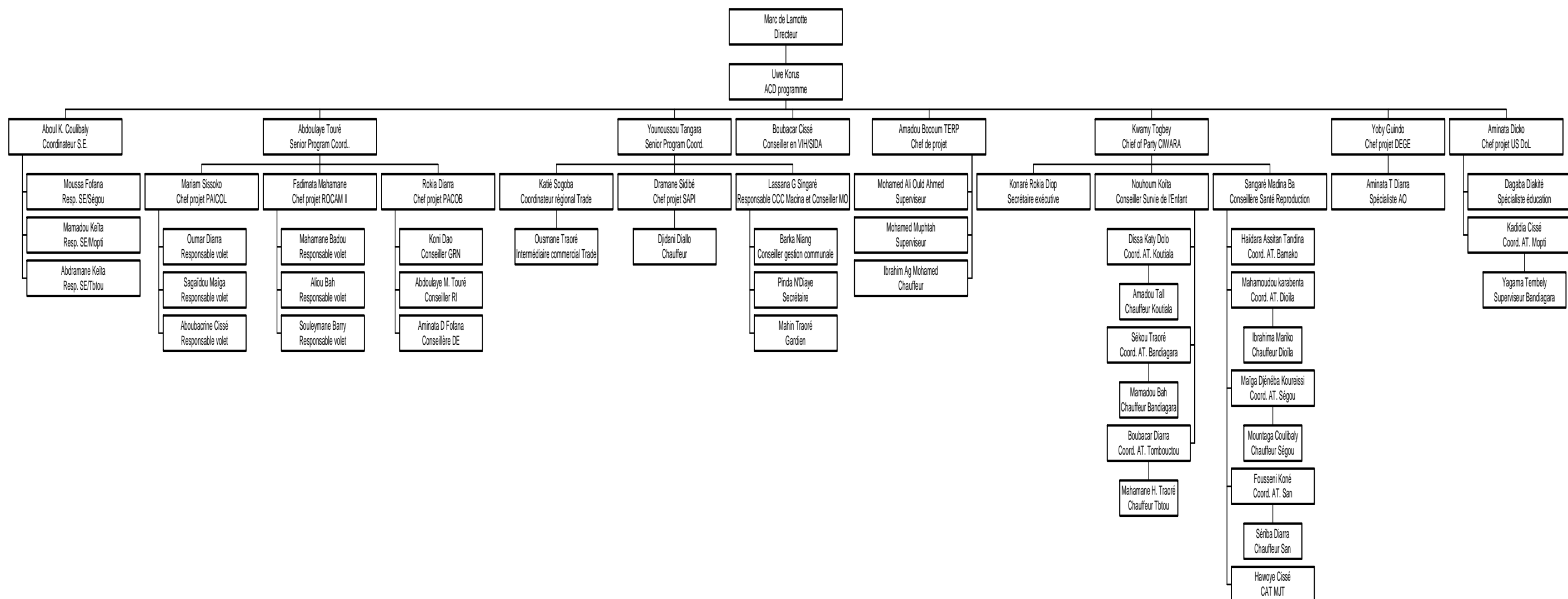
CUHQ ORGANIGRAM





Organigramme du programme CARE Mali

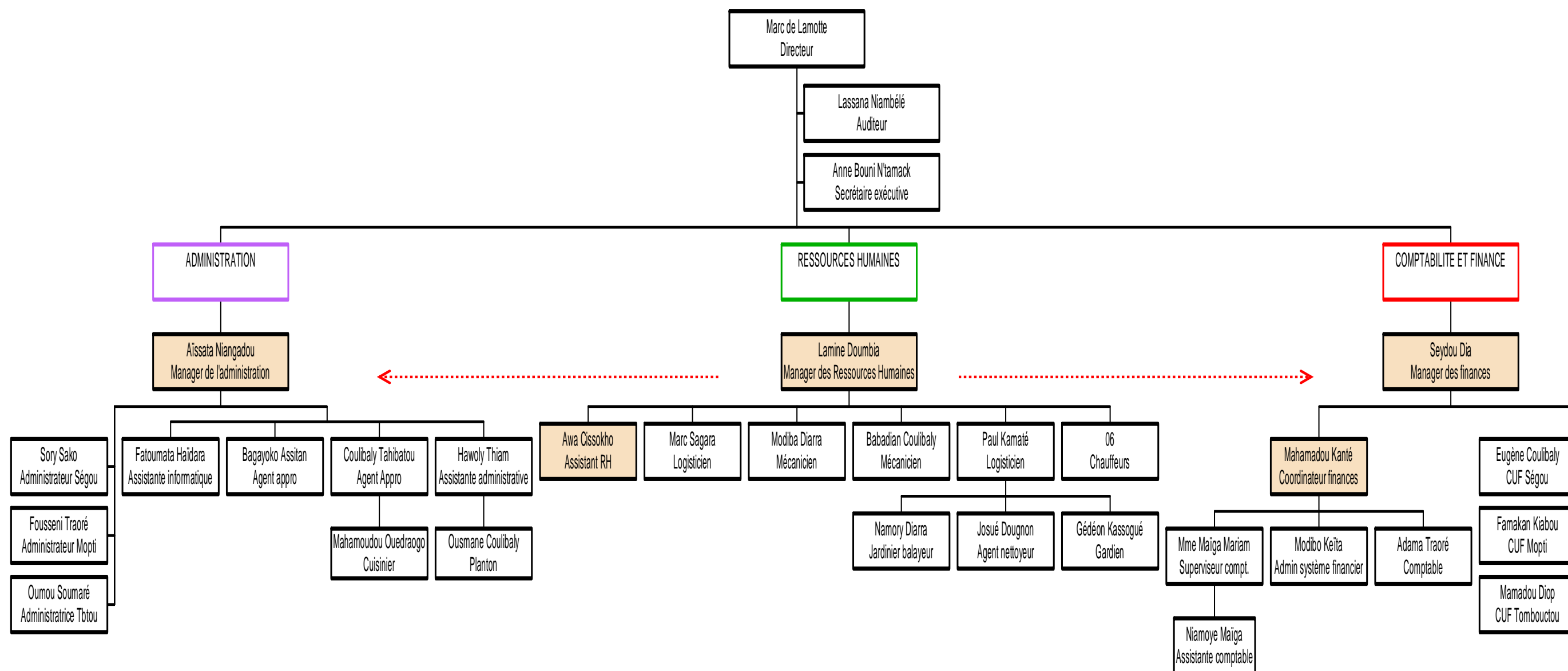
Version mars 07





Organigramme Support Stratégique CARE Mali

Version mars 07



**BUREAU REGIONAL
CARE SEGOU**

ORGANIGRAMME PROGRAMME

JANVIER 2007

**Mme Karagodio
Fadimata Mahamane**

CP ROCAM II

Kathy Dolo

CAT K. CIWARA
Koutiala

Fousseïni Koné

CAT K. CIWARA
San

**Mme Maiga
Djeneba Koreïssi**

CAT K. CIWARA
Ségou

Moussa Fofana

Responsable Régional SE

**Ousmane
Traoré**

CAT TRADE
Ségou

Souleymane Barry

RV Développement
Economique
ROCAM II

**Mahamane Badou
Dorinthié**

RV Renforcement
des Capacités
ROCAM II

Aliou Bah

RV –CCC
ROCAM II

Lassana Gaoussou Singaré
Responsable CCC Macina
Conseiller Maîtrise d'Ouvrage

Barka Niang

Conseiller G .C .CCC Macina

Légende

— : Supervision 100%

..... : Supervision partielle

-.-.-.- : Collaboration horizontale

**BUREAU REGIONAL
CARE-SEGOU**

ORGANIGRAMME APPUI

JANVIER 2007

Aïssata Niangadou

Manager de l'Administration
Bamako

Seydou DIA

Contrôleur des Finances Bamako

Sory I. SACKO

ADMINISTRATEUR REGIONAL

Eugène COULIBALY

Chef Unité Finances REGIONAL

Justine Drago

Assistante Administrative

Penda N'DIAYE

Secrétaire CCC Macina

(Supervision : Resp. CCC Macina)

Mme Siby Rokia NIARE

Secrétaire Réceptionniste

Ibrahima COULIBALY

Planton

7 CHAUFFEURS

Ségou (5)
San (1)
Koutiala (1)

Oumarou YANOUE

Agent Nettoyeur

5 GARDIENS

Ségou (4)
Macina (1)

Légende

___ : Supervision à 100 %

..... : Supervision Partielle

-.-. : Collaboration horizontale

Norad

Norwegian Agency for
Development Cooperation
P.O. Box 8034 Dep. NO-0030 OSLO

Visiting address:
Ruseløkkveien 26, Oslo, Norway

Telephone: +47 22 24 20 30
Fax: +47 22 24 20 31
postmottak@norad.no
www.norad.no

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