Promising Practices

A Case Study Review of Partnership Lessons and Issues:

What we are learning in CARE.

CARE USA

Partnership and Household Livelihood Security Unit

INTRODUCTION

to the papers written on the following topics:

PARTNERSHIP PRINCIPLES

PROMISING PRACTICES

PARTNERSHIP RECOMMENDATIONS

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This report was made possible through support provided by the US Agency for International Development under the terms of CARE's Institutional Support Assistance Award FAO-A-00-98-00055-00. The opinions expressed herein are those of CARE and do not necessarily reflect the views of the US Agency for International Development. It may be reproduced, if credit is given to CARE.

RECOMMENDED CITATION:

CARE
"Promising Practices: A Case Study Review of Partnership Lessons and Issues"
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Atlanta, Georgia
2002

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partnership

PARTNERSHIP AT CARE USA

INTRODUCTION

A. Overview

During 2000-2001, CARE USA conducted a careful 18-month review of our work in partnership to document lessons and revise our approach. The process involved many field and headquarters staff, plus CARE International representatives. We would like to thank all who shared their experiences and insights.

The process produced conceptual, practical, and organizational lessons. This document contains three papers:

- **Partnership Principles –** Principles is a 19-page paper that discusses CARE's revised definitions of partnering and institutional capacity building, and links these ideas to civil society strengthening.

- **Promising Practices –** is a 59-page study based on a desk review of internal and external cases, as well as interviews, and feedback from many individuals. It contains a discussion of field craft lessons and a review of organizational implications.

- **Partnership Recommendations –** outlines in four pages the steps needed for CARE to strengthen our organizational capacity to partner.

These studies add significantly to our understanding of what it will take to be a partner of choice within a worldwide movement dedicated to ending poverty and affirming human dignity. We urge you to read these documents to better understand the role that partnership will play in fulfilling CARE USA's strategic plan for FY02-06.

B. Evolution of Partnering in CARE

CARE-USA has made an institutional commitment to use partnering as a fundamental pillar of its programs. Since the word "partnership" became current in 1994 during the process that led to CARE-USA's FY97-99 strategic plan, people at all levels of the organization have grappled with how to understand and systematically integrate partnering into their work.

CARE USA took the following steps to promote increased use of partnership in its programs:

- **AUTHORIZING ENVIRONMENT –** CARE USA demonstrated its commitment to partnering by creating a strong authorizing environment. Partnership was listed as a strategic direction in the FY97-99 strategic plan, which was approved in 1996. That same year, CARE USA's Board set numerical targets to measure the degree of partnership in programs. The extension of that strategic plan for an additional two years included an objective to "deepen CARE's understanding of the value-added and long-term implications of partnership" as a way to enhance the impact of CARE programs. In 1999, CARE-USA joined with other members of CARE International in a vision statement that says CARE will be "a partner of choice within a worldwide movement dedicated to ending poverty."

- **TOOLS AND TECHNICAL SUPPORT –** Beginning in 1996 with support from USAID through the Partnership and Household Livelihood Security grant, CARE USA produced a partnering manual, distributed tools, provided leadership for learning and strategy design, and included partnership questions in its Annual Performance Implementation (API) survey. A Partnership Coordinator who was based in Atlanta led this learning process. Under the PHLS grant, four pilot countries – Peru, Bolivia, Mali, and Tanzania – received special funds and assistance to develop partnering and household livelihood security experiences.

- **LEARN-BY-DOING –** From the outset, Country Offices became pioneers in developing partnering strategies and projects. With the start of the FY97-99 strategic plan, CARE USA opted not to replace the central Partnership Coordinator, choosing instead to promote decentralized learning through context-specific regional and country office experiences. Some COs hired their own partnership, institutional capacity building, or civil society coordinators. Because of CARE's size and level of decentralization, staff across the organization simultaneously engaged in hundreds of partnerships, ranging from villages to national and international level organizations.

- **DOCUMENTING LESSONS –** As CARE's staff gained direct, personal experience with partnering, their comfort levels for working with partners increased. Many COs developed partnering tools and protocols. By 1999, CARE USA decided that it was time to take stock of these experiences and position CARE for future directions. For this reason, in 2000, a Partnership Coordinator was again hired to lead the process.

C. Major Lessons

Partnership has been CARE USA's first truly field-tested strategy to look beyond itself to external relationships, which is the focus of its current strategic plan. While we still see partnering as a way to deliver quality services to more people, we no longer regard service delivery in a development context as an end point.

Importantly, we now see partnering as a vehicle for addressing the underlying causes of poverty and social injustice, primarily through institutional capacity building and relationship building with and among key organizations. We have learned that partnering is indispensable to civil society strengthening and rights-based approaches to development. As such, it is key to developing the programmatic dimensions of constituency building. Partnership even has the potential to shape our thinking about resource mobilization, as we increasingly support stakeholders that are working to reorder their societies' investment priorities.

D. Challenges

While we have made solid progress, we still have much to do to become a partner of choice. We have learned that partnering requires special skills and attitudes, and these are the same skills and attitudes needed in any work that seeks to build collaborative and equitable relationships among stakeholders. We must learn to employ more holistic context analysis to understand better when, with whom and how best to partner in order to move development forward. We must also create an organizational culture that recognizes and rewards mutual learning with partners. Our financial and administrative systems also need to evolve to better support partnership.

The lessons from partnership are central to our future work with rights based approaches and constituency building. Let us take up the challenges together.

CARE USA

Partnership and Household Livelihood Security Unit

Part 1 of a Trilogy

PARTNERSHIP PRINCIPLES:

What We Have Learned About Partnering and Institutional Capacity Building Concepts

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partnership principles

PARTNERSHIP PRINCIPLES

I. INTRODUCTION

This paper is to clarify concepts related to CARE's understanding of partnering and institutional capacity building.[1]

II. DEFINITIONS

A. Partnership

Partner is a term used in every day language, and it also has a specific legal and business application. In recent years, organizations working in development have loosely applied the term to many kinds of inter-institutional collaborations, often using the word to put a positive spin on one-sided or hierarchical relationships. This has led to much ambiguity about what partnership really means.

For CARE USA, **partnership is a relationship that results from putting into practice a set of principles that create trust and mutual accountability. Partnerships are based on shared vision, values, objectives, risk, benefit, control, and learning as well as joint contribution of resources. The degree of interdependence is unique to each relationship, depends on context, and evolves over time.**

Partnership describes the way that parties relate to each other. It is not determined by the structure of their relationship. CARE uses a range of collaborative structures to achieve its mission.[2] These include, for example, sub-contract, sub-grant, joint venture, consortium, and network. Some of these structures facilitate the use of partnering principles more than others do, but it is the degree to which partnering principles are used, not the nature of the structure chosen, that determines whether the relationship can be called a partnership. Partnership principles may be used or not used in **any** of these structures. They may be used to varying degrees. How much "partnership" is appropriate depends entirely on the context, and the needs of the participants.[3]

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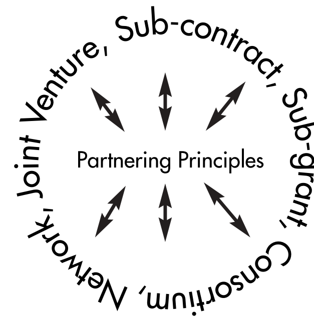
[1] This is the first of three papers that summarize the results of a year-long review designed to "document lessons learned in partnership and position CARE for future directions." The process involved a broad range of Country Office and headquarters staff in sharing lessons and analyzing issues. The second paper will be *Promising Practices*, which is a case study review. The final paper will present organizational recommendations that grew out of a global partnership workshop in November 2000.

[2] By structures we mean the framework of rules for relating to each other.

[3] There are many degrees of "partnership," just as there are many degrees of "friendship." The relationship must be appropriate and mutually satisfying in order to be effective.

The Soccer Ball Image



One analogy is to think of partnership like a soccer football. The mechanism used to structure the partnership is the ball's outside membrane, and the principles are the air within. The degree to which the ball expands or contracts will depend on the degree to which the partnership principles are being practiced in the relationship.[4]

B. Partnership Principles

For CARE USA, these partnering principles include:

- Weave a fabric of sustainability.
- Acknowledge interdependence.
- Build trust.
- Find shared vision, goals, values and interests.
- Honor the range of resources.
- Generate a culture of mutual support and respect for differences.
- Find opportunities for creative synergy.
- Commit to mutual accountability.
- Address relationship difficulties as they occur.
- See partnering as continuous learning process.

Key elements of these principles involve transparency, shared governance, patience, commitment, and flexibility to recognize and adjust to the context-specific and dynamic nature of partnership. (See Appendix-A for more discussion of the principles).

C. The Effects of Partnership

Partnerships have two essential characteristics.

[4] Similar to trying to play football with a deflated ball, a relationship that does not apply the principles to a sufficient degree may not be considered a partnership. As we start to apply the principles, the "ball" gets pumped up, and it starts to come to life, but it does not go far and does not give much satisfaction. When the 'ball' is fully pumped up, it is robust and will go a long way, similar to a partnership where both partners are applying the principles to a high degree, therein building the potential for a durable and satisfactory relationship for both partners.

- **Partnering is a horizontal relationship.** The essential feature of partnership is mutual dependence. Neither party can achieve the desired results by working alone. Even though the partners may be vastly unequal in some aspects of their relationship, at some level their core interests are linked. This gives them the right and duty to speak freely about issues of mutual concern and to make joint decisions. The degree to which the partners can discuss matters as equals is a litmus test for whether the relationship can be called a partnership.

- **Partnering builds synergy (1+1>2).** Partnership brings expertise to the table that the partners lack individually. By jointly harnessing their respective skills and experience, the partnership can accomplish more. By the same token, a partnership will fail unless it provides clear and compelling benefits for each party.

When either of these characteristics is sought, partnership should be considered as an option. However, partnership is not always the best option. **Partnerships require effort.** It takes time to build and maintain trust. Miscommunication happens. Decision-making is often slow. Partnership is the preferred option only when each party feels that the benefits outweigh the costs.

D. Partnering as an Institutional Identity

Partnering can be more than a relationship. To achieve CARE International's vision of becoming *a partner of choice within a worldwide movement to end poverty and affirm human dignity,* CARE must also understand partnering as a **philosophy, that is, a set of principles, rooted in one's core values, that guide all behavior.**

A partnering philosophy values what others have to offer. It values the diversity of knowledge and opinions held by others. In order for CARE to describe itself as "a partnering organization," partnering principles must be practiced in its corporate culture through systems, attitudes, norms, and incentive structures, i.e., its way of doing business. A partnering ethos would shape the way we relate to everyone. When taken as part of a partnering philosophy, rather than as an approach to a specific programmatic issue, partnering principles would describe us, not a relationship. They would describe how **we** think and behave, how **we** approach all relationships, irrespective of how the other party thinks or behaves, or how the relationship is structured.

On the other hand, a *partnership* is a relationship in which partnering principles are practiced by everyone involved. Although not all relationships are partnerships, the more that a relationship's attitudes, behaviors and structure are guided by partnering principles, the more it looks and feels like a partnership.

FIGURE 1

BUILDING A PARTNERING IDENTITY

- A partnering *philosophy* is an identity issue.
- A partnering *approach* is behavior that expresses this identity.

Principles are rooted in our belief system.
They have to do with:

- Core Identity
- State of Being
- "Who we are"

A Partnering Philosophy Is Based On Core Principles

Such as…

- Weave a fabric of sustainability.
- Acknowledge interdependence.
- Build trust.
- Find shared vision, goals, values and interests.
- Honor the range of resources.
- Generate a culture of mutual support and respect for differences.
- Find opportunities for creative synergy.
- Commit to mutual accountability.
- Address relationship difficulties as they occur.
- See partnering as continuous learning process.

"Approach" is the way we apply our principles. It is demonstrated by all of our behaviors.

Which lead to… A Partnering Approach

With a partnering approach…

- We find ways to use partnering principles to some degree, in all relationships, even those that are not partnerships.
- Our organizational structures and culture must be set up to facilitate acting on our principles.
  - ♦ Systems
  - ♦ Attitudes
  - ♦ Norms
  - ♦ Incentive structures

Finally, a *partner<u>ship</u>* is a relationship in which partnering principles are practiced by everyone involved.

E. Institutional Capacity Building

Capacity building is an ongoing process whereby a person, an organization, or a society expands its ability to achieve its purposes.[5] Capacity building involves more than training. It is fundamentally a learn-by-doing process that occurs when an organization tackles new challenges. The impetus and responsibility for change must come from within. Outsiders can only provide opportunities and catalyze ongoing processes. They cannot "give" capacity. Capacity must be sought.

We can think of capacity building as a time-bound activity – what I do to change myself or to change you – or as an ongoing process that predates the outsider's intervention and will continue after it ends.

- If we think of capacity building as an activity, then it's like carpentry. The carpenter builds the house. The problem with this image is that when the carpenter does not come to work, the building stops.

- If we think of it as a process, a better image is a tree growing. We can nurture the tree by watering or fertilizing it, but we do not alter the fact that it will grow with or without us, and that it will follow the blueprint of its own DNA.

If we accept the nurturing analogy, then **CARE's role is to provide support that is appropriate to CARE's mission, each organization's aspirations, and to the context.** To be effective, we must learn how to support ongoing processes by appropriately valuing what we know, what they know, and what we can discover by asking questions together.[6]

F. Distinguishing Between Partnering and Capacity Building

CARE staff frequently ask for clarification about the relationship between partnering and institutional capacity building. Institutional capacity building is often part of partnerships. In fact, it is often confused with partnership. They are different. We believe it is possible to partner without having ICB objectives and that ICB can also occur without partnering. However, partnering and ICB can be highly complementary, especially if both the partnering approach and the capacity building approach include joint-inquiry learning.

Appendix-B contains a tool for identifying capacity building relationships and partnerships.

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[5] This definition places the responsibility for change on the person that is evolving.

[6] Outsiders can promote capacity building by playing many roles including trainer, coach, or mentor. Even the acts of competing with, or purchasing goods or services from an organization can indirectly affect its capacity. Thus, CARE might devise a "harms/benefit" assessment especially to gauge the effects that CARE's relationships have on the capacity of other organizations.

[7] This is true for any organization. An organization's specific reason for partnering will depend on its mission.

G. *Why do We Partner?*

We partner to achieve our organizational vision and mission.[7] CARE is interested in partnering because organizations must work together to overcome poverty.

Our understanding of how partnering can contribute to achieving CARE USA's mission has evolved.

1) We began with the assumption that partnering is a useful tool to expand the coverage, impact, and sustainability of CARE's traditional work, i.e., delivering services to help poor people rise above poverty.
2) We soon realized that partnering helps open the door to reorienting CARE's programs so that they accomplish more than this. CARE believes that partnering, combined with institutional capacity building, can lead to stronger institutions and more productive relationships between government, civil society, and the private sector, and that this is an important key to influencing the underlying causes of poverty in society.
3) We are now beginning to realize that partnering has importance far beyond this. Partnering intrinsically builds on convergence of interest. The full power of partnering as a development approach goes beyond the limited model of partnerships between CARE and others. Ultimately, it is the capacity of stakeholder organizations to look beyond short-term rivalries, advance mutual interests, and learn to work more productively among themselves that will strengthen the fabric of society. CARE may decide to develop expertise to catalyze and facilitate such processes.

III. CARE'S ROLE AND ITS PROGRAMMATIC CHOICES

This section of the paper covers conceptual shifts that help to clarify CARE's changing program roles. It discusses shifting from human-services delivery to addressing underlying causes, and the importance of rigorous, holistic contextual analysis.[8]

A. Self-Image

Because CARE-USA implements large projects in resource-poor situations, we sometimes see ourselves as central protagonists in development processes. Although in some circumstances this view may be accurate, in the long run, it is the complex interaction among competing stakeholders with diverse worldviews and power quotas that moves the society toward favorable or unfavorable outcomes. These processes of interaction span decades.

As we step into a dynamic context at a specific point in time, we have to be very clear about the limits of what we can accomplish. We must make strategic choices about which stakeholders are doing things that seem likely to nudge the trends toward positive outcomes. Our role is to identify the processes that can render the best HLS results and to partner with those who locally lead them.[9]

As we do this, we see local stakeholders as the protagonists of their own lives, communities, and societies. We see ourselves as supporting actors – important in helping the story to unfold, but briefly on the stage.[10]

To genuinely partner with those who may lead these processes, we must change what we value. We need to shift from only valuing human-services as results, to also valuing the processes that produce them. Partnering especially revalues the roles that others besides CARE play.

Because of this, we look at the world differently.

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[8] Throughout this paper, we intentionally use the term "human-service" delivery instead of just "service delivery." We do this in order to distinguish between what CARE has traditionally produced, and other kinds of services that it will need to provide in order to help strengthen organizations and other stakeholders as players in civil society processes. We also note that the kinds of results expected from human-services are different than the process oriented results expected from strengthening organizational and societal processes.

[9] Household Livelihood Security (HLS) is a framework for understanding the dynamic relationships within households, and between households and the broader society. HLS is the basis of all of CARE-USA's programming. The HLS framework covers six basic security areas: food, health, economic, education, shelter, and community participation. It embodies three interactive attributes: possession of human capabilities, access to tangible and intangible assets, and existence of economic activities. (Ghanim, Isam, *Household Livelihood Security: Meeting Basic Needs and Fulfillment of Rights*, CARE-USA Discussion Paper, and February 2000.)

[10] In Brazil and Thailand, CARE has become a locally governed actor at the national level by creating legally chartered foundations with autonomous boards. These organizations still have a mission to partner. If they are to contribute to eliminating the underlying causes of poverty, they must play a strong role in support of local stakeholders who promote the development processes that they deem most beneficial for HLS.

- Partnering changes CARE's self-image. We realize that we are one among many stakeholders. We have skills and knowledge, and so do they. We can learn as well as teach. By working together, we can accomplish more of what we already do, and tackle challenges that we could not have tackled alone.
- At the household level, partnering reminds us that people – and the organizations that they create – are actors in their own right, not simply beneficiaries.
- At the organizational level, partnering values the roles that organizations play, and the complex relationships between stakeholders that produce the range of events, opportunities, and services that shape household decisions.
- At the macro level, partnering gives us additional options to influence the policies and institutions that shape the conditions for HLS.

CONCEPTUAL PROPOSAL 1: At its core, partnering rests on the assumption of valuing other people's knowledge and dignity. Ultimately it affirms the right and responsibility of the stakeholders themselves to **lead** (not just participate in) their own development processes. Our role is to foster and support that leadership and the relations among the key stakeholders who will advance development. This proposal builds on the same principles that underlie good participatory development, and applies them to organizations.[11]

B. Addressing Underlying Causes

CARE's identity is changing. CARE USA is increasingly looking for ways to contribute to changing the structural, i.e. underlying, causes of poverty. This involves strengthening organizations and processes.

By making this shift, CARE must answer a fundamentally different question about the central problem of development.

- If the question is, what do households need to rise above poverty, the basic answer is **availability and access to resources.**
- If instead we ask what does society need to end poverty, the basic answer is **processes for mediating conflict among competing interest groups.**

The second question points to new roles and methods for CARE, because it suggests that in development processes **the critical relationships are among the stakeholders themselves.**

Figure 2 on the next page illustrates the expanded services that CARE will be increasingly called upon to deliver as it works on HLS issues at various levels of society.

[11] By adopting rights-based values as part of its institutional philosophy, CARE now views participants as rights and duty bearers, rather than as "needy people." A rights-based value structure affirms partnering as a core approach to working with others.

FIGURE 2

NEW TYPES OF SERVICE DELIVERY				
Intervention Levels	Approach	Core Poverty Issue	Types of Services CARE Can Offer	Kinds of Knowledge Required
Macro/policy	Help others in society resolve structural, i.e. underlying, causes of poverty	Competition among diverse interest groups.	Societal Services • Input to policy • Advocacy • Constituency mobilization	Rigorous logic linking specific HH problems to specific leverage points that will affect specific causes. Understand socio-political-economic processes: • Power dynamics • Rigorous contextual analysis (systems thinking) • Key leverage point selection. Capacity to: • Strengthen processes • Measure process results • Understand and defend the link between processes and HH impact.[12]
Organizations			Organizational Services • ICB • Networking • Facilitating, catalyzing processes	
Households	Help HHs rise above poverty	Resource access / availability.	Human Development Services • Human development programs • Emergency aid	• HLS dynamics, including links between HHs and organizations. • Implementation skills.

To choose strategic and appropriate roles that address underlying causes, CARE must be especially clear about: 1) the institutional structures in society that sustain poverty,[13] and 2) the relationships among stakeholders, especially regarding the factors that motivate their behavior. We must understand:

- Why are conditions as they are?
- Who benefits by the status quo?
- What motivates stakeholders' decisions?
- Which stakeholders are working for change in ways that CARE agrees are constructive?
- Are there ways that CARE can complement, or add value to their efforts?
- Can we do this without creating dependency?
- What special skills, talents, and knowledge does CARE bring to the table?

[12] We may not always have to test the link, for example, to prove the value of investing in Basic and Girls Education.

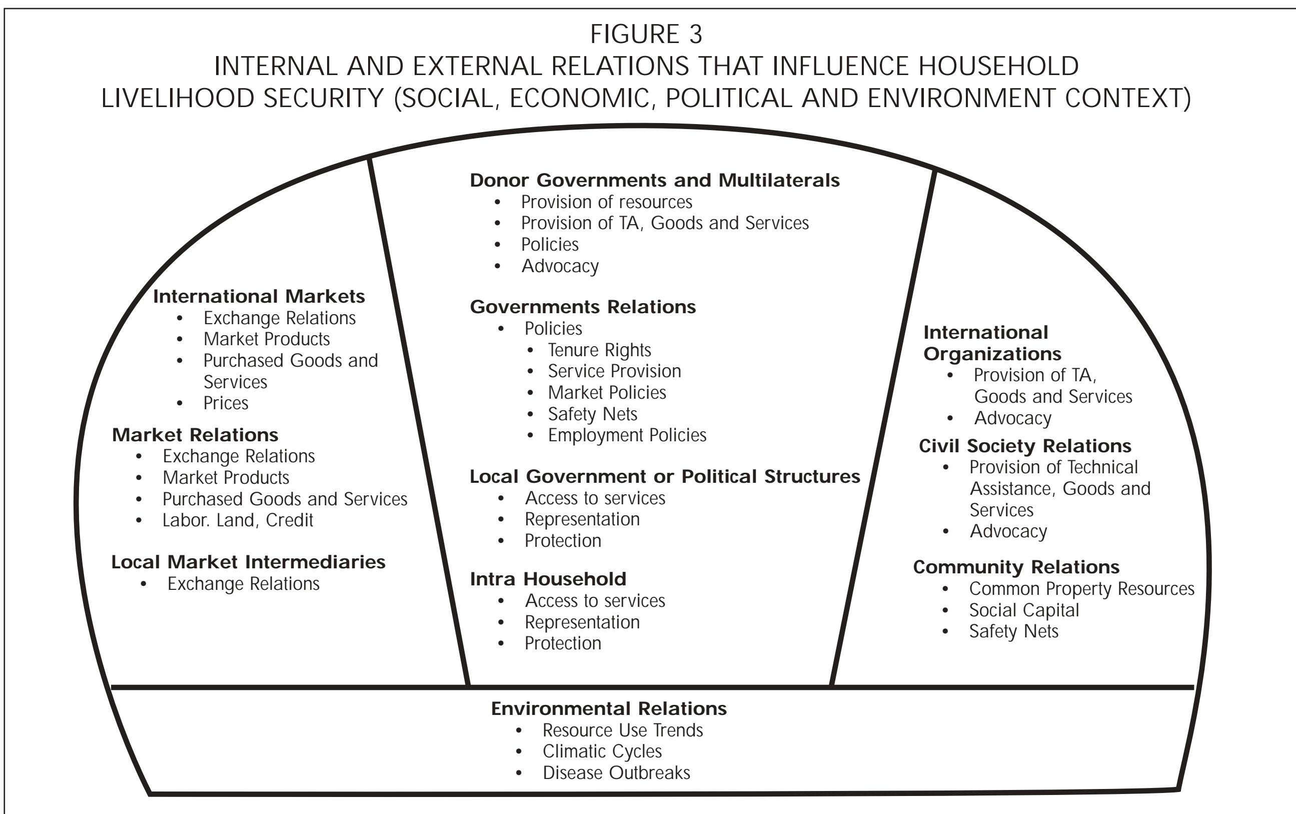
[13] Including laws, policies, and patterns of inclusion/exclusion in social, economic, and political processes

This requires a strong capacity to analyze political, economic, social, environmental, cultural and historical aspects of stakeholder relationships. We must understand the power dynamics and decide who and what will move the development process forward.

C. Systems Thinking: With Whom do We Partner, and For What?

CARE USA uses the Household Livelihood Security framework to guide programmatic choices. HLS is based on the notion that poverty is the result of many complex interactions. It involves not only households, but also interactions between governments, businesses, policies, and a complex variety of stakeholders with diverse cultural backgrounds and often-competing interests. Figure 3 expands the layers in Figure 2 to show the private, governmental, and civil society sectors, and the international arena.[14]

FIGURE 3
INTERNAL AND EXTERNAL RELATIONS THAT INFLUENCE HOUSEHOLD LIVELIHOOD SECURITY (SOCIAL, ECONOMIC, POLITICAL AND ENVIRONMENT CONTEXT)



This drawing suggests dynamic relationships between households and stakeholders across multiple sectors and levels. It is possible to trace concrete problems that affect households up through the different levels to their roots in policy or elsewhere.[15]

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[14] Source: CARE-USA HLS training materials.

[15] This drawing can also be used to map CARE's current programs and partnerships. While we would see some experiences at influencing public policy, such a map would show most of CARE's programmatic efforts focused at the household and community levels, with increasing activity in the areas of local government and civil society relations. The gaps in the map – notably in the market and policy spheres – point to areas for potential partnerships and learning that could increase CARE's leverage.

Visualizing HLS as the product of dynamic linkages has several implications for CARE.

- Appropriate interventions are context specific. We choose leverage points by making rigorous logical linkages between the tangible problems of livelihood insecurity of our target population and the underlying causes. We identify key stakeholders that can exert positive influence on these causes, and look for ways to help them become more effective.[16]
- We must foster productive relationships among stakeholders both horizontally and vertically. We should be thinking beyond "who are our partners". We should also be asking, "who in society should be linked."
- We must become proficient in analyzing complex systems including their political dimensions, and in making targeted interventions at key leverage points.[17]
- When we work on underlying causes, we are working to improve the health of the system itself, as well as the strength of its components.

CONCEPTUAL PROPOSAL 2: As an organization, CARE-USA needs to develop its capacity to engage in holistic contextual analysis (i.e. systems thinking) that takes into account the social, cultural, political, economic, environmental, and historical relationships among stakeholders.

D. *Impact, Coverage, and Sustainability: Expanding the Definitions*

CARE included partnership in its programming strategies in order to achieve three organizational objectives: 1) improve sustainability of development efforts, 2) increase the scale and scope of programs, and 3) expand impact by building on synergy of effort and the comparative advantages of organizations.[18] In those circumstances where we see our job as helping people to rise above poverty, our task is to increase coverage, sustainability, and impact of **human-services.** We measure the effectiveness of such partnerships with indicators that can directly attribute changes in quality of life to specific interventions.

As CARE's objectives expand to include addressing the underlying causes of poverty, we are working to build a strong society that will be able to provide services to its citizens through time. In those circumstances, we will have to produce results that expand the coverage, sustainability, and impact **of organizations and societal processes.**

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[16] The roles we play at one level should complement the roles we play at other levels. For example, one of the lessons for advocacy is that CARE's credibility is based in its field experience.

[17] The capacity to understand dynamic links, choose leverage points, and facilitate inter-institutional collaboration among stakeholders is becoming one of CARE's most important comparative advantages.

[18] While the words "impact," "coverage," and "sustainability" are important in CARE's institutional culture, there is little analysis of them as such in the literature. The literature discusses the more general issue of differentiating between "results" and "process" objectives.

Like the rest of the development community, CARE is grappling with how to measure the contribution of its interventions to ongoing organizational and societal process that CARE does not control. Currently, our monitoring and evaluation processes are not designed to measure complex systems. Taking a holistic, or systems approach requires expanded analysis. Learning to do this will take time and new thinking.[19]

CONCEPTUAL PROPOSAL 3: When we work to strengthen civil society we must learn to measure the organizational and societal processes, as well as the impact of service provision on households.

E. Obstacles

Since 1994, people at all levels within CARE USA have grappled with how to understand and systematically integrate partnering into their work. We have learned much about how to partner better. We have also discovered that some of the most stubborn obstacles are internal to CARE. Change has not been easy for an organization that has a fifty-five year tradition of delivering human-services directly to poor people and annually employs approximately 12,000 people. Barriers have included attitudes, inexperience, and organizational culture and systems.

Our more persistent attitudinal barriers include the perceptions that: CARE can deliver services better than others; partnerships are expensive, slow, and frustrating; CARE would lose control, but still be held accountable; and, CARE is the technical expert, whose role is to teach, not learn. Some have also feared that as resources pass to partners, CARE programs would shrink and jobs would be lost.

The more enduring organizational barriers include an organizational culture and managerial systems that are designed for sector specific service delivery and accountability to donors. In addition, we have lacked a systematic way of sharing and learning from new experiences.

F. Reluctance to Change

People throughout CARE intellectually support the shift to expanding programming beyond direct delivery of services to households. But as an organization, we are still assimilating the implications of shifting from a role of "doer" to "facilitator," that is, to providing services to other organizations so that they are the doers. As an organization with tremendous expertise and experience in direct delivery of human-services, it is difficult to step aside and become facilitators. We are justly proud of our track record for quality of work. But this history, while a source of pride, also hobbles us for the next phase of CARE's evolution.

[19] Measurement becomes complex when the actions of many organizations contribute to achieve the result. It is hard and costly to attribute the degree of change to any one of them.

We are reluctant to give up our prestige as the quality service provider and our identity as experts that have the answers. The reluctance persists despite the fact that partnership figures centrally in our organizational strategy and, more recently, our vision. But if our aim is sustainability, we must help others to implement well. Local stakeholders, be they citizens, village organizations, private companies, or even national governments, will be there longer. It is their community, their lives. Their stakes are higher. They may have fewer financial resources than CARE in the short term, so they may be able to do less in terms of speed, quantity, or quality of work, but they are committed, and will leverage more total resources over time.

Many CARE employees fear, however, that by strengthening local organizations, CARE will work itself out of a job. Yet, if development is taking place, if people acquire the capacity to improve their own lives and do so, indeed we will, it's hoped, be working ourselves out of a job. That is our goal. That is our mission.

There will be other work to do and new ways of working. If we acquire the skills and the attitudes to do this new work, there will still be a role for CARE. CARE, as an organization must now **value** doing things differently or our organizational culture will not change. We must reward those who acquire new skills and attitudes, those who learn. We will become different kinds of experts, those who enable others.

The ability to change is related to the ability to see oneself clearly, to self-analyze. If we cannot see ourselves clearly, cannot understand our motivations (personal and organizational), cannot place ourselves accurately in a changing external context, we will not be able to learn and will lose the opportunity to grow, adapt, and be newly relevant.

IV. PARTNERING LESSONS: IMPLICATIONS FOR CARE'S ORGANIZATIONAL CHANGE

This chapter summarizes key lessons that have strategic implications for CARE's own organizational development in partnering.[20]

A. *Understanding Our Value and Theirs*

If we truly believe that our role is to support those who are trying to end poverty and make their societies more just and equal ones, then our behavior must demonstrate that we respect and value their efforts, knowledge and resources, as well as our own. We need to be sensitive to the perception by partners that we sometimes project an imperious attitude of "we teach, you learn". We need to know how to value our expertise without imposing it in ways that undervalue the knowledge and experiences of others.

B. *Create and Maintain a Quality Relationship*

Our failed partnerships have often been due to our own mistakes, the most common of which is to pick partners that do not share our values. Once we have chosen our partners, and selection is always mutual, there are ways of interacting with the partner that determine the quality of the relationship. Our successes are usually founded on realistic, mutually shared expectations, coupled with adequate support and supervision. The best partnerships involve mutual accountability, which means devising mechanisms to insure that both of the partners' constituencies (not just donors) are satisfied by the results of the partnership. The best learning experiences have been where people in both organizations grow as they jointly figure out how to meet the challenges of the work they have set out to do together.

1) **The secret is in the "soft" issues like respect:** Show respect in all ways. Take the time to understand, cultivate, and value the partner and its ideas. (We appreciate these qualities in others, as they do in us.) Be humble. We have to be willing to say, "I don't know," otherwise there is no room for learning. Be willing to change our own way of doing things, for a good reason. Make an investment in building new skills and systems that serve the partnership. Be willing to examine our own organizational culture.

2) **There are also critical technical issues, such as the ability to adjust.** We have to continuously analyze problems and responsibilities, act flexibly, and work in a dynamic relationship. This involves developing individual skills, but at the organizational level we need to be structured in such a way that we have the flexibility to adapt to changing conditions. Partnerships are never static. We need to be able to morph as the relationship grows. As trust and capacity grow, so do the kinds of roles that each partner plays.

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[20] They were gleaned from case studies discussed in *Promising Practices – A Case Study Review of Partnership Lessons and Issues,* the second paper in this series.

C. Deliver Value

Partners see themselves as protagonists in their own and their society's development process. Their criterion for choosing CARE is: Will CARE add value to my ongoing efforts? Delivering value in the eyes of the partner is the bedrock of a good partnership. In fact, a partnership is not successful unless each partner perceives that the other adds value. Delivering value is the key to being thought of as a partner of choice.

D. Challenges for Becoming a Partner of Choice

There are obstacles, internal and external, to practicing partnership well.

- **Attitudes.** As a service providing organization, steeped in transferring resources and technology, we in CARE are accustomed to hierarchical relationships that involve telling or being told. We often mirror the practices of some of our main donors, using systems and methods that are appropriate for supervising procurement sub-contracts, but inappropriate in partnerships.

  We feel comfortable working with people and organizations as beneficiaries, because we are confident in our role of "expert." We are accustomed to negotiating with powerful donors, or weak counterparts. As an organization of "doers" and implementers, we must acquire skills to negotiate with partners that are our peers, and who may see things very differently than we do.

  We need an attitude shift that values local knowledge and leadership, and that values **process results** as well as direct household level impact. We need to recognize that CARE will not solve the world's problems, but that we can systematically identify and support the efforts of many people and organizations that collectively can. If we cannot change our attitudes, it will be impossible to resolve the other constraints listed below.

- **Skills.** To partner, we must meet the technical challenge of expanding our expertise beyond delivering human development services. We must also become highly proficient at facilitating and supporting the efforts of others that are implementing programs and making decisions that contribute to achieving CARE's mission.

- **Organizational Systems.** Partnering is a way of working that does not often mesh with our systems and structures, which have been designed for direct implementation. We need an organizational culture that maintains accountability while also rewarding flexibility, responsiveness, innovation and learning.

- **Measuring results.** Taking a holistic, or systems, approach, requires expanded analysis. Currently, our monitoring and evaluation processes are not designed to measure complex systems. Learning to do so will take time and new thinking. We will need to think through the implications for our measuring methods.

- **Donor issues and concerns.** Donors are interested in partnering and capacity building. They are dedicating resources. However, few, if any, have figured out how to change their own systems and structures, especially related to measuring results. Thus, they are sending mixed messages by continuing to focus on output results rather than devising ways to also value and measure process results. They, too, need to shift to a systems view. We have a role to play in lobbying for and piloting innovative approaches, and in documenting and sharing the lessons. We can do this by seeking out more progressive donors and learning from our experiences with them.

  Many donors still need to be educated about the merits of real partnerships and the time and effort that they require. Often, donors are still simply seeking greater service delivery numbers, without valuing or being willing to invest in the process required to help local partners reach a level where sustainable service delivery is possible.

- **Accountability.** When we work in partnership, CARE makes three promises to donors:

  - We will be legally accountable for the funds.
  - We will deliver quality and quantity results on time.
  - We will build and maintain successful relationships with other organizations so that the first two promises are kept.

  One of CARE's core strengths, perhaps its single most important strength, is its ability to be accountable to donors. One of the biggest obstacles to expanding our work in partnership is the fear that we will be held accountable for the mistakes of others. If we accept that we cannot achieve CARE's mission by working alone, we must accept the challenges implied in the third promise. It is not enough to be technically competent in delivering sectoral services. We must develop new expertise as relationship builders, managers, and facilitators.

V. CONCLUSION

This paper presents partnering concepts and their implications for organizational change. We defined partnership as a relationship that results from putting into practice a set of principles that create trust and mutual accountability.

We proposed that partnering is ultimately about valuing the other person, and that achieving CARE's mission of ending poverty is ultimately about building synergistic links among organizations – at all at levels of society – that are working for positive outcomes of complex problems. We proposed that CARE's development role is to support them in ways that add value – in their eyes – to their ongoing efforts.

We proposed that CARE's new roles in the world be guided by a partnering philosophy, consisting of a set of core values that guide our way of thinking about all relationships, even non-partnering ones. We proposed that CARE adjust its organizational culture, attitudes and systems to reflect this.

We believe that CARE is crossing a watershed. Beyond helping households rise above poverty, it is asking why poverty exists and working to influence some of the underlying causes. This expands the kinds of services that CARE delivers.

The cases that we reviewed, as well as the responses from staff around the world that read our earlier draft partnership concept paper validated these proposals. Several staff commented that the organization's challenge now is to build new areas of technical excellence in holistic analysis, facilitating and capacity building, if we are to become a partner of choice.

In the coming months, we need to consider how CARE can build on what we have learned. We need to consider issues like the following:

KEYS TO SUCCESS:

- Partnering is ultimately about valuing the other person. Achieving CARE's mission… is ultimately about building synergistic links among organizations.
- Each of us has something to share…the key is to value the other person's knowledge as well as our own, and to seek opportunities to learn together.
- Our challenge is to build new areas of technical excellence in holistic analysis, facilitating and capacity building if we are to become a partner of choice.

ATTITUDES How do we change our organizational culture so that the attitudes we bring to partnerships are the most productive? The behaviors and attitudes that are rewarded will be the ones that will continue. What incentive structures will produce the desired change?

SKILLS How do we train for or acquire the skills that are needed? How can we retain experienced staff, and assure that their experiences are shared? As we increasingly partner with organizations and people at all levels of society, how must our personnel policies adapt?

SYSTEMS How flexible can we be regarding partners' needs within the existing constraints imposed by donor accountability? What role can we play to influence donors to change the constraints?

LEARNING How do we design learning objectives and opportunities into our working routine, and into the organizational incentive structure? How do we more widely disseminate our field lessons? What are the implications of change for our organizational culture?

All of us, in CARE and in many other organizations, are engaged in a grand process of trying to figure out how to work more effectively with other organizations. Our challenge is to systematically share and learn from each other. Change will need to be incremental, but it will need to be steady. For CARE, the process will need to involve internal stakeholders from throughout CARE and its donors. Above all, we need to build on our successful experiences. We need to use planning and design opportunities wisely so that new projects increasingly provide new opportunities to learn by doing.

An employee of CARE-Haiti summed up partnering when he said:

"For me, you are my partner when I can hear you. We can sit together, discuss, think, and see how we can do things together. We are partners when we can discuss about all things. I am not the boss. You are not the boss. We must discuss on the same level."

APPENDIX-A: PARTNERSHIP PRINCIPLES[21]

CARE's approaches to partnerships will necessarily vary between and within Country Offices as well as over time. There are, however, common guiding principles from which we can learn and on which we can model our context-specific partnership goals and processes. The ten principles outlined below are key points in that partnering process, places where the positive potential of the relationship can be consciously shaped and enhanced.

1. **Weave a fabric of sustainability.** Partnerships must seek to weave a fabric of sustainable development from a confluence of missions among civil society, government and the private sector institutions. Sustainable development requires that services delivered be valued by their constituents, that local organizations delivering them have the capacity to do so efficiently and effectively, and that the operating environment not only authorizes but also supports their delivery. Sustainability must be based on a respect for individual rights and an imaginative creation of collaborative relationships between the different sectors of society that may not have been adequately addressed in the past.

2. **Acknowledge interdependence.** Each partner needs the other to fulfill its individual and joint mission. Recognizing this phenomenon of mutual need and inter-connectedness allows the parties to share responsibility and to work for the benefit of the whole and the other, knowing that this also serves their own best interests.

3. **Build trust.** Trust evolves over time between partners. Taking risks, cooperating, showing care and honoring commitments, as well as the simple familiarity that comes with working together over time, help establish trust.

4. **Find shared vision, goals, values and interests.** Partners have many things in common, but also many unique elements to their work. It is not important that all of the partners' goals and values line up together; it is important that there be significant common ground, a shared mission, for joint action. Partnerships need to articulate what's important to them, and understand where their shared purpose and interests lie.

5. **Honor the range of resources.** Each party to the partnership brings a different set of resources. A truly effective partnership utilizes all of its collective resources, regardless of who they may "belong" to. Withholding of resources is a common organizational practice, so a positive climate must be built in which partners are encouraged to offer all that they bring to the larger whole.

[21] This section draws text from Burke, M. *CARE USA's Program Division Partnership Manual,* June 1997, with modifications following the CARE USA Sussex partnership workshop, November 2000.

6. **Generate a culture of mutual support and respect for differences.** The culture, or way of being together, is a silent but potent factor in any relationship, one that can either energize or sabotage the work. Many organizational cultures have a tendency to deplete or frustrate their members. A good partnership actively nourishes and supports its members, so that people feel good about being part of it. Showing appreciation and respect for partners' differences not only provides this needed support, but also allows for those differences to be used as valuable resources for enhancing the partnership objectives.

7. **Find opportunities for creative synergy.** Creativity is needed to face challenges and overcome obstacles. In a partnership, co-creativity (or a joint creative process) fulfills the old adage that says, "Two heads are better than one." When there is a good rhythm to that co-creativity, it becomes synergy, where the whole is truly greater than the sum of its parts. Synergy happens when partners combine and balance asymmetries in their individual skills and power. It is a myth to think that a goal of partnership is to achieve equality in all aspects of the relationship. Skills, power, and potential are inherently unequal. The reason that partners join together in the first place is to achieve complementarity by combining asymmetries for mutual benefit. The challenge is to assure that neither partner uses its power to the detriment of the other.

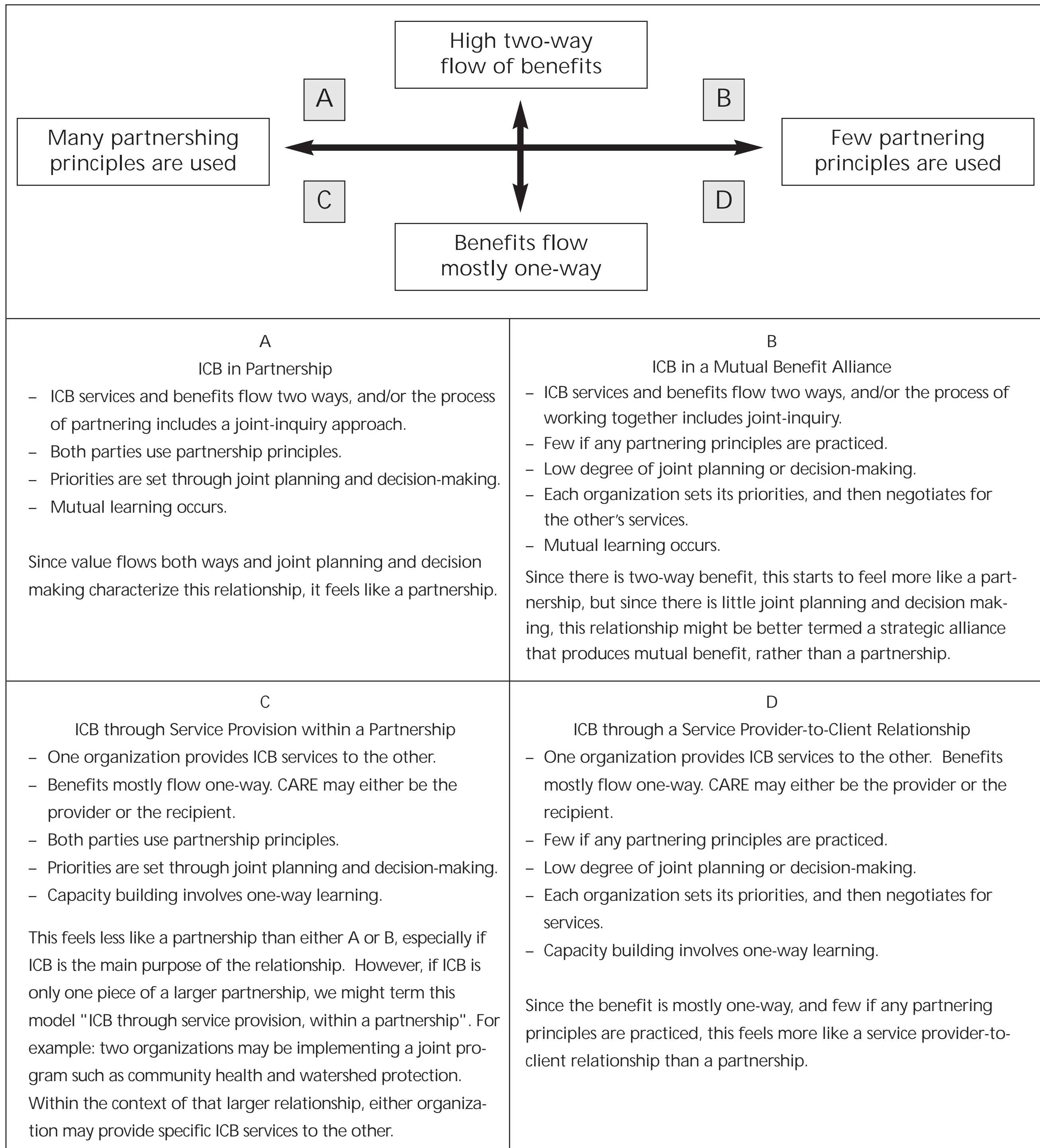
8. **Commit to mutual accountability.** Partnership involves shared ownership of risks, benefits, and responsibility for outcomes. One of the great stumbling blocks in partnering is fear of being held accountable for the mistakes of others, or conversely not receiving recognition for success. In successful partnerships, the partners clarify roles, make commitments, and devise ways to hold each other mutually accountable. Mutual accountability requires an appropriate degree of shared governance, i.e., shared voice in decision-making processes.

9. **Address relationship difficulties as they occur.** All relationships have challenges. Misunderstandings, poor communication, hurt or angry feelings, power struggles, incorrect assumptions, distorted perceptions – these and other factors can cloud the air with unspoken resentments or active disputes. Partners need regular and open contact to be able to address these naturally occurring difficulties as soon as possible to prevent serious conflicts and heal wounds before they fester.

10. **See partnering as continuous learning process.** Partnering is a relationship that invents itself as it goes along. The quality of the partnership is related to the degree to which the parties are willing to assess and examine that process from a learning perspective. Curiosity, discovery, inquiry and wonder about each other and about the relationship, paired with active and periodic reflection on the state of the relationship, help keep the partnership lively and thriving.

APPENDIX-B: IDENTIFYING CAPACITY BUILDING RELATIONSHIPS

If the primary purpose of a relationship is that CARE trains the other organization (or vice versa), can capacity building be considered partnership? An answer lies in the degree to which partnering principles are applied – especially mutual benefit. The following illustration presents different kinds of ICB relationships, some of which are closer to partnerships than others.



A ICB in Partnership	B ICB in a Mutual Benefit Alliance
– ICB services and benefits flow two ways, and/or the process of partnering includes a joint-inquiry approach. – Both parties use partnership principles. – Priorities are set through joint planning and decision-making. – Mutual learning occurs. Since value flows both ways and joint planning and decision making characterize this relationship, it feels like a partnership.	– ICB services and benefits flow two ways, and/or the process of working together includes joint-inquiry. – Few if any partnering principles are practiced. – Low degree of joint planning or decision-making. – Each organization sets its priorities, and then negotiates for the other's services. – Mutual learning occurs. Since there is two-way benefit, this starts to feel more like a partnership, but since there is little joint planning and decision making, this relationship might be better termed a strategic alliance that produces mutual benefit, rather than a partnership.
C **ICB through Service Provision within a Partnership**	**D** **ICB through a Service Provider-to-Client Relationship**
– One organization provides ICB services to the other. – Benefits mostly flow one-way. CARE may either be the provider or the recipient. – Both parties use partnership principles. – Priorities are set through joint planning and decision-making. – Capacity building involves one-way learning. This feels less like a partnership than either A or B, especially if ICB is the main purpose of the relationship. However, if ICB is only one piece of a larger partnership, we might term this model "ICB through service provision, within a partnership". For example: two organizations may be implementing a joint program such as community health and watershed protection. Within the context of that larger relationship, either organization may provide specific ICB services to the other.	– One organization provides ICB services to the other. Benefits mostly flow one-way. CARE may either be the provider or the recipient. – Few if any partnering principles are practiced. – Low degree of joint planning or decision-making. – Each organization sets its priorities, and then negotiates for services. – Capacity building involves one-way learning. Since the benefit is mostly one-way, and few if any partnering principles are practiced, this feels more like a service provider-to-client relationship than a partnership.

CARE USA

Partnership and Household Livelihood Security Unit

Part 2 of a Trilogy

Promising Practices:

A Case Study Review of Partnership Lessons and Issues: What We Are Learning in CARE

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promising practices

PROMISING PRACTICES

EXECUTIVE SUMMARY

CARE's vision includes being a partner of choice and part of a worldwide movement to end poverty and affirm human dignity. For over 50 years, CARE has largely been engaged in direct delivery of services for poor people. More recently, CARE has understood that in order to achieve its mission, it must also systematically support and strengthen the efforts of diverse organizations around the world – especially those which represent the interests of the poor – who are trying to lead their own development processes.

PURPOSE – the purpose of this study is to identify issues and lessons that deepen CARE's understanding of the value-added and long-term implications of partnership as a fundamental approach to CARE's core business. The main question addressed is what is the nature of the gap between where CARE is now and where it needs to go to become a "partner of choice"? The study was made possible by support from USAID under the Partnership and Household Livelihood Security grant (1997-01), a USAID Title II Institutional Strengthening Award (ISA) to CARE, and by CARE's own unrestricted funds. It draws heavily on a recent partnership study that CARE conducted with Ford Foundation support, and other Country Office project-specific studies that were funded by a variety of sources.

METHOD – the case study method was used for this evaluation. To understand the widely varying practice of partnership and the factors that enabled more successful outcomes, a desk review of eight cases of partnership was conducted. Five are from CARE and three from outside organizations. Lessons on partnering in urban areas are also included, drawn from CARE's November 2000 Sussex partnership workshop.

From the case studies, a set of practices stood out that favored success across a broad spectrum of social and political contexts. These promising practices suggest that there is indeed a set of actions, skills, attitudes, and approaches to partnering and institutional capacity building (ICB) that work. In addition to the specifics of the case studies, a year's worth of discussions with CARE field practitioners enriched our understanding of the implications of partnering to CARE's own process of organizational change.

CONCLUSIONS

1) In all the cases, the partners saw themselves as protagonists in their country's development, and expected that CARE would add value to their ongoing efforts. Fulfilling this expectation is the essence of being considered a partner of choice.
2) The cases show that the most successful outcomes involved clarity on the goals and objectives of the partnership, a core attitude of respect for others, openness to mutual learning, and the flexibility to mold the relationships as learning occurred. CARE's own mistakes – such as choosing partners hastily, providing too many resources or inadequate support – often caused or contributed to problematic relationships.
3) The cases show that partnering can be a strategy for expanding coverage, and that supporting a partner's institutional capacity building process increases the probability of sustainability. Experience suggests that while partnering is a useful option to increase the coverage, impact, or sustainability of service delivery, partnering is essential to a rights-based approach that strengthens civil society and builds constituencies.
4) We learned that partnering compounds the problems of measuring impact.
5) Partnering may or may not be more costly, depending on the circumstances, and how one amortizes the cost of capacity building that is expected to yield future benefits.
6) CARE has learned that there is a set of practices that work in favor of successful partnerships. To become a partner of choice, CARE will be challenged to embed these practices not only in its programs, but also in its organizational culture. This will require fundamental changes. For example, we need an **attitude** that values local knowledge and leadership and that values civil society as well as human-services results. We must expand our **skills** and expertise to become highly proficient at supporting the efforts of others. We need **organizational systems** and organizational culture that maintain accountability while also rewarding flexibility, responsiveness, innovation, and learning. We will need to learn how to **measure results** when we contribute to changing complex systems. We need to understand how **donor issues and concerns** impose constraints and how we can affect changes in donors' understanding of what partnership entails. We need to develop the skills and confidence that we can continue to be **accountable** to donors while building and maintaining successful partnerships in which we also learn to be accountable to the partners and, indirectly, to their primary constituents.
7) Learning to partner internally within CARE will help create an atmosphere that exemplifies our core value of respect as well as improve relationships within CARE USA and among CARE International's members.

8) Although rights-based programming approaches, constituency building and increased resources are the watchwords of CARE's new organizational strategy for the next five years, we must be careful to integrate and act on our past five years of learning from partnering. Partnering was the first of CARE's more outward-looking strategic directions, and its implications for how CARE must change are, consequently, similar to what CARE is likely to face for rights-based approaches and programmatic constituency building.

Since 1996, we have learned much about how to partner, and we are partnering extensively in many programs. We now realize that staff attitudes and organizational systems are manifestations of CARE's dominant organizational culture, which is not yet one of partnering. Making our organizational culture more partnering-friendly will take time, resources and sustained leadership. This will be a critical step on the way forward in our new strategic directions of rights-based programming and constituency building.

I. INTRODUCTION

A. Background

CARE USA has endorsed CARE International's vision, which reads: **"CARE International will be a global force and a partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakable commitment to the dignity of people." In response to its strategic direction to "enhance the impact of CARE's programs,"** CARE USA's FY00 annual operating plan included an objective to **"deepen CARE's understanding of value-added and long-term implications of partnership for CARE."** CARE USA's Program Division AOP for FY00 included the objective **"document lessons learned in partnership and revise strategy in order to position CARE for future directions."**

> No single organization can create the conditions in society for ending poverty. This insight means that the rationale for partnering can not be framed in terms of "what can our partners contribute to CARE's work", but rather, "how can CARE complement the ongoing work of many organizations in society, the sum of whose activities must contribute to achieving our mission."

In the early 1990's, CARE USA began to think about how to improve the quality and quantity of its inter-institutional relationships. CARE used the word "partnership" to talk about this issue. Early work centered on defining the characteristics of a partnership, classifying relationships, and disseminating tools to assist in building partnerships and strengthening organizations. The Household Livelihood Security (HLS) framework, with its emphasis on holistic contextual analysis, prompted CARE to think seriously about how to address the root causes of livelihood insecurity.[1] It brought home the realization that no single organization can create the conditions in society for livelihood security. This insight means that the rationale for partnering can not be framed in terms of **"what can our partners contribute to CARE's work",** but rather, "**how can CARE complement the ongoing work of many organizations in society, the sum of whose activities must contribute to achieving our mission."**

The CARE International (CI) federation collectively comprises one of the world's largest private, non-governmental relief and development agencies.[2] Typically CARE members in the industrialized North receive donations from individuals, foundations, corporations and other private sources, and then leverage these funds with contracts awarded by a variety of Northern governmental development agencies. With these resources, CARE carries out relief and development activities in approximately 60 developing nations. CARE USA is the oldest and largest member of the CI federation. It has strong technical capacities to deliver food and materials in

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[1] The Household Livelihood Security (HLS) framework is a lens for understanding the dynamic relationships within households, and between households and the broader society. HLS is the basis of all of CARE-USA's programming. The HLS framework covers six basic security areas: food, health, economic, education, shelter, and community participation. It embodies three interactive attributes: possession of human capabilities, access to tangible and intangible assets, and existence of economic activities. (Ghanim, Isam, *Household Livelihood Security: Meeting Basic Needs and Fulfillment of Rights,* CARE-USA Discussion Paper, February 2000.)

[2] CI is composed of autonomous organizations bearing the CARE name in the Australia, Canada, Denmark, Germany, France, Japan, Norway, Austria, UK, and the USA, loosely federated under the umbrella of a small CARE International Secretariat in Brussels.

complex emergency situations, design and construct village water, sanitation and infrastructure facilities, promote conservation and development of agricultural and natural resources, promote the development of small economic activities, and deliver health and basic education services.

In 1996, when the word partnering was introduced in its long-range strategic plan, CARE USA was primarily engaged in the direct delivery of such services to poor people. The rationale for partnering was to expand the coverage, sustainability, and impact of critical services by working with and through other organizations, and, in the process, to strengthen their institutional capacity. CARE soon found that facilitating others to implement required a new set of skills and attitudes. CARE headquarters decided to support and guide a decentralized process in which the Country Offices around the world would work out their own partnering styles in their own contexts.[3] This has led to a great deal of diversity.[4]

There is general acceptance of the notion of working more strategically with other organizations, and of including institutional capacity building (ICB) objectives in CARE USA's programs. CARE has accumulated a considerable body of knowledge – albeit rather eclectic and not yet widely documented or shared – on how to create productive relationships. This report summarizes the essence of those, and other, experiences. It will focus its discussion on lessons and issues that have strategic implications for CARE's approach to relief and development.

B. Purpose

This paper, which focuses on case studies of CARE's own experience with partnering, forms part of a global partnership study whose purpose is to identify issues and lessons that deepen CARE's understanding of the value-added and long-term implications of partnership as a fundamental approach to CARE's core business. It is the second paper of three to emerge from the global study. The first was "Partnership Principles: What We Have Learned About Partnering and Institutional Capacity Building Concepts." The third, which is forthcoming, is a set of institutional recommendations to strengthen CARE's capacity to partner.

Specifically, the objectives of this paper are to:

- Review lessons from CARE experiences in partnering and institutional capacity building, and summarize strategic practices and issues regarding CARE's capacity to partner.
- Review lessons from external experiences in partnering and institutional capacity building to complement CARE's learning.
- Identify strategic issues posed by partnering and ICB that are relevant to CARE's broader analysis of its changing role as articulated in the CI vision and mission statements.

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[3] HQ helped craft a global partnering vision, definition, basic tools, set performance targets, and helped to document lessons. Building on these, many regions and Country Offices drafted their own partnership strategies.

[4] Many of CARE USA's early partnerships consisted of simply adding a bit more organizational development support to ongoing work with community-based organizations such as credit and water committees or other service-user groups. Now, in addition to working with local organizations at the Country Office level, CARE is also engaged in global partnerships, for example with other large PVOs (private voluntary organizations) like CARE itself, and agencies such as the Center for Disease Control in Atlanta, universities, and a few for-profit corporations.

C. *Key Questions*

The main question for this paper is: **What is the nature of the gap between where CARE is now and where it needs to go to become a "partner of choice"?**

Our exploration of this question is guided by overarching questions like these:

1. How is partnering understood and practiced in COs?
2. What does it mean to be a partner of choice?
3. What lessons about building successful relationships and learning processes have strategic implications for CARE's evolution?
4. What shifts remain to be made strategically, structurally, attitudinally and in terms of availability of tools and assistance to further move partnership forward?

D. *Methodology*

Given the great diversity of partnering experiences in CARE and elsewhere, we chose the case study method for this evaluation. One reason that we took a qualitative rather than a quantitative approach was due to a lack of a reliable data set that would allow us to make accurate cross-country comparisons.[5] Given this limitation, we designed a process with multiple opportunities for review and feedback from many people as a means of validating our conclusions.[6] To understand the widely varying practice of partnership and the factors that enabled more successful outcomes, we examined eight cases. Five are from CARE and three from outside organizations. Lessons on partnering in urban areas are also included, drawn from CARE's November 2000 Sussex partnership workshop. In addition, some of the broader organizational lessons and implications draw upon discussions with Country Office staff whose work in partnership has enriched CARE's practice and understanding.

The documentation from which the cases were drawn was quite varied. While many organizations claim to have years of experience in partnering and capacity building, there is little documentation available which critically analyzes these experiences. The documents we encountered were developed with different methodologies and for different purposes. Some were descriptive, and some were analytical. While acknowledging the disparity in documentation, we found that examining the collective knowledge of multiple organizations, partnering relationships, and experiences did allow us to extract key issues, methodologies, and lessons and begin to piece together what it means to partner with local organizations and to support their capacity building efforts.

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[5] Although detailed numbers have been tabulated that track CARE USA's partnerships over the last five years, these data are flawed. This is largely due to the wide variety in interpretation and understanding of partnership concepts among staff across the organization. See Chapter IV, for a further reference to the limitations of the API data.

[6] Two consultants were hired to develop this study in conjunction with CARE USA's Partnership Coordinator. Barbara Durr, a former CARE employee, reviewed existing CARE case studies. Gwen Thomas reviewed cases from the external literature. Based on these reviews, we wrote a stand-alone paper, "Partnership Principles: What We Have Learned About Partnering and Institutional Capacity Building Concepts," to provide a conceptual foundation for discussing the cases. We received structured comments on working drafts of both the conceptual issues paper, and the case study paper from about 20 CARE staff from Country Offices and headquarters.

The authors of this study are appreciative of those organizations and individuals that shared case studies with us. We are particularly grateful to colleagues at the Institute for Development Research, Save the Children Fund, The Synergos Institute, and World Education, Inc. as well as their local counterparts whose cases we selected to illustrate the variety of partnership experiences. While our analysis seeks to stick closely to the actual case studies, any errors in interpretation are ours.

The study was made possible by support from USAID under the Partnership and Household Livelihood Security grant (1997-01), a USAID Title II Institutional Strengthening Award (ISA) to CARE, and by CARE's own unrestricted funds. It draws heavily on a recent partnership study that CARE conducted with Ford Foundation support, and other Country Office project-specific studies that were funded by a variety of sources.

II. CARE CASE STUDIES

A. Overview

This paper discusses CARE USA's experiences and those of other organizations with partnership. We chose five cases of CARE's traditional rural programming, presented in detail in this section, and three cases from other organizations, presented in detail in Appendix 1. In addition, lessons about CARE's new urban partnering experiences in Madagascar, Mozambique and Zambia are included in Section II, B on promising practices. Details of the urban programs are presented in Appendix 2.

For the five traditional CARE case studies, we looked at documents from 18 Country Offices and three studies of sector specific partnering work. From these, five case studies were selected based on the quality of the documentation, regional representation, the diversity of partnering and capacity building experiences, and the context in which the work unfolded. While there may be flux between them, three categories broadly reflect the circumstances under which most Country Offices are working.

Categories	Cases
Emergency/rehabilitation, where there is no fully functioning government structure, and little developed civil society.	• Somalia's Umbrella Grant Partnership Program
Government in transition, where the system of governance and therefore governmental institutions are in transition, a modest but increasing level of civil society.	• Mali's overall approach to partnership • Bolivia's municipal development programming and its Amboro conservation and development project
Fully functioning governmental structures, with effective government agencies, and where civil society is relatively active.	• Egypt's Community Resource Mobilization project • Bangladesh's overall approach to partnership and its institutional strengthening under its NGO Services project

1. Somalia

The Somalia Partnership Program (SPP), funded by USAID through an umbrella grant Cooperative Agreement from 1993-1999, achieved considerable success and yielded a rich set of lessons. The project, one of the best-documented CARE partnership experiences, began in response to the aftermath of famine and civil war. It was remarkable in that it had the foresight and courage to attempt to work with NGOs on rehabilitation and development in a situation where no central government existed and local government, when it did exist, was also largely non-functional. Further, because insecurity was still high, the decision to strengthen local NGOs was appropriate to a context in which CARE did not have freedom of access and movement.

Before the fall of the government in 1991, NGOs as institutions, and even the organizational development skills they require, had almost no history in Somalia. While Somalis are very entrepreneurial, years of authoritarian government had sapped the motivation of people to organize themselves to solve their own problems. Thus, working with capacity building of NGOs in Somalia was a very unique situation in international development.

The project worked with 52 NGOs through 65 sub-grant projects that reached nearly 300,000 people. During the first three years of the project, nearly half the CARE sub-grants went to international NGOs given the embryonic state of Somali NGOs. CARE also made grants as large as $250,000 – an amount that seemed small by CARE standards – to local NGOs that had little financial absorptive capacity. Many of these could not provide the kind of accounting required by the donor, were unskilled in project design and implementation, and sometimes were fronts for personal gain by former government officials. By 1996, the project had learned three important lessons:

- Often, projects implemented directly by international NGOs achieved short-term objectives but not sustainable development goals.
- Sustainability is best achieved through local NGOs with close, interactive links with communities of people.
- Local NGOs were in critical need of strengthening and capacity building in financial and administrative management and organization.

Partnerships must be flexible and adapt to changing circumstances and needs. This is best accomplished by recruiting and retaining good local staff who stay in close touch with the NGO partners and the communities where work is being done.

Based on these three lessons, CARE Somalia modified its agreement with USAID in 1996 to provide a stronger focus on institutional strengthening and capacity building of local NGOs through training, technical back-up and on-site guidance. CARE also decided to give smaller amounts of funding, matched to each partner's capacity. This shift – and the clarity and flexibility on both CARE and the donor's part that it required – was key to improved and more lasting outcomes for the project. The Final Assessment of the project states, "CARE's unflagging support and nurturing of these NGOs resulted in their impressive growth and maturation."

The final assessment team, composed of representatives of USAID and CARE Somalia, found ample evidence that dozens of local NGOs had become self-sufficient, capable development partners, and that some had progressed to become confident, trusted community leaders, advisors and significant contributors to peace building and stability. While some local NGO partners remained weak, the contribution of the project overall to strengthening Somali NGOs was regarded as significant. The team also saw inspiring examples of project-engendered community level organization and project ownership.

The SPP worked in four sectors: health, water and sanitation, agriculture and income generation, including skills transfer. The project's NGO selection process was undertaken in the early years with the assistance of an advisory committee to help ensure transparency and avoid accusations of factionalism. Later, this process was judged less in touch with field realities and CARE Somalia shifted to greater reliance on SPP sub-office staff, who carried out pre-selection assessments. This change was another demonstration of CARE Somalia's clarity of purpose and flexibility in practice.

The three CARE Somalia sub-offices, in South Somalia, Puntland and Somaliland, used different, but clear, criteria that were more linked to NGO quality than the specific content of their proposed projects. NGOs came up with project ideas, and then CARE staff would seek information on each NGO's credibility and reliability. They would also go to the project site to ensure that what was proposed reflected the community's priorities.

Initially, the sub-grantee NGOs were expected to do both ICB and project implementation in the first 12 months. SPP learned that this was too much to expect and introduced a 6-12 month capacity building phase separate from any commitment to proposal development or project implementation. Thus, the one-year time frame for a project implementation was usually extended to two to three years, including ICB and project implementation.

CARE aimed to strengthen local NGOs, but did not create any NGOs with which to work. Project evaluators lauded this practice.

Another lesson learned and applied by SPP was that instead of using Nairobi-based consultants for technical review of proposals, CARE revised its project strategy to include on-site technical assistance for the NGO to do a needs/resources assessment and proposal preparation.

> CARE Somalia's success depended on resources…a good analysis of the context…unflagging support of partners in developing their potential…and flexibility in time, implementation, and approach.

While imperfect, SPP developed an Organizational Development Assessment tool that measured governance, financial management capacity, technical capacity and management. The tool was used not only for an initial assessment, but was re-done twice a year as a group exercise between the NGO staff and CARE staff for monitoring progress on these issues.

With regard to the good contextual analysis done by CARE Somalia, it is noteworthy that it chose to work not in the most desperate areas, where relief was a higher priority, but in communities and with groups where change was possible and potential for rehabilitation and development existed.

In sum, CARE Somalia brought many things to this project, including: resources with the USAID umbrella grant, experience in Somalia that informed a good contextual analysis, organizational development and capacity-building skills, a regional office structure that kept CARE close to its partners, and a willingness to work closely with partners until they were able to implement on their own. It gave unflagging support to partners in developing their potential. It created institutional assessment and monitoring tools and audit procedures that worked. It also allowed for flexibility in time, implementation, and approach, such as 1996 adjustments to strategy, and fostered an overall a learning environment within CARE.

LESSONS LEARNED ON PARTNERSHIP FROM SPP'S 1998 EVALUATION AND 1999 FINAL ASSESSMENT

Sustainable development is best achieved through partnership with local NGOs who are closely linked to local communities. Although local NGOs are a relatively new type of institution in Somalia, they can be capable and effective partners if time, effort and resources are invested in building partnerships and capacity. Local NGOs can implement rehabilitation and development projects under hard conditions where there is insecurity, with little or no law and order.

It is important to really understand the expectations of both sides before entering into a partnership. Clear policies and guidelines, regular monitoring and supervision, open channels of communications, and thorough training help to reduce disputes and maximize achievement of institutional development.

Community participation is essential in project assessment, design and implementation. Building trust and changing attitudes toward collective (rather than state or external) responsibility are crucial elements. Development programs must correctly recognize both local priorities and local traditional or cultural parameters. Programs must be flexible and adapt to changing circumstances and needs. These things are best accomplished through recruiting and retaining good local staff who stay in close touch with the NGO partners and the communities where work is being done.

Limiting direct staff and working through local organizations is a way to reduce vulnerability of CARE to security problems in Somalia. Working in scattered, small-scale projects, rather than in clustered or large-scale projects, also minimizes security and investment risk.

Inexperienced NGOs need a dedicated program of capacity building and institutional strengthening before they are entrusted with implementing a development project. Partnerships should be longer than one year to have a lasting impact on capacity building for the partner. Even experienced NGOs benefit from careful, close monitoring and supervision. Clearly stated process and impact indicators during project planning are useful for monitoring and evaluation of the project progress and achievements.

There are numerous NGOs in all regions of Somalia which, when nurtured and supported, are capable of making significant contributions not only to relief and rehabilitation, but to progressive behavior change and the accomplishment of development objectives. These Somali NGOs have earned the right for full trust, equality of terms and true partnership.

As the NGOs gain experience (either through multiple projects with CARE or independently), their capacity building needs are changing. The more senior NGOs have increasing needs for specific technical or sectoral skills development and training in sustainability mechanisms for their organizations.

Decades of foreign aid given in the form of unconditional donations, combined with an authoritarian central government, sapped the motivation of communities to solve their own problems. NGOs and CARE had to overcome a "dole mentality" in order to convince people that they should take responsibility for community projects. Even today, when CARE partners attempt to require community efforts, they are undermined by "free handouts" from other programs. The most fruitful aid is that which is carefully designed and monitored in a participatory way, with the expectation of community contribution and eventual sustenance.

Several lessons stand out from the Somalia case:

- Having clarity of purpose and flexibility of practice
- Selecting partners based more on the quality of the NGO than the proposed project
- Working in communities and with groups where change is possible and the potential for development exists
- Working to strengthen what is already there.

2. Egypt

Egypt has long enjoyed relative political stability and its government has actively encouraged the creation of the community development associations (CDAs) that have served as a key channel to communities for CARE. The Community Initiated Development project, which preceded the Community Resource Mobilization (CRM) project that is examined in this case study, also worked through CDAs.

The CRM project in Egypt aimed to strengthen the capacities of local NGOs in order to provide improved community services (intermediate goal), thereby improving the quality of life for poor households (final goal). It ran seven years, 1994-1999, and served 152 NGOs in four governorates: Fayoum, Sohag, Qena and Aswan.

CARE Egypt worked with the Egyptian Ministry of Social Affairs (MoSA) to select partner NGOs, all of which had legal standing under Egypt's Law 32 as Community Development Associations or Welfare Organizations. (Though legally registered as NGOs, these organizations were in fact all community-based organizations, or CBOs, in the sense that the target population was resident in same community.) A formal agreement was drawn up with each one. CRM took its partners through a process that largely consisted of steps in a project cycle.

CRM's principal methodology for capacity building was **learning by doing.** It guided the NGO partner through implementation of two or three projects using the same process. The repetition of the process helped to ensure that the NGO's capacity grew.

The CRM process had eight steps:

- NGO baseline survey to assess the NGO's capacity and its relationship to the community.
- Community leaders orientation, a public meeting to garner support for the capacity building activities and ensure cooperation.
- Community profile, to identify community needs, problems, services and resources prior to any intervention.
- Problem identification and analysis, to identify the most appropriate problem for the NGO to address through its first project.

- ✧ Project design, including project goals, indicators, interventions, action plan, budget, and a monitoring and evaluation plan
- ✧ Resource mobilization/fund raising, the NGO's efforts to access the required support, including local resources and external donors
- ✧ Project implementation
- ✧ Phase over, the final stage of the NGO's involvement with CRM wherein its ability is measured to mobilize resources, manage the resources and sustain the support.

A documentation study of the project in 1999 found that the project was not always successful with its partners. In several of the documented cases, the CDAs were struggling for community legitimacy and recognition. For example, one was striving to move beyond a very personal leadership model, gain community acceptance and win participation in the CDA board. Nonetheless, one MoSA official praised the CARE project's approach to ICB with CDAs as "a leap in development work with CDAs."

The documentation team observed five areas of organizational competency in the Egyptian CBOs and three growth stages. In brief, the five areas of organizational competency, which could serve as assessment categories, were:

1. **Organizational Identity:** This is the organization's strength of purpose, starting with its vision and mission but also including values, as embodied in organizational practice, member attitudes and the ability to foster commitment from its members, the community at large and external supporters.

2. **Activities and Resources:** This refers to the CBO's capacity to deliver services or to mobilize or advocate for its constituency. An important part of this competency is recognition of the potential and value of community resources, rather than tending to look toward external donors.

3. **Relations:** This includes an organization's relationship with the community it aspires to represent and its work with a network of external contacts through which it can advance its interests or mission.

4. **Internal Structure:** This is the CBO's ability to harness the human resources of its members and staff to achieve its goals. This includes the internal organizational structures, how they perform, report to one another and communicate. The internal structure determines the CBO's responsiveness to its membership and to its larger community.

5. **Leadership Style:** This refers to the way an organization's decisions are made. It is the result of the interplay between the effectiveness of its internal structures and the personalities of the board of directors, particularly the chairperson. Often, CBOs begin with the strong leadership of a single charismatic person, but leadership then evolves to become more democratic, at the board level as well as among members and in relationship to the community.

The documentation team also perceived three growth stages for CBOs, with each having its own characteristics. Sometimes, the study noted, progression in not linear and organizations can move backward and forward in these stages when new leaders come in. These were:

1. **Birth Stage:** During the birth stage, a CBO is largely the creation of its founding members. Its identity, relations and leadership style reflect the personalities of its founding members and its perspective is more likely to be charity and welfare. As a new CBO, it strives for legitimacy in the eyes of its community. As it begins its activities, the community's relationship with it evolves from one of skepticism to one of benefit.

2. **Growth Stage:** A CBO's growth stage is when it begins to play a useful role in the community. It becomes a service provider, often modeled inadvertently on the local government service providers most familiar to its members and the community. As a service provider, the CBO usually seeks external support. As growth continues, the relationship with the community may progress from perception of benefit to participation as more people see the CBO as a legitimate channel for voluntarism.

3. **Maturity Stage:** This is when the organization becomes an interactive body that both shapes community opinion and is directed by it. At this stage, the organization is truly community-based. Board members recognize that their leadership and vision stem from and are fed by the community's identification with the CBO. The community, meanwhile, finds many channels for participating in the CBO, such as volunteering, contributing, serving on committees, etc. This stage corresponds to a development perspective.

- Project implementation…was the key to capacity building. Being able to provide services bolstered the NGO's legitimacy in its own eyes and those of the community.
- The NGOs were guided repetitively through four project phases. The iteration of project conception and implementation matured the NGOs' capacity by repetition of doing, making mistakes and having to correct them.

LESSONS LEARNED IN CRM

CARE Egypt's capacity building focused on learning by doing. Community development projects were regarded as a logical starting point for NGO capacity building. Service projects bolstered an NGO's legitimacy in its own eyes and those of the community by being able to provide needed services. The project could help the NGO elicit community participation and involvement, thus helping to build relations and trust.

The NGOs were guided repetitively through four project phases: a preparatory phase, project implementation (of the first community development project), capacity consolidation phase (implementation of the second and perhaps third community projects) and phase over, when the NGOs were graduated from the project. The iteration of project conception and implementation matured the NGOs' capacity by repetition of doing, making mistakes and having to correct them.

The preparatory phase, which included the NGO baseline survey, the community leaders orientation, the community profile, the problem identification and analysis, project design, and mobilizing community and other resources, was often regarded by NGOs as overly long. CRM staff observed that often the NGOs did not see the value of the steps. Over time, however, the NGOs began to realize the importance of each step in decision-making.

Many CRM staff felt that the project implementation phase was the key to capacity building because it entailed learning by doing through project implementation, networking to win support for implementation, and training and exchange. Networking was part of the problem solving along the way in project implementation. Learning how to engage the support of the Ministry of Social Affairs was key to capacity building for these NGOs. In some cases, the NGOs' access to decision-makers enabled them to undertake advocacy on community issues with government agencies.

The project found that cross-visits to other NGOs with relevant project expertise and tailored training on project and organizational management topics worked best as training techniques. In addition, the NGOs' relations with government agencies were strengthened by CARE's conscious involvement of government officials as trainers.

The capacity consolidation phase was intended to reinforce earlier learning by repetition, but with new or different problems. Often, in this phase the needs of the NGO regarding training and technical assistance became clearer to CARE Egypt. Typically, CRM discovered that these involved NGO administrative and financial systems, most particularly internal controls.

> All parties seemed to understand capacity as transient, rather than fixed and stable.
>
> Interpretations of capacity centered on…the NGO's relationship with the community, its ability to represent that community before external agencies/actors, and its ability to create management systems that support its mandate as an NGO.

One very important realization by CARE Egypt was that early in the CRM project they and the NGOs often confused capacity building with project accomplishments. The project implementation reports were full of indicators about how well a given project was going, but reported nothing about the NGO's growth in capacity. CRM thus later focused on a more comprehensive capacity building approach.

LESSONS LEARNED IN CRM (continued)

The final phase-over stage was completed when an NGO had met certain criteria reflecting its capacity to mobilize financial and human resources, manage these resources and sustain the CRM process. The CRM project was regarded as successful in having enabled NGOs to mobilize resources from communities, the government and in some cases external donors. However, CRM staff felt that an NGO's ability to manage resources as a more significant criterion than simply mobilizing them.

The staff was also concerned about the sustainability of the CRM process. Only a limited number of NGOs had received training in long-term strategic planning to encourage sustainability. And, CARE Egypt had not followed through with a promised list of donors for the NGOs. At the conclusion of the project, CARE Egypt felt that more work needed to be done to raise the Ministry of Social Affairs capacity to support the NGOs and follow-up with the CRM process.

Of special note is that the quality of the relationship between CARE and the NGO had an important bearing on the content and results of the capacity building process. This relationship normally passed from an initial stage of suspended judgment to an association of trust based on a track record of accomplishments. Critical to this process was an evolution – both on CARE's side as well as on the NGO's side – of the understanding of capacity building, as opposed to project implementation.

This evolution is tempered, however, by the expectations of communities, government officials and agencies, and donors, who are for the most part interested in results, rather than in capacity building itself. Thus, many NGOs still understand capacity primarily in terms of projects and services. And, for the same reason, many CRM staff saw project implementation as the most important factor in strengthening the relationship between the NGO and CARE.

Interestingly, all parties seem to understand capacity as transient, rather than fixed and stable. With regard to the nature of capacity, the CRM staff's interpretations of capacity centered on three dimensions: the NGO's relationship with the community, its ability to represent that community before external agencies/actors, and its ability to create management systems that support its mandate as an NGO.

Several lessons stand out from Egypt's experience

- Using reiterative design and implementation of small community service projects can enable local organizations to learn by doing, and is an effective approach to ICB.
- ervice delivery by partners builds community relations and trust for the partner.
- Using cross visits to other NGOs and government agencies for tailored training is an effective approach not only to ICB but also to networking for the partner.
- Staff and partner attitudes can evolve positively to understand capacity building as more important than a single project's implementation.
- It is wise to design an explicit and mutually understood phasing out of the relationship.

3. Bangladesh

Country Office Evolution

CARE Bangladesh, which operates in a largely politically stable, democratic context, is perhaps one of the organization's more experienced Country Offices in partnership. Notably early with regard to CARE's partnership initiatives, in its 1993-2000 Multi-Year Plan, CARE Bangladesh recognized the importance of capacity building for local NGOs and counterpart government agencies. This recognition implied a strategic shift, which the Country Office later made, to greater work with and through partners. The CO's strategy of working through partnerships aims at sustainability of service delivery through strengthened local institutions, which have greater ability to identify and resolve new problems after CARE projects have ended.

CARE Bangladesh's evolution with regard to its work in partnership has some valuable lessons for other COs who may be experiencing similar issues. These include not only matters regarding how to approach partnerships, but staff attitudes and skills.

The CO commissioned an NGO survey in 1996 in preparation for its new LRSP that found that, at the time, most staff did not have a clear idea about why CARE should partner, and they saw partnerships as alliances with just government agencies and NGOs. Nonetheless, they were confident in their ability to transfer knowledge and build capacity. At that time, the staff had a variety of different perspectives on partnering. In the ANR sector, which had long been dedicated to direct service delivery, staff were least inclined toward partnership, seeing the energy required for partnerships as better invested in direct service delivery. On the other hand, the health sector staff and those engaged in emergency preparedness were already engaged in partnering successfully.

By 1998, CARE Bangladesh had formed a Core Partnership Group, with staff representatives from six projects involved with partners. These included: Integrated Food for Development (IFFD) and the Rural Maintenance Program, the mission's oldest projects and the largest to work with the Bangladeshi government on maintaining rural infrastructure, the Disaster Management Unit (DMU), the Flood Proofing Pilot, UPWARD (Union Parishads Working to Achieve Real Development), and INCOME (Increasing the Capability of Organizations in Micro Enterprise). The Core group aimed to develop a comprehensive understanding of partnership approaches and to ensure the partnership strategy for each project.

At a workshop in 1998, the Core Partnership Group placed the mission's partnerships in two major categories:

- Organizational development partnerships: where CARE's support to the organization increases with the quality and type of inputs needed by the organization, until such support is no longer necessary.
- Institutional relationships to implement programs: where CARE has no need to provide inputs into the functioning of these organizations.

It also recognized that the quality of a partnership is the result of a complicated interplay between attitudes and actions.

The NGO Services Project

A good deal of CARE Bangladesh's learning about partnership came from its NGO Services Project, which ran four years, 1992-1996, and was funded by USAID. The first project in CARE to focus exclusively on family planning, NGO Services aimed to increase access to and improve the quality of family planning services on a sustainable basis though local NGOs in under-served areas of the country. The project chose to partner with 20 local NGOs in 14 districts. It also worked through three existing health projects that collaborated with the government of Bangladesh.

A final evaluation in 1996 not only found that the project had exceeded its goals with regards to family planning behavior, but that the goals for program sustainability and institutional strengthening of service providers were also achieved. The study found that Bangladeshi NGOs (BNGOs) had implemented high-quality, low-cost family planning programs that allowed the Bangladeshi government agency for family planning (part of the Ministry of Health and Family Welfare) to focus its limited resources on other areas that needed services. Moreover, the BNGOs could continue the programs after CARE withdrew because the scale was small.

When CARE invests in institutional strengthening, the cost per beneficiary per unit of service may go up because we are investing in an additional "product" (capacity) during the relatively short project cycle. But viewed longer term, the cost per unit of services delivered by the local organization, once its capacity is in place, becomes much lower over many more years than if CARE delivered the same services.

The sustainability of the programs was also influenced by several other factors. The demand for family planning services was growing, which led to the willingness of potential clients to pay nominal fees for supplies to the BNGOs. The BNGOs covered an average of 16 percent of the cost of running the programs. However, most of the BNGOs mixed their family planning services with others that they offered, such as credit, reproductive health care and maternal and child health care.

The project showed that when CARE invests in institutional strengthening, the cost per beneficiary per unit of service may go up because we are investing in an additional "product" (capacity) during the relatively short project cycle. But viewed longer term, the cost per unit of services delivered by the local organization, once its capacity is in place, becomes much lower over many more years than if CARE delivered the same services.

To provide other resources to the BNGOs for long-term sustainability, CARE encouraged them to begin revenue-generating activities (RGAs). In some cases, small RGAs were being managed successfully, but the evaluation found that most local NGOs lacked adequate business administration skills to manage these activities on a larger scale.

With respect to institutional strengthening, some of the more interesting lessons in partnership have been provided by the NGO Services Project. These include:

- CARE selected BNGOs that needed and valued the technical assistance that CARE offered.
- The technical assistance was based on needs, used hands-on methods, and imparted gradually through on-the-job training.
- High professional standards were maintained throughout the technology transfer process.
- The support was consciously designed to avoid creating dependency on CARE.
- The duration of the partnerships was limited.
- An atmosphere of respect reigned in the relationships, which both CARE staff and partners praised highly.

> *"CARE showed us great respect. We were always consulted. CARE staff would have us sit in the front of the car, while they squeezed in the back. They made sure we had the better hotel rooms. They always respected appointments, and if they couldn't come, would send a detailed apology letter."*

Several of the observations of the final evaluation with regard to the effectiveness of CARE's support to the BNGOs are worth noting for the learning that they represent. CARE Bangladesh learned partnership by doing.

- The NGO Services Project achieved high quality results working on a small, but incrementally expanding scale.
- The project included a strategy of partnering with other CARE projects. This achieved two important results. First, it leveraged resources and access to larger client populations. The investment of technical assistance to Bangladeshi government agencies can reasonably be expected to provide benefits beyond the life of the project. Second, by working with both BNGOs and the relevant Bangladeshi government institutions, the project promoted complementarity and linkages between two organizations that had largely worked in isolation from one another.
- The on-the-job training model of technical support was very effective and despite a strong risk of creating dependency, it did not do so. This is a tribute to the project's clear vision on partnering and its division of roles. The BNGOs were seen as the implementers and CARE as the facilitator and trainer.
- While BNGOs brought some dependency expectations to the relationship, CARE invested considerable time in participatory processes designed to create realistic expectations and establish a closure process for the partnership.

- ✧ Careful screening of partners, which was time consuming – taking 6-12 months – helped land partners that closely matched CARE's objectives, that is, those BNGOs that were interested in family planning, more motivated by CARE's offer of technical assistance than the financial support involved, and committed to excellence in providing services.
- ✧ All of the BNGOs claimed that their improved skills in accounting, planning, personnel management and evaluation systems had spillover effects that strengthened their other programs.

NGO Services used two notable and successful modes of operation with regard to two aspects of partner relationships that have often dogged other Country Offices' experiences. One is related to the quality of managerial and technical performance, the other with regard to financial monitoring.

On the performance side, CARE placed two staff members inside most of the BNGOs to act as on-the-job trainers. One staff member worked on improving management systems for the BNGO, the other was devoted to family planning training. While this had the potential to create dependency, it was carried out in such a way as to effectively transfer skills to the NGO. This was due, as noted above, to the clarity of the CARE staff on their role as facilitators and trainers.

KEYS TO SUCCESS

- CARE selected Bangladeshi NGOs that needed and valued the technical assistance that CARE offered.
- The support was consciously designed to avoid creating dependency on CARE.
- An atmosphere of respect reigned in the relationships.

With respect to financial monitoring, the BNGOs controlled their own resources. The NGO Services Project grants to BNGOs were only $5,000 a year, and these funds were carefully budgeted to reflect the true costs of supporting the family planning programs. CARE conducted "friendly" quarterly audits and offered the BNGOs help and advice in correcting any deficiencies in their accounting. With this assistance, the BNGOs had no trouble passing external audits.

BNGOs did, however, feel that the negotiation process on their agreements was not conducted on as level a playing field as they would have liked. They asked for more information to be shared before negotiations begin, and that CARE should not use its greater position of power at the bargaining table to dictate anything in the agreement.

The NGO Services Project provided important learning for CARE Bangladesh, and the CO's experience overall in partnership offers useful examples for other COs. Its Disaster Management Unit has, for example, established relationships with small NGOs in disaster-prone areas for distribution of relief supplies. The DMU provides administrative and financial management training. A Flood Proofing Pilot also worked through community organizations to help mobilize for flood proofing activities, and it provided technical assistance to its partners to improve their service delivery.

4. Mali

The CARE Mali case is a story about the difficulties encountered in trying to transform a programming strategy at the Country Office level to reflect an enlightened partnership approach.

Mali presents a clear case of a context in transition. In 1975, CARE began operating in Mali, which at that time had an authoritarian government. CARE was engaged in direct delivery of services to households. In 1991, after a change to a democratic government, a large number of local NGOs emerged – partly as an expression of the new freedom of association. The international donor community responded favorably to the Malian government's policy of decentralizing services and administrative authority to local governments. These trends presented new opportunities for partnerships.

CARE's first attempted partnerships with these new NGOs produced a negative experience. Often, the NGOs had little real connection with communities and were poorly managed with little financial accountability. To complicate matters, CARE Mali had not yet developed analysis and screening tools to choose partners carefully. Thus, it selected some partners that did not share CARE's values or way of working. CARE sometimes overestimated the partners' capacities and transferred more resources than they could absorb. By the mid-1990s, CARE Mali had in essence given up partnering with NGOs and proceeded instead to "partner" with village-level associations and some inter-village institutions.

In 1995, CARE Mali assessed its inter-institutional relationships. It decided that partnering with CBOs that were actually village committees that had been set up to serve the ends of a particular project, and that would be "orphaned"[7] by CARE when the projects ended, was not an effective or strategically appropriate way for CARE to invest its energy. CARE Mali devised a partnership strategy for working with legally chartered beneficiary owned organizations (BOOs). Based on encouragement from donors, as well as the success of initial pilot activities, CARE Mali decided to give partnering with Malian NGOs a second try. CARE Mali concluded that one of the reasons for its prior failures had been inadequate attention to choosing partners with compatible values, and at least some operational capacity in the field. It initiated an exhaustive campaign to identify a handful of appropriate partners. These decisions launched CARE Mali's current approach.

By 1998, CARE Mali had evolved the following partnership vision: **CARE's support will increase the results of the autonomous development efforts of its partners in the same way that fertilizer increases the harvest of a well watered and well cared-for field.** Its 1998-2002 strategic plan lays out an ambitious and progressive set of objectives for strengthening CARE Mali's capacity to partner, and also the institutional capacity of its partners. CARE Mali developed a partnering manual to standardize the different approaches across sub-offices, and began implementing staff reflection and learning activities.

[7] Leblanc, Hubert. 1995. CARE-Mali Partnership Institutional Analysis. CARE Mali unpublished report. March.

By 1999, CARE Mali had begun cordial ICB relationships with ten local NGOs. Its approach to ICB involved administrative training based on a standardized curriculum that was not customized to the circumstances of individual NGOs. A year later, two of the NGOs that received the training had begun implementing CARE projects, although in most cases CARE's intention was to provide training in accounting and management, without linking the ICB to any resources for project implementation.[8] Before beginning the training, CARE Mali signed partnership protocols with each of the ten, and later awarded first and second phase grants ranging from $4,000 to $6,000 per cycle to the two who were implementing activities. These partners managed their own funds.

Many CARE Mali staff resisted partnership, partly out of fear of losing their jobs. These concerns...are not exclusive to CARE Mali, and to some extent are evident throughout CARE.

CARE Mali's transition to partnering has not been easy. A recent report[9] found that many CARE Mali staff resisted partnership, partly out of fear of losing their jobs. They are concerned that local NGOs may replace CARE or be effective competitors for funding, thus reducing CARE's budget. These concerns, it should be noted, are not exclusive to CARE Mali staff, and to some extent are evident throughout CARE.

CARE Mali has nonetheless made partnership a CO priority. It has begun not only reaching out to NGOs, but has attempted to raise the village-level partnerships with which it has been working to a new level, such as attempting to help the village women's credit associations to evolve into a network. It has also begun capacity building activities with the newly elected communal councils, thus working to reinforce democratic decentralization and civil society. CARE Mali has recognized that staff training for partnership and ICB is a substantial challenge, and needs to happen within all projects. It also has begun to spread ICB approaches and skills throughout the CO by having hired an ICB coordinator who has built a core of ICB staff in all sub-offices.

Beyond a certain amount of staff disinclination, however, two practices appear to inhibit its partnership approaches, according to a study in late 1999. The first is related to a continuing, mission-wide skepticism that Malian NGOs can manage finances adequately; the second is related to administrative systems that are unresponsive to partnership needs.

On the first matter, it will take time and positive experience to erase a negative past. Thus, for the most part, CARE Mali does not provide any cash grants to its partners. While caution about dependency is reasonable, CARE Mali's reluctance to provide financial resources to its partners seems a bit more based on past fears and bad experiences rather than current realities.

[8] This decision was unpopular with partners, and polarized CARE staff. Some felt that offering funds to implement projects would create dependency, and the partners should use their new skills to seek additional funding sources. Others believed that the training would not be consolidated until it was put into practice, and that implementation could be an excellent learning approach.

[9] Connors, Patrick. 2000. *The Partnership Experience of CARE Mali: A Case Study.* CARE Mali. January 4.

CARE Mali devised a strong ICB training program geared to administrative and financial issues. Despite what many partners regarded to be a good financial training workshop, CARE Mali has not yet succeeded in providing as much customized support as it would like to help partners learn to manage their funds. Accounting staff and project staff with accounting skills have begun to provide limited on-the-job financial training to the business management staff of the NGO partners. While other Country Offices have successfully practiced grant-giving with their partners, CARE Mali has not yet extensively tried either of the usually recommended practices: the use of outside auditors or systematic audit assistance from project staff to help prepare partners for audits.

On the second matter, CARE Mali's administrative systems, designed for direct implementation, have been slow to evolve. For example, there has been some confusion about division of responsibility between procurement and program staff regarding who should approve terms of reference and contracts. At times, partners were distressed by delays resulting from paperwork that had to percolate through as many as seven levels of organizational hierarchy. There have been sensitive moments when agreements that project managers made with partners, who then began committing their own resources, were later overturned at other levels.

CARE Mali is also grappling with the issue of how to adequately engage partners in project design. In some of its new projects, it has used collaborative processes involving a range of stakeholders including CARE, government, civil society and potential local partner NGOs. In others, CARE Mali has tended to select partners on a competitive basis after the program is designed. This was done intentionally, and was a successful approach to selecting interested and committed partners. CARE Mali would like to find a way to combine the advantages of both of these approaches into a collaborative design process that also helps to self-select candidates.

With regard to skills transfer, technical project implementation skills are not usually part of the ICB package for partners in CARE Mali. This was noted, along with training partners in monitoring and evaluation, as a deficit in CARE Mali's technology transfer to partners. At the same time, its literacy training, which includes ample democratic governance issues, was widely praised by partners.

It bears mention that, according to the Connor study in 2000, other international NGOs in Mali are further advanced in their partnering with local NGOs than CARE. CARE Mali seems aware that the combination of its past poor experiences with NGOs and its staff's fears about possibly being displaced by partners are inhibiting CARE Mali from pursuing more effective, higher level relationships.

CARE Mali's own categorization of its relations with partners put all of its partnerships at what it calls Level 1 or 2 in the four level scale. Level 1 is defined as follows: **"The partnership is limited in scope, is short-term, and the weaker partner is carefully monitored by the other (CARE). The partnership is mainly limited to a donor-recipient relationship, though some technical training may be provided to the weaker partner. Real joint decision making is rare."** (Emphasis is added here in underlining.)

Level 2, according to CARE Mali's definitions, **"is similar to Level 1, but in this case both partners have made the effort to understand each other's organizational culture, values, and operational reality, and have identified the complementarity of skills."**[10]

By its own assessment, CARE Mali's partnerships extend only to donor-recipient relationships, collaboration, or limited ICB relationships.[11] Such relationships are useful and valid depending on the context, but fall short of being true partnerships under the CARE USA definition.

In sum, partnering is not easy. Of the cases we reviewed, CARE Mali has one of the more forward-looking strategies for using partnering as an institution building and civil society strengthening approach. It is operating in one of the countries in the world where both the government and the international donors are most seriously trying to promote decentralization processes. CARE Mali's senior staff are visionary and have been committed to this strategy for five years. Even with these advantages, progress has been difficult – but it has been steady. CARE Mali has made considerable headway in mitigating residual staff resistance to partnering and at the same time has developed amicable working relationships with higher-level Malian organizations, including national NGOs. Many of its CBO partners had praise for the way in which CARE Mali had conducted the relationships.

Several very good practices were highlighted in the study, including:

- CARE Mali's ability to look self-critically at its past experiences, and learn from them.
- The clear demonstration of senior management's commitment to partnering. In this case, the Country Director attended the first all-day meetings with partners.
- Frank and open discussions with partners, and regular monthly meetings to keep communications flowing.
- Respectful treatment of partners, which helps build trust.

[10] Level 3 is defined as a partnership that "is usually longer term and begins with a thorough analysis of institutional and operations realities. A mutual strengthening is sought through better governance, management and technical capability. The issue of empowering the weaker partners is explicitly addressed. Joint decision-making is the norm on most issues. The partnership becomes an integral part of the program, and systematic efforts are made to strengthen it so as to ensure improved impact." A Level 4 partnership is when "the partners become fully integrated at the institutional level, for example with joint staffing plans and operating systems, similar organizational cultures, and a very high level of mutual transparency. The relative strength or weakness of one partner or the other is not an issue."

[11] The term partnership should not be used as a feel-good label to characterize significantly subordinate relationships, even where good will and collaboration exist.

- Financial training workshops that included not just procedures and systems, but included explanations for **why** the procedures and systems existed.
- Creation of an ICB Coordinator position, which has been able to carry out capacity building training of a core group in the mission and encourage the exchange of information and experiences between sub-offices.

A CARE employee summed up CARE Mali's attempt to revitalize its partnering approach as follows: "We were striving to create change in attitude, in systems, and in practice…We made reasonable headway, not considerable, reasonable…The effort that went into making even these changes was considerable. There is a long way to go, but it is a re-learning process that will take time and perhaps the creation of new approaches to, and investment in, human resources development."

5. Bolivia

In Bolivia, a country in which democratic participation and civil society are growing, partnership has been a significant part of CARE's programming approach to municipal development and integrated conservation and development. The best-documented lessons of its projects involving partners are in these two areas.

In April 1994, Bolivia promulgated a Popular Participation Law in an effort to democratize local government structures, such as municipalities. For Bolivia, this has been part of a process, begun in the mid-1980s, of recovering from decades of uncertain government, punctuated frequently by military dictatorships. As part of this change, local NGOs have been growing in number, rising from just 100 in 1980 to 530 in 1992. Demands by communities that government serve their needs constitute a relatively new phenomenon, and it was in this context that CARE Bolivia developed its municipal development programming.

> CARE Bolivia's approach to municipal development…was to empower communities to demand services and to assist local governments to be responsive to those demands.
>
> KEY LESSONS:
>
> - CARE's staff must be politically savvy, understanding the pitfalls and nuances of the local political and social context.
> - Municipal development projects require some practical and tangible results rather than just training in order to keep stakeholders motivated.

CARE Bolivia's approach to municipal development involved partnerships of the capacity building sort with both community organizations and the municipal authorities. The idea was to build civil society by helping to empower communities to demand services, and to assist their local governments to be more responsive to those demands.

Municipal development was part of four different projects in Bolivia, but only one project, PARTICIPA in Tarija, was exclusively dedicated to municipal strengthening. The three other projects that included municipal strengthening were: the Chuquisaca Centro and CADENA projects in agriculture and natural resources management, and the integrated conservation and development project in the Amboro National Park.

In addition, the Amboro project was undertaken with four other NGO partners, and it was those partnerships that constituted a significant part of CARE Bolivia's learning experience with partnership.

Partnership is conceived by the Country Office to be a twofold strategy. First, it aims to reach more beneficiaries and, secondly, it can help, through alliances with other organizations, to provide beneficiaries with a greater variety of services beyond those in which CARE has expertise and experience.

The key lessons from a consultant's report on CARE Bolivia's municipal development programming are:

- CARE's work should be with both municipal authorities and communities at the same time, rather than in a phased approach. It must strive to engage the participation of key stakeholders. Participation is key to making municipal development work.
- CARE's staff must be politically savvy, understanding the pitfalls and nuances of the local political and social context. More training in this regard is needed.
- Municipal development is a slow process. CARE must be prepared to allow the time necessary, but it also needs to develop a way to monitor and evaluate progress.
- CARE's staff need mediation, persuasion and negotiation skills, not just technical expertise because in this kind of partnership project they are playing the role of facilitators and trainers.
- The project team should include at least one local person with more intimate knowledge of the local context. The team should also include women and representatives of ethnic groups.
- As a sustainability matter, the project needs to address resource needs for both municipal authorities and community groups.
- Municipal development projects require some practical and tangible results rather than just training in order to keep stakeholders motivated.

The Amboro project had four different partners covering different geographic areas of the project. These included: Caritas in Santa Cruz, a social organization related to the Catholic Church, UNAPEGA, a community-based organization composed of small holder families, CEDICA, a small local NGO, and FAN, a larger local NGO.

The project began against a background of substantial conflict among the players in the Amboro conservation area. During the 1980s and the early 1990s, the government of Bolivia attempted to impose a protected areas policy that provoked strong opposition by local communities. The policy was a failure because it was based on the concept of a nature preserve as a biodiversity refuge, that is, an empty space with rigorous control of human activity. A number of conservation-minded NGOs also were part of this failed policy effort.

CARE…recognized that stakeholder collaboration over time would be key to positive outcomes for integrated conservation and development and that this aspect of the project was equal if not more important than the specific field activities.

The result was considerable animosity between local communities, on the one hand, and the government and NGOs, on the other. Amid this crisis, the farming communities developed their own proposal, with some technical assistance, for promoting environmentally sustainable activities. They also proposed that the farmers' unions would patrol the protected area, given that the park rangers had already proven inadequate for the job.

The initiative of the local communities led to some recriminations and conflicts among NGOs for not having properly represented the interests of the communities. Into this situation came CARE. It presented the first thorough proposal for involving all of the actors in developing the local communities as well as conserving the area. CARE's proposal was clearly the right thing at the right time, and its new model for integrated conservation and development won considerable backing.

Amboro introduced the concept and practice of partnership to organizations with which it worked in Bolivia. The project showed the participants — and CARE's own staff — that partnering works; that organizations can cooperate productively rather than compete or work in isolation. It helped create the awareness among them that they are important actors in an historic process of development.

The three-year project, begun in 1996, was the first partnership project for CARE Bolivia in the agriculture and natural resources sector, and Amboro was also a new region of operations for the Country Office. It generated rich experience in partnership as well as municipal strengthening. But unfortunately, there appears to have been little assimilation so far of this rich body of experience into the rest of the Country Office's programming.

Amboro introduced the concept and practice of partnership to the organizations with which it worked in Bolivia. The project showed the participants – and CARE's own staff – that partnering works, that organizations can cooperate productively rather than compete or work in isolation. It helped create the awareness among them that they are important actors in an historic process of development. CARE played a coordinating and facilitating role – one that was new for CARE – to promote participation and participatory methodologies, self-analysis for organizational development, planning, and inter-institutional coordination. It succeeded in playing

this role because it used continuous dialogue, was transparent and showed respect for the other players – the municipalities, the communities and the local NGOs.

The municipalities gained a far better concept of integrated conservation and development and were more open to the participation of NGOs and to listening to community organizations. While further follow-up and support was needed for the participating communities, the process of undertaking conservation and development-oriented projects became part of their communal planning process. And, while the results varied, the NGOs benefited from their participation in the project with a clearer concept of integrated conservation and development work, better skills for inter-institutional coordination, and, in some cases, greater institutional capacity.

Other factors contributed to positive outcomes. There was a consistent focus on agricultural technology throughout the project, without distractions into other activities. There was also clarity with respect to message and the institutional purposes of the project. In this sense, CARE Bolivia understood why it was partnering and what it wanted to achieve with the partnerships – the foundation for successful partnering. It recognized that stakeholder collaboration over time would be key to positive outcomes for integrated conservation and development and that this aspect of the project was equal if not more important than the specific field activities.

Within CARE Bolivia, Amboro represented an aberration from its usual projects. It was a virtually semi-autonomous program, with direct contacts with the donor, about $1 million a year in budget and only ten program staff and two administrative staff. This model of project, particularly its independence, spurred some antagonism from the central administrative office of CARE Bolivia. Consequently, it is believed that there was resistance to replication of this model for other Bolivia programs.

Amboro had other lessons, too, particularly regarding staffing and bureaucracy. Further training and preparation of staff was needed for decision-making at intermediate levels. Approvals for administrative matters and disbursements to partners were slow. And, in order for counterparts in each organization to interact credibly as colleagues, they should hold comparable levels of authority and prestige. Similarly, trainers should be of an equal or higher professional or technical competence level than those they are training.

Among the recommendations with regard to partnership from an outside consultant – and which are applicable to many contexts beyond Bolivia – was that CARE Bolivia should undertake an internal process of learning from partnership, regarding in particular job responsibilities, skills and practices. The consultant also noted that a high degree of flexibility and greater agility in decision-making is required of CARE when working in partnership.

B. *Promising Partnership Practices – Examples from CARE*

In the five CARE cases examined in detail here, as well as the urban cases mentioned in the appendix, there were varying degrees of success with partnering and ICB. Yet, from the documentation, a set of practices stands out that favored success across a broad spectrum of social and political contexts. This is good news. It would appear that there is indeed a set of actions, skills, attitudes, and approaches to partnering and ICB that work. We'll call these promising practices.

While this list is not comprehensive, it provides some guidance on the recurring practices that enabled greater success with partnership. It is important to note that the issues and practices described below are not necessarily relevant or present in every situation. It is the contextual analysis that identifies critical needs and inputs and determines how to proceed in developing partnerships with local organizations.

In examining the five CARE cases, there are four broad areas where we can see promising practices that enabled success or, on the other hand, issues that impeded success.

1. Clarity About Partnership

Mutuality is the central characteristic of partnership. Successful partnerships are based on mutual dependence, mutual benefit, and mutual accountability. *When CARE staff clearly understood what was meant by partnership, and had a sense of vision and goals with regard to partnership, the relationships went more smoothly and were more effective. The goals of, and the terms for, the partnerships should be explicitly and mutually defined and understood, with specifics about jointly sharing resources, authority, and ownership of the results. The term should not be used to give a positive cover to or to soften the difficult reality of subordinate relationships.*[12]

CARE Mali has recognized that the quality of the relationship – meaning a far greater degree of mutuality – is key for a collaborative relationship to become a genuine partnership. CARE Mali uses, for example, a four-level scale to categorize its partnerships. It categorizes most of the current partners at levels 1 and 2, which are more like "donor-recipient" relationships than real partnerships. Its levels 3 and 4 are defined as higher level, more mutual relationships that are real partnering. Thus, CARE Mali has loosely used the term partnership to describe relationships that are less than full partnerships, but it is clear on where it needs to go.

When CARE staff clearly understood what was meant by partnership, and had a sense of vision and goals with regard to partnership, the relationships went more smoothly and were more effective.

2. Clarity about CARE's Role in the Development Process

The fundamental lesson about development that we are learning from partnering is that ending poverty is not about what CARE or other foreign assistance providers do. *It is about people and organizations having the capacity to work together and solve their own problems. This places institutional strengthening center stage.*

When we look at the world through a CARE-centric lens, we start by thinking about CARE and ask what can partners add that will make our programs more effective. By contrast, when we look at the world through a poverty eradication lens, CARE is not a focus of our initial analysis. Instead, we focus first on the country context, usually by carrying out a poverty assessment that tells us that there are identifiable groups of people that are unable to meet certain need or fulfill certain rights. We then ask why this is so, and may well reach the conclusion that one of the root causes of a particular pattern of poverty is that the institutional context in the area is, in one way or another, not set up to adequately address certain needs or ensure certain rights. Key institutions may be altogether absent. Or they may be weak in any number of ways: dominated by rent-seekers, associated with patterns of factionalism, discrimination and domination, or under-resourced or under-skilled. Knowing these things would then lead us into a discussion about how these weaknesses can be addressed, and whether CARE is in a position to effectively contribute. Only then is it appropriate to initiate a discussion about how to form the most effective relationships with these organizations.

Many CARE Country Offices have not done this type of contextual analysis, at least not rigorously. To do so requires an understanding of the holistic dimensions of poverty, the capacity to carry out rigorous poverty assessments, and staff who can clearly interpret the findings. In the absence of these requisites, our understanding of the patterns of household level poverty is inadequate. Our understanding of the root causes of these patterns is even weaker. The rationale for a Country Office's decision to work with a given local organization does not always stand up to probing questions.

> We are learning that ending poverty is not about what CARE or other foreign assistance providers do. It is about people and organizations having the capacity to work together and solve their own problems. This places institutional strengthening center stage.

In the best partnering cases that we examined, CARE was clearest on what it was trying to accomplish in the context and chose an appropriate role to move the development process forward. *The point of departure for its analysis of context was not CARE and what it could do nor on what relationships we did or did not have with local players. Rather, CARE analyzed why certain groups are unable to meet their needs, how the weaknesses in local institutions, or even the absence of such institutions, impeded addressing those needs, and if we could play a positive role in helping local institutions to do the job.*

For example, CARE Bolivia saw inter-organizational conflicts and development pressures in the Amboro area and perceived its role as bringing others together to jointly move forward the integrated conservation and development of the area. It correctly assessed that CARE, as a relative newcomer to the region, could facilitate partnering among organizations that had previously worked in isolation or competed against one another. Its approach helped the organizations see themselves as important players in a larger process. They gained an awareness of the potential for linkages with other organizations and the greater power of concerted action. On its side, CARE Bolivia recognized that this kind of inter-institutional collaboration was more important in the long run than the specific field activities of the project.

Institutional strengthening requires that CARE play roles as a facilitator and trainer, rather than as the "doer." *When CARE clearly took the role of facilitator for local organizations to implement projects well and take effective actions on their own, the roles of each partner were better defined, and the local organizations were more effectively empowered, a factor for sustainability.*

CARE Bangladesh chose to place two staff people in each of the partner organizations, one to train on issues related to family planning, the other to train on issues related to administration and finance. While the potential for dependency in this arrangement was high, CARE Bangladesh took pains to be only a trainer and facilitator so that capacity, not dependency, was created.

In its urban programs CARE has promoted participatory governance and the citizens' right to a minimum standard of consumption as an approach to enhancing the capacity of local organizations to deliver services. Working with multi-stakeholders, CARE contributes institutionally by brokering relationships among organizations.

3. Appropriate Organizational Support Systems

As CARE's programming roles change, its organizational systems must also evolve. *The pace of a partnering approach is slower and more sensitive to the needs and processes of other organizations than that of a direct delivery approach. CARE must decide how much its partnering values are part of its organizational ethos, and then invest substantially to create an organizational culture with support systems that are compatible with its partnering approach.*

CARE Mali made the decision to change its global programming strategy. This was a first step in changing its corporate culture. It found that building staff skills, organizational systems, and a partnering culture to be an extremely challenging, step-by-step process that will take time.

As CARE's programming roles change, its organizational systems must also evolve.

The ability to evolve CARE systems depends on staff attitudes. Staff understanding of the value of partnership, and the systems required to support partnership, is uneven within each Country Office. In all the cases that we reviewed, CARE's program staff learned by doing, increasing their capacity and commitment to partnerships as their experience expanded. In some countries, program support staff, especially in finance and accounting, were more resistant to change than were their colleagues in program. Not only do program support staff have infrequent contact with partners and thus less understanding of the partners' situations, some may see their job more as protecting CARE from the mistakes of partners, rather than providing services that enable CARE to work productively with partners. A balance is needed. CARE is rightly concerned that partners be held accountable for the commitments they make. Donors do have minimum requirements that CARE must meet. Furthermore, accountability is an indicator of quality in any partnership. One CARE employee expressed it this way: *In adapting financial systems, we must walk a fine line to balance what partners are capable of and what will ensure stewardship. If we don't play a stewardship role, why would not donors bypass CARE altogether?*

Although donors have requirements, many of CARE's administrative practices are self-imposed, and can be changed.

While the task of assuring accountability is paramount, it must be done in ways that are effective and appropriate to the circumstances of partnerships. Decision-making and disbursement processes must be timely. Reporting processes must be adequate, but not excessive. It is important not to use the argument that "the donor requires it" to cover a resistance to partnering which may be grounded in other issues. These may include fears that partnering will ultimately eliminate jobs, change resource flows and power dynamics within the organization, or even call into question the sense of self worth that an individual may feel after having dedicated years to non-partnering approaches.

Although donors have requirements, many of CARE's administrative practices are self-imposed, and can be changed. Little work has been done to explore the potential for innovation within the bounds of existing donor requirements.[13] The cases suggest that CARE has considerable latitude to use a variety of contracting and financial control approaches to fit diverse partnering contexts. CARE Somalia's program staff worked closely with financial control staff to develop accounting and audit systems that played a dual role of training and control. Other CARE offices, such as CARE Bolivia, have developed financial control manuals to guide partnerships.

[13] Preliminary work includes: 1) Stuckey, Jimenez, and Madriz.1995. *Partner Contracting and Control Models, A Comparative Study of the Process of Working with NGOs Based on CARE's Experience in PACA.* CARE USA; and 2) Stuckey.1995. *Structuring for Flexibility, Options for Providing Technical Support to Partnering Projects in CARE.* CARE USA.

4. Relationship Practices

Respect and Nurturing. *When CARE staff were engaged in supporting the partner's ICB process and dealt with their partners respectfully, the partnership was a far better and more productive relationship. In some of the most successful relationships, CARE staff had extraordinary dedication to nurturing the partner in their weaker areas, while respecting the partner's talents, capabilities, aspirations, culture, and community relationships.*

Humility and Mutual Learning. *In the same vein, when CARE staff had the attitude of mutual learning and created a learning environment within the partnership, the relationships had better results. When CARE assumed that "we know the answers" or that "we can do it better ourselves," the partnerships suffered. CARE repeatedly found that partners appreciated the opportunity to discuss their ideas on how CARE could improve its ability to work with them. CARE must learn to ask for this feedback, and be willing to listen.*

Partners appreciated the opportunity to discuss their ideas on how CARE could improve its ability to work with them. CARE must learn to ask for this feedback, and be willing to listen.

CARE Bangladesh conducted its partnerships with a high degree of respect for the partners' knowledge, skills and autonomy. Its treatment of the partner staff won much praise. For example, CARE staff always put the partner staff in the better hotel rooms, let them take the front seats in vehicles while they crowded into the back, and notified the partners ahead of time when they could not make a meeting, offering detailed explanations. These kinds of details spoke volumes about CARE Bangladesh's attitude toward its partners.

CARE Egypt's learning by doing model of ICB through reiterative project design and implementation with its partners helped create a learning environment. It was sensitive to the partners' organizational process as they moved through learning cycles with each project. This sensitivity to process dynamics was key to good relationships with its partners.

Open Communications, Trust and Transparency. *The case studies repeatedly highlight the importance of developing trust between organizations. Where openness, honesty and transparency were practiced, the partnerships could deal forthrightly with problems and obstacles. These are important aspects of communicating with a partner about ideas, operations and money. The best partnerships included open and regular communications such as monthly meetings to resolve problems on the project or sort out fresh issues in the relationship.*

Partners praised CARE Mali for having very open monthly meetings to discuss issues in the projects. This kind of regular communication allows each organization to get to know the other better. If honesty reigns, trust begins to build. CARE Mali also provided financial training to its partners that not only informed them about what CARE's financial reporting procedures were, but also explained to them why such procedures existed. This is a good example of CARE's efforts at transparency.

5. Technical Practices

Good Analysis of Local Context. *When CARE was clear about its role and assessed the local context effectively, the partnership choices – both of partners and what activities to do with them – were more effective. In addition, when the CARE understood the local situation in such a way as to assist the local partner in increasing its credibility with the community it served, it bolstered the partnership and helped create a more favorable environment for the local organization's sustainability. Consideration of political, social, historical, economic, and environmental conditions are important.*

CARE Bolivia, for example, analyzed very well the context for its Amboro integrated conservation and development project. It assessed the policy environment, the state of play among the NGOS (both local and international) in the area, and the development issues for local communities. It then proposed the right program at the right time – when many of the local organizations were at odds and the government policy toward the nature preserve had proven a failure. It succeeded in helping many organizations to understand their roles in a larger development process in the Amboro region and consequently moved development forward.

Careful Partner Identification and Selection. *Those projects that developed clear criteria for selection and devoted significant time and resources to screening potential partners had better partners. In these circumstances, CARE took the time to get to know the potential partner before a formal partnering relationship began. Given the short project time frame of some donors, it is easy to rush this phase. To do so, however, makes for hasty decisions. The case studies highlight the importance of taking the necessary time to get to know potential partners, establishing dialogue, and developing trust. Screening and capacity assessment tools play an important role in careful partner selection, as do on-site acquaintance with the organization, its staff/members, its board (if it has one), and the communities it serves. Selection is always mutual.*

CARE Bangladesh took the extra time – some 6-12 months – to carefully select its partners. Even while it was expensive to take the time to do so, it was clear about its objectives. It had established criteria on which it wanted to work with local NGOs. They had to be truly interested in adding family planning capacity to their programs and be more interested in the technical training on offer from CARE than in the funding.

CARE Mali concluded that its initial failures were largely due to selecting partners that did not share CARE's values. It learned to be wary of organizations not linked through local constituencies to the populations they were serving. It would no longer rely only on written materials produced by potential partners, many of whom have become skilled at repeating words and phrases that appeal to "donor" NGOs such as CARE. CARE Mali learned to verify the partner's operational and administrative capacity by visiting the organization's offices, project sites, and by talking to a range of staff, beneficiaries and others. It began to look for openness and transparency, adequate administrative policies, and equitable treatment of junior staff and women by senior staff and men. Among the danger signs, it watched for evasiveness about financial systems, lack of leadership transition, and reluctance to let CARE verify its program capacity through independent field visits.

The cases demonstrate that partnering always involves unexpected difficulties, but that these can be greatly reduced from the outset by taking by straightforward measures: 1) get to know the partner; 2) discover shared values (or terminate the relationship); 3) explore shared expectations; and 4) trust but verify.

Process Orientation and Flexibility. *The cases illustrate that an important factor for partnership success is a focus on process, wherein CARE supports learning and the development of capacity and helps the partner measure its own progress. This involves the flexibility to adjust to a constantly changing and dynamic relationship and to adjust activities as needed.*

One-size-fits-all training does not produce the best results.

Training tailored for the partner's needs is more effective.

CARE Somalia's remarkable flexibility in its SPP program was demonstrated in two important instances. First, when it assessed that providing grants to international NGOs would not lead to sustainability of the services that were needed, it shifted to far more capacity building for local NGOs, even though these were at a relatively embryonic stage. Second, over the course of the project, CARE Somalia recognized that the more advanced local NGOs could be fast tracked for their grants and did not need to go through all the preliminaries that would apply to less skilled organizations. Thus, it instituted a two-tiered grant giving process.

Separate Training for Technical Purposes from Institutional Strengthening. *When technical capacity was assessed and addressed separately from the institutional strengthening issues, i.e. organizational and financial management, and distinct measures and indicators for progress were defined for each, there was greater clarity about what CARE was trying to achieve with the partner.*

Tailored Training. *The cases demonstrate that often one-size-fits-all training does not produce the best results. Tailored training for the partner's needs is more effective.*

CARE Egypt came to understand that capacity building for the organization was more important than the specific outcomes of a local community development project. Thus, it began to provide training on the organizational management issues that impeded the NGOs from further success with their projects. Also, CARE Bangladesh provided two CARE staff to every partner organization, one for the technical training in family planning, the other for organizational management. In CARE Somalia, as local NGOs progressed and became more experienced with project implementation, they required more specific and tailored technical training. Local partners in Mali were also demanding tailored training, having already had the generic training workshops that the CO had provided.

Limited Grants/Financial Support. *Experience strongly suggests that when local organizations see CARE as simply a donor, rather than as a partner, their motivation is weighted toward money. Projects had better relationships and results when they used small grants and chose partners that were more strongly motivated by CARE's offer of technical assistance than by its financial support.*

The matter of money is always delicate among partners, particularly in cases where one partner has it and the other needs it – as is the case in most CARE partnerships. This power dynamic undeniably shapes our relationships with partners and we must be sensitive to it. But having the funds to grant is not what most matters, rather it is how we use the funds and what attitudes we bring to being a donor that distinguishes us. Unlike many other donors, we are in the business of adding value to the partner's efforts – through, for example, technical assistance, support in the form of training and mentoring, and joint implementation – not just providing the money.

For instance, CARE Somalia, in its first years of the Umbrella Grant partnership program, made the mistake of giving large sums of money – in the range of $250,000 – to local NGOs that had never had grants of more than $10,000 or $15,000. This resulted in large expenditures that benefited few and focused more on infrastructure than on sustainable community development programming. It learned that the NGOs' absorptive capacity must be carefully gauged. Based on this lesson, CARE Somalia then shifted to smaller grants and directed its efforts at helping less experienced partner organizations develop the appropriate systems for financial management.

And, as mentioned before, CARE Bangladesh used small grants for its partners and provided them with assistance to learn how to budget and account for the money. By making only small grants, CARE Bangladesh diminished the view of CARE as a deep-pocketed donor.

Financial Monitoring that is not Imperious. *When CARE devised approaches to financial monitoring – often one of the most difficult and sensitive parts of a partnership – that assisted the partner in preparing for an audit, the relationship was not soured by a feeling that CARE did not trust the partner, and the partner successfully learned new financial accountability skills.*

In Somalia, for example, CARE devised an audit practice that is worth replication. While it was difficult under the security circumstances to hire outside auditors, which is a highly recommended practice, CARE Somalia instead used visiting CARE auditors from the Nairobi office, who acted almost in the role of outside auditors. The local CARE staff in Somalia would then assist the partners to prepare for the audit. Thus, they were not viewed as policing those with whom they were supposed to be working as partners. The result was that a significant number of Somali NGOs learned how to manage their resources, a factor that helped them raise funds from other donors.

Written Agreements. *Many of the cases point to the importance of developing written partnership agreements. While informal relationships are critical to partnerships, there must be a written document that outlines the goals, expectations, inputs, and timing of the partnership. It may be simple or complex, as the situation may dictate.*

Limited Time Frame. *To help avoid creating dependency, either financial or technical, those projects that clearly defined their time frames for involvement with a local organization and that had clear procedures for closure of the relationship had better outcomes.*[14]

In all of the cases here, CARE had written agreements with its partners. While these were amended in some cases, and flexibility is important on these issues, the clear setting out of expectations – time, money, results, etc. – is key to good relationships. CARE Egypt, for example, spelled out a process for phasing out its relationships with each NGO using the criteria of the organization's ability to mobilize financial and human resources, manage those resources and sustain the project's processes of building capacity to deliver services. CARE Bangladesh and CARE Somalia similarly spelled out processes over limited time frames for phasing out their relationships.

Facilitate Contact with Donors and Provide Technical Assistance on Fund Raising.
Access to resources is often the biggest stumbling block for sustainable local organizations. When CARE assisted its partners in contacts with donors and provided the technical assistance for fund raising, it created greater potential for sustainability.

[14] We are aware that some COs are moving toward longer-term relationships with strategic partners. Such relationships are based on ongoing programs, rather than short-term projects. The issue here is not the length of time, per se, but the degree of dependency. For example, a long-term relationship may decrease dependency if the time is used to build capacity, but the same relationship might create dependency if CARE's support is treated as a permanent subsidy.

CARE Somalia provided substantial assistance to its partners to create project proposals that were appropriate for donors. Many local NGOs went on to be able to raise funds independently. CARE Egypt also provided training in proposal writing and enabled NGOs to not only mobilize community resources but also to raise funds from the government and in some cases external donors.

Assist Local Organizations to Network. *Partners placed a high value on networking, and they appreciated CARE efforts to assist them in networking with other local and international organizations that could provide special technical expertise. Partners found that interaction with peer organizations provided many tangible and intangible benefits through the sharing of information and experiences on organizational, technical and managerial issues. This contributed to civil society building.*

Facilitating and brokering relationships among partners is the heart of CARE's role in urban settings, where partnering is a must. Such a role requires appropriate positioning, trust building, holistic analysis, faith in open dialogue, and patience.

In Egypt, CARE organized cross visits for partners with other NGOs and government agencies that could provide tailored training and by doing so helped their partners form networks. CARE Bolivia's efforts in the Amboro project to bring local organizations together, diminish their conflicts and provide linkages were critical to giving them a fresh sense of purpose and an awareness that they all had positive roles to play in developing the region.

Facilitate Ties Between Local Community Organizations and Local Government. *Often when local organizations are embryonic, they lack recognition by and cooperation with local governmental agencies. When CARE assisted in forming better ties between local organizations and local government agencies, sustainability appears to have been enhanced.*

In CARE Egypt, the CRM project helped local NGOs to further develop their relationship with the Ministry of Social Affairs. They felt sufficiently empowered in this sense to begin advocacy activities for their communities with government entities. In Bangladesh, CARE helped local NGOs win some recognition and assistance from the Ministry of Health and Family Welfare. The ministry welcomed the efforts of local NGOs in family planning because it could not provide services in the areas they covered.

6. Urban Partnering

Partnering in urban areas is a new and rich experience for CARE. Perhaps because this is not a traditional area of CARE operations, we have been able to take fresher approaches to partnership. In Madagascar, Mozambique and Zambia, CARE worked in highly politicized urban settings to strengthen the capacity of community organizations and local governments to work together to acquire priority HLS services. Rather than providing services, CARE's role was to build and facilitate inter-agency planning and collaboration that linked communities to local service providers. This was a consciously chosen new role for CARE: the facilitator of multi-stakeholder efforts to achieve HLS objectives within a highly politicized context.

Unlike in many traditional CARE programs, in urban settings our partners were often powerful local players, and we were not the largest organization at the table. We also were navigating far more complex political contexts, if only by the sheer density of formal and informal political power networks. We learned that the institutional – and thus political – density of urban settings in fact requires that we work in collaborative relationships and partnerships. But we discovered that we have two advantages: first, the staff profile is somewhat easier to change given that we are often hiring new staff with fresh thinking and skills that CARE does not traditionally have; and secondly, the findings about successful partnering are not substantially different than those of rural programs.

7. Constraints

Staff attitude. Attitude can be an impediment to better partnering. CARE Mali, for example, is working to overcome resistance by its own staff to partnering. The staff are concerned that partners could eventually represent a threat to their jobs. This concern is widely shared by staff in other CARE offices. CARE's role may change, but it is highly unlikely that the need for CARE is going to evaporate soon. Further, a self-congratulatory attitude on how well we can partner does us a disservice. We have much to learn and should take responsibility for our mistakes – such as choosing the wrong partners and thinking that the rest of the world functions like CARE, or aspires to emulate us. If we undervalue the partners' own style, we cannot learn from them.

Skills. Many of the skills needed for partnering – better analysis of context, especially of political factors, negotiation, coaching and mentoring, communications, organizational development, and conflict resolution – are not yet fully present in the CARE staff. We will need to train staff in or acquire staff with these skills. CARE Bolivia lamented, for example, the lack of political analysis skills in its municipal development projects, or the knowledge about how to work in advocacy at higher policy levels.

Organizational Systems. Our organizational systems are largely geared toward accountability to our donors, and while this has been a key strength for CARE, it can have its downsides. It takes some flexibility to adapt our financial reporting requirements to the needs and possibilities of our partners and their constituents, as well as our donors. Lack of creativity and flexibility – as well as too much rigor in enforcing minimum standards in this area – is a drawback to good partnering. Our strong donor-reporting systems also tend to focus us, like many less enlightened donors, on valuing results rather than process. Several cases show how staff discovered that the capacity building of the partner organizations was as important, if not more important, than the immediate project outputs.

Measuring Results. We have not yet developed an ideal set of tools to measure progress in partnering. While the cases examined here showed that we did extend our outreach to larger number of beneficiaries, we have not been very good at counting. (See footnote on API in Section IV.) Furthermore, we have discovered that stronger and more capable partners are perhaps our best result. To measure in this regard, we have an initial set of tools, such as the organizational development assessment used in Somalia, as well as some methodologies such as the CARE Egypt's appreciative inquiry-based documentation project.

Donor Issues and Concerns. Although donors are being pressed to show concrete results, they face a range of options that can stimulate or discourage partnership. Across the board, we found that the attitude of the donors set the climate for partnership. In the cases examined here, CARE was lucky to have relatively enlightened donors. In Somalia, for example, USAID seems to have been particularly flexible and aware of the challenges. It encouraged capacity building, allowed CARE to modify funding amounts, and even simplified some reporting requirements. This was credited to CARE Somalia's frequent formal and informal contacts with the donor to avoid surprises and negotiate solutions. In the external cases that will be presented next, the Banyan Tree Foundation set the tone by demanding results that stem from a relational orientation, emphasizing processes of mutual respect, open communication, flexibility in responding to each other's needs, space for new initiatives to come from partners, and action learning.

Many donors are more prescriptive than this. In addition to revising our own systems, part of the challenge will be to help donors understand what partnering entails. We must educate them regarding how their expectations should be altered when we work with partner organizations that are just developing their institutional capability to implement programs, report financially and develop internal systems. Donors need to be aware that the work is in fact assisting them to develop those capabilities. Otherwise, the donors' funding is likely to be poorly spent on immediate project results without building sustainable organizations for long-terms results.

Accountability. While CARE's ability to be accountable to donors has been our strong suit, our systems are largely designed for direct implementation. One of our greatest internal constraints to expanded partnering is the lack of accountability systems for when we support others to implement. We do not have adequate ways to provide accountability to partners and their constituents for the content, quality, and duration of our programs and relationships with them.

III. EXTERNAL CASE STUDIES

A. Overview

CARE is not alone in struggling with partnership concepts. Other NGOs, are also grappling with how to incorporate partnering and capacity building into their programs. The three external case studies that we selected offer insight into the variety of ways other organizations are thinking about and implementing partnership projects.

For example, much like CARE, Save the Children was going through an operational shift from direct service delivery to working through capacity building organizations. World Education's participatory, non-formal education and training approach allowed them the opportunity to strengthen the capacity of local organizations to deliver services. Lastly, The Synergos Institute entered into partnership with Fundación Esquel Ecuador to learn about and strengthen a local grant-making organization. All of the organizations (local and international) were strengthened by the knowledge and technical capacities gained through their relationships. Their partnerships resulted in greater impact than either organization could have accomplished alone.

Notably, the kinds of partnership practices that work elsewhere are similar to those that CARE has discovered. With so many parallels, it appears that CARE and other INGOs all seem to be at about the same place on the partnership learning curve. Details of the cases are in Appendix 1.

B. Promising Practices – External Cases

1. Save the Children

- **Clarity about Partnership:** The case study points out the need for clarity on goals and objectives for the partnership. The two organizations shared vision, goals and values. This clarity led to a sense of parity between the two organizations that formed a solid foundation for developing the partnership.

- **Trust, Open Communication and Dialogue:** The case study places great emphasis on building relationships based on mutual understanding, communication and trust. The partnership fostered open communication and dialogue that allowed a level of honesty and forthrightness to develop. This permitted them to deal openly with problems and obstacles.

- **Limited Grants/Financial Support:** The case makes the point that limited-size grants are often more effective than large ones, especially if the partner is small, i.e., the support should match the partner's needs and ability. Save the Children felt that a "seed fund" approach to funding discouraged dependence.

- **Donor Values:** The case points out that the donor's values often permeate and influence and the outcome of a partnership. In this case, the donor provided an especially supportive climate for developing partnerships. The donor's sensitivity to partnership principles were exemplified in its supportive and trusting relationship with Save which, in turn, was reflected in Save's relationships with its local partners. Flexibility in designing the partnership structure was a key feature. While many donors continue to need further education and training, a shift is slowly taking place whereby donors are supporting the partnership process rather than driving it.

2. World Education

- **Careful Partner Identification and Selection:** The case highlights the need to commit sufficient time and resources to the partner identification and selection process. In Namibia, World Education committed a year to developing relationships with local organizations and earning the confidence of its partners.

- **Good Analysis of Local Context:** World Education began work in Namibia, a country saddled with a legacy of apartheid policies that created a dual economy with wide disparities in income and resource allocation. Understanding the intricacies of the local context allowed them to identify specific areas for developing partnerships with organizations that addressed the specific needs of HIV/AIDs and small business training.

- **Process Orientation and Flexibility:** World Education's READ project recognized that an important factor in determining the long-term success of a partnership is a focus on process issues that support the step-by-step development and maintenance of a partnership and provides the flexibility to adjust activities as needed. The partnership continuum allowed local organizations to define a relationship with World Education that best suited their needs at a particular stage and time in their organizational development.

- **Transparency:** The case highlights the importance of transparency in partnerships. Transparency in operations, communications, and financing builds trust and forms the foundation for healthy and sustainable partnerships. World Education's joint institutional assessment allowed both organizations to review and discuss their organizational strengths and weakness-

es and to identify needs and areas of overlap where they could work together. This assessment formed the basis for a written partnership agreement that outlined objectives and an appropriate mix of support.

3. The Synergos Institute

- **Creating a Learning Environment:** The case highlights the need to create a learning environment whereby both organizations benefit from the knowledge and experience of the other. One of the factors supporting the Synergos and the Fundación Esquel Ecuador partnership was their desire to learn from one and other and their respect for the skills and experience contributed by each organization.

- **Respect for Partner's Skills and Experience:** The case emphasizes the importance of respecting the diverse experiences and skills the other organization brings to the relationship. Synergos and the Fundación Esquel Ecuador developed their relationship based on a solid foundation of respect for what the other was seeking to accomplish and what they brought to the table. Their relationship developed as they found ways to complement one another to meet their mutual goals. This case points up the importance of trust, process, and overlapping values.

- **Respect for Autonomy:** The relationship between the Fundación Esquel Ecuador and the International Youth Foundation highlights the process of discussing and developing concepts, missions, and methodologies related to children and youth programs while struggling to maintain their own autonomy. Throughout their "courting" period, each organization was trying to respond to the dialogue and issues while demonstrating a certain level of autonomy. In the process, both organizations grew.
- **Assisted Local Organizations to Network:** The case illustrates the benefits of linking local organizations with those with similar interests. Synergos's efforts to link the Fundación Esquel Ecuador to the Rockefeller Foundation and the International Youth Foundation fostered synergy of ideas and resources to achieve broader impact.

IV. ORGANIZATIONAL LESSONS AND IMPLICATIONS

In trying to answer our key question – **"What is the nature of the gap between where CARE is now and where it needs to go to become a partner of choice?"** – a variety of organizational issues surfaced that imply change beyond field practice specifics. Based on our case studies, the Sussex partnership workshop, and ample discussions with CARE field staff, we have learned some of the answers to our key question, and these have strategic implications for CARE's own organizational change.

Everything became "partnership." When CARE set partnership as a key strategic direction in the first CARE USA-wide strategic plan we thought the purpose of partnering was to help CARE expand the coverage of its traditional service-delivery work. Our assumption was that partnering was always good. Our experience with partnering then was relatively limited, though we recognized that it would probably entail significant change in the way we work. As a programming choice, however, we aimed at numbers. The target set in the strategic plan was that by FY99 **"40 percent of CARE USA's beneficiaries will be reached through partner institutions."** Now, in hindsight, that number-seeking orientation to partnership seems to have set us off on a slightly skewed path. We tended to call all collaborative relationships partnerships and gave inflated numbers as to the quantities of indirect beneficiaries who were served through "partnerships."[15]

We initially saw partnering as a technical challenge, and immediately asked the field craft question: "how to partner." As an institution, we did not yet understand how partnering might fundamentally change CARE's role in the world, or the way it conducts its business. Despite these limitations, the numeric goal created a powerful authorizing environment. It motivated people to design new projects that experimented with many forms of inter-institutional collaboration. Their ensuing experiences have enriched CARE's current discussion on rights-based programming, which indeed raises the issue of CARE's changing role in the world.

Working in what we called partnerships over the last several years, CARE has mainly used partnering for the purpose of expanding service delivery. While the emphasis on the partner's service delivery function varies somewhat, for the most part CARE has been using partnership as a means of getting services to greater numbers of people which CARE would otherwise be unable to reach. This, it should be noted, was our specifically stated goal.

[15] The API data indicate that in 1997, CARE partners reached approximately 55% of the close to 47 million project beneficiaries. In 1998, this figure rose to 87% of 105 million, and in 1999, to 95% of roughly 102 million. "These numbers are significantly greater than the official totals reported in CARE USA's annual reports. In 1999, CARE reported over 25 million direct beneficiaries, with 'many tens of millions' more indirectly benefited. In 1997, CARE reported 24 million, and 35.3 million in 1998. At a minimum, the inflated partnering figures suggest lack of definitions that distinguish between direct and indirect beneficiaries." (Alexander, 2000). Curiously, the number of beneficiaries reported in the API survey increased dramatically after FY97, the year in which CARE set the 40% objective. Some CO staff have explained high API numbers with statements like: "We partner with the municipality, so our project benefits all the citizens."

Nonetheless, along the way in the last five or so years, we have learned much about partnership. Often it has been by stubbing our toes. But the richness of our learning is not diminished by having made some mistakes. Experimentation and, most importantly, experience with local organizations face-to-face at the same table have both been great teachers.

> In several cases, staff…discovered that it was not the project, and the specific outputs thereof, that mattered most, but rather the partner organization and the quality of our relationship with the partner that mattered most. This was not because the staff were unconcerned about more and better services for the beneficiaries. They realized that if the local organization could learn how to deliver quality services, manage themselves well and raise the needed resources, then the possibility existed that the target population would have an institution that could provide services for a long time to come — certainly far longer than the typical CARE project. Sustainability took on new meaning.

The lessons have more often been about how we work, and whom we work with, rather than what we work on. We began to value the qualitative aspects of partnering, not just the quantity of so-called partners. For example, in several of the case studies in this paper, the staff who engaged in partnership work discovered that it was not the project, and the specific outputs thereof, that mattered most, but rather the partner organization and the quality of our relationship with the partner that mattered most. This was not because the staff were unconcerned about more and better services for the beneficiaries. They realized that if the local organization could learn how to deliver quality services, manage themselves well and raise the needed resources, then the possibility existed that the target population would have an institution that could provide services for a long time to come – certainly far longer than the typical CARE project. Sustainability took on new meaning.[16]

We learned that when partnering leads to stronger institutions, it increases the probability of sustainability. When using partnering, sustainability is about finding key stakeholders and strengthening their capacity to muster the resources and effect change within their own society. Solutions lie in how stakeholders relate to each other and distribute resources. If capacity building and sustainability are goals, specific activities cannot matter more than the stakeholders who implement them. In each of the cases that we reviewed, CARE looked for key stakeholders and supported them to implement and build upon their strengths.

We learned that service delivery can be a means to increase institutional capacity. Implementation by a partner of a service delivery project not only strengthens the partner's service delivery capacity but also brings needed credibility for the local organization with its constituent community.[17] Even when ICB was a main goal of the project, such as in Somalia, Bangladesh and Egypt, CARE still chose to do so by enabling partners to implement service delivery projects. This choice reflects our technical strength and long experience in service delivery.

[16] One reader commented: *Institutions are not simply the means to an end – of delivering services. Even philosophically, and perhaps more controversially, helping foster the capacity of people to govern themselves fairly, effectively etc. – is not just a means of helping them achieve individual/household livelihood security. It is an aim on its own – a part of civilization which is worthwhile. We should remember that, even if logframes require us to consider institution-building as a means to a final goal of livelihood security.*

[17] For example, implementing a water project can be a vehicle to develop the capacities of a CBO.

Service delivery also played a central role in projects that took a more civil society strengthening approach. In these cases, CARE worked to strengthen the capacity of communities to ask for services, and of municipalities to deliver them. While services from the municipalities to the communities was part of the end goal, the popular participation of communities in their own local governing structures and the municipal authorities' responsiveness were the key issues we worked on, with securing services as an outcome. Thus, even in the municipal strengthening projects, service delivery was the organizing principle that motivated stakeholders, who, of course, wished to see tangible results.

On the whole, CARE has tended to work with governments, Community Based Organizations (CBOs) and Beneficiary Owned Organizations (BOOs) rather than national NGOs. A few factors influence these choices. We operate in developing countries where government is often the sole social service provider, but cannot deliver the quantity or quality of services needed. Also, our tradition of operating in under-served rural areas tends to leave us the option of BOOs and CBOs, which generally are organizations that closely relate to and reflect the interests of beneficiaries, factors that are important to us. When we do work with national NGOs it is sometimes because we are seeking particular technical expertise. Sometimes we may see working with CBOs/BOOs who have "graduated" to NGO status as a first small step away from direct implementation.

Other reasons we have had this focus may include:

- Perceived competitiveness between CARE and national NGOs
- Concern that many national NGOs do not offer clear links with the participating community or other local constituency
- A tendency of large national NGOs to attract large amounts of funding, sometimes exceeding their absorptive capacity
- A perception that national NGOs may require less ICB assistance than smaller organizations.

At the same time, larger national NGOs are more demanding in relationships, and CARE seems a little less at ease in entering these sorts of relationships. We seem to prefer to be the bigger party at the table – we're still in control. The same is true of private sector partnerships, of which there are very few. We do not yet appreciate the potential and the need to work with the private sector, much less have we learned how best to work with, or to be comfortable working with, their organizations.

Conversely, we seem to be relatively comfortable negotiating with governments when CARE is not the most powerful party at the table. This may be the case because many of CARE's relationships with governments tend to validate our traditional roles. We are often adept at working with specific government agencies, especially those with which we share technical expertise, as well as with local governmental structures on issues where we have competence, e.g. management systems, participatory planning methodologies, and service delivery. We have few institutional skills, however, to deal with the political, economic, and cultural dimensions of local governance processes.

While we often partner with local governments in emergency situations, we had virtually no documentation of CARE partnerships with local organizations in these contexts. One exception is CARE Bangladesh's work in disaster preparedness with local organizations. Perhaps because of a lack of documentation that captures the full scope of our programs, it would appear that, for the most part, we have not yet found ways to partner effectively with local organizations in emergencies. If we are not working regularly with local organizations in disasters, this may be the result of the urgency that often characterizes emergency interventions, combined perhaps with the paucity of possible local partners, other than government, when an emergency strikes.

We have also discovered that working in partnership takes more time and is more challenging than managers often expect. It also requires different skills, such as mentoring, coaching, mediation, negotiation, conflict resolution, interpersonal communications and stakeholder-oriented contextual analysis. We have found that some staff, while trained in other technical areas, have these skills innately. Others will need to be trained, or we will need to hire staff with these skills. Nurturing partnerships requires the ability to build teams, possibly among diverse partners in urban settings, and provide clear guidance to staff and partners on the means and ends for steering a path through an often messy, though rich, context.

> Partnership…requires mentoring, coaching, mediation, negotiation, conflict resolution, communications and context analysis…Some staff, while trained in other technical areas, have these skills innately. Others will need to be trained, or we will need to hire staff that have them.

One of our lessons is that experience is the best teacher. Most CARE staff came from a background in direct implementation. They found that partnership was hard work and often frustrating, but also challenging and rewarding. They went in with good intentions. In the best cases, they were guided by strong principles of respect for the partner. They muddled through. They made mistakes, had successes, and learned. A project manager from one of these cases said, *"I had ten years with CARE. I was proud of our direct implementation. Partnering changed me. It opened my eyes to the potential for having a more lasting impact. Now I wouldn't go back."* In some cases, such as the Amboro project in Bolivia, CARE hired mostly new staff and trained them to think with a partnering outlook. The experiences of staff adjustment were somewhat more difficult in other cases where the learning to partner involved some unlearning.

We have learned that we must explicitly design projects to provide learning opportunities for CARE as well as partners. Without explicit learning objectives, learning is left to chance. To ensure learning, it must be planned, funded and measured. For example, an environmental project may require enhancing our own and our partners' expertise in areas like environmental advocacy, conflict resolution, or environmental monitoring. It is quite possible to design projects with learning objectives, and technical assistance budgets that support baseline surveys, studies, evaluations, and workshops that help partners and us to increase capacity in such areas. We can also build a reflective approach into the project design so that we are constantly self-analyzing and using various means of inviting feedback from others.

Mutual learning is the most powerful. We have learned that the strongest partnerships are mutual learning experiences. We need to think about learning as a two-way process of jointly asking questions and searching for answers with our partners. We must move beyond seeing learning as one-way, restricted to giving or receiving training. A joint-inquiry style of working is a richer experience for both parties. In addition, few donors are likely to provide budgets for building CARE's capacity alone. Mutual learning objectives are more likely to be funded.

What can we say about coverage and impact? We started with an assumption that partnering was for service delivery. **Partnering has increased the scope of our coverage.** This is probably true in the programs in Egypt, Mali, and Bolivia, but is clearest in Somalia because of the special circumstances that prohibited CARE's direct presence. While CARE Bangladesh might have mounted a direct service delivery project that would have reached the same number of beneficiaries as did the partners, partnering for just three years certainly achieved greater coverage over time, and possibly at a lower cost, than had CARE delivered the services. Partnering is changing our vision of how to achieve impact and influence. While direct implementation is still useful, CARE's role as a partner is more of organizer, facilitator, and capacity builder particularly in urban areas.

We learned that partnering compounds the problems of measuring impact. There are several issues. First, there is great diversity among organizations, regarding skills and degrees of interest in measuring. Second, we have difficulty in counting only those additional beneficiaries that partners were able to reach due to CARE's added support. A recent study of the partnering API data finds that partnering complicates the issues of over and under counting, due to the range of types of relationships and benefits that can be involved (Alexander, March 2000). Finally, there is the question of how to measure and attribute changes in complex systems. (Is it possible to take a holistic view of measurement?)

We are learning that partnering becomes cost effective when it achieves leverage.
We initially thought that partnering would lower CARE's cost of delivering services. This is not necessarily so. We have learned that partnering is costly because it requires investments to build and maintain relationships and often involves significant ICB. These investments only make sense if the benefits outweigh the costs. Partnering also adds a layer of overhead since both CARE and the partner have administrative costs.

Now, instead of thinking about partnering as a way to lower CARE's cost of delivering services during the life of a project, a better measure would be the degree to which our actions leverage the efforts of others to end poverty over time. For, ultimately, ending poverty is about how societies decide to use their resources.

We have not devised ways to think about the dimensions of cost efficiency in the development process. Some issues include:

a) Is ICB a cost or an investment? If it is an investment, over what time period should we amortize the investment?
b) How do we determine the threshold where the benefits outweigh the costs?
c) What are the hidden costs to our programs – such as lost opportunities – that we incur when we decide not invest in inter-institutional collaboration?

If we are concerned with building local capacity to deliver services – which is the essence of sustainability – then it makes sense to partner with local organizations as a means of supporting their efforts to strengthen and expand their programs.

We need to look at ICB not as an added cost to our service delivery, but as a long-term investment that will continue to pay off after CARE's project ends, making development more efficient. The issue becomes not how much it costs CARE to deliver services, but rather, how much local energy, commitment, and resources CARE's investment will leverage through time.

We are now beginning to see partnering as a process of leveraging other people's resources, efforts and creativity. Ultimately, there is a larger cost/benefit issue. If skills and services like ICB support, facilitation, and networking are critical ingredients in well functioning, equitable societies, who will provide them and who will pay for them, over the long term? Donors will not stay forever. If we are to have a role, we must constantly focus on adding value in partners' eyes.

We have learned that partnering, as we now understand it, will have a substantial influence on the way that CARE does business. As we implement rights-based approaches, constituency building and advocacy, the central implication of partnering – that we must change the way CARE does business – will be reinforced. We are beginning to understand some of the issues, but CARE has not yet discussed all the consequences. Two of the greatest implications are funding and jobs.

FUNDING: *Partnering has implications for acquiring and controlling resources.*

1) **CARE staff are very concerned that CARE may be held accountable for the mistakes of its partners, thus eroding donor confidence.** The cases suggest that much of this risk can be reduced by carefully selecting partners, supporting them in appropriate ways, and providing sufficient training so that they can fulfill their commitments.

2) **CARE staff are profoundly concerned about the impact of partnering and institutional capacity building on CARE's size and, thus, their jobs.** There is a growing consensus – which is supported by the cases we reviewed – that when well done, partnering and institutional capacity building improve program quality. We do not yet know what the impact will be on future funding. Will traditional donors maintain or increase funding for such work? Will non-traditional funding sources expand as CARE gains a reputation for excellence in partnering, capacity building, facilitating, and advocacy? While we do not know the answer to these questions, it seems clear that we must seek to grow in ways that allow us to increase our quality.

3) **Another set of concerns involves the effect of partnering on administrative overhead.** Will partnering decrease or increase our program support requirements? What will be the impact on CARE's balance sheet of transferring resources to partners – or of playing a facilitating role wherein perhaps resources go directly to partners and bypass CARE's books completely? Will the volume of programming funds passing through our books generate enough total revenue to cover our overhead and to keep the ratio of administrative to program costs in balance? We are learning some lessons that contribute to answering these questions.

- Everyone wants the programming resources to pass through their books because it generates revenue to cover overhead, and helps keep the ratio of program to administrative expenses balanced. When CARE shares responsibility with partners who also have administrative costs, we must work out an equitable way to deal with overhead at the beginning of the relationship.

- When CARE plays a non-service delivery role such as ICB, or facilitating inter-institutional planning and fund-raising processes, we must recognize that these are in fact new programming roles. As such, these costs should not be relegated to administrative overhead. These new roles can be paid for in two ways: by donors, or by selling services directly to our partners. Either way, funds for non-traditional roles need to be designed into the proposals.

Although we are learning, as an institution we do not yet have standard processes to deal with these issues.

JOBS: *We know that partnering projects tend to require fewer CARE employees than direct implementation projects. Furthermore, partnering jobs often require a different set of skills and experiences, focusing on social and political capabilities.* Some staff resistance to partnering is not just linked to fears about potential job loss. In some cases, it involves fears of not being able to perform new tasks, as new skills are valued.

The importance of partnering is generally recognized across the organization, but it is not universally supported either because it is not well understood or because its implications are feared. On the other hand, many staff have embraced partnering as a learning challenge and a career opportunity and believe that it is crucial to CARE's continued relevance as a development organization. As the number of these people increases across the organization, CARE is becoming more comfortable with partnering.

We must learn to partner within CARE. As we examined the lessons of trying to partner externally, many staff acknowledged that we are not always very good at partnership internally. To partner well, we must practice our core value of respect for different views, whether it is across CARE USA's various divisions or with our CARE International colleagues. While CARE USA has taken significant steps to work with CI members as partners, we recognize that we can deepen these partnerships. Learning to respect each other and partner well internally will prepare us better to partner externally.

V. CONCLUSION

This paper examines more than five years of CARE USA's field experimentation with partnering. We had varying results in terms of success, but there was significant learning along the way that has brought us new insights. The most critical of these insights is that a genuine practice of partnership is different than what we originally thought. It requires more of us, individually and institutionally.

Our original numbers orientation to partnering set us off on a skewed path, but we learned relatively quickly that the quality of the relationship, that is, how we worked with others and who we chose to work with us, dictated how successful we were in the partnership.

This study found that partnering is ultimately about valuing the other person, and that achieving CARE's vision of ending poverty is ultimately about building synergistic links among organizations – at all levels of society – that are working for positive outcomes of complex problems. In these cases, CARE's most productive role was to support the partners in ways that added value – in their eyes – to their ongoing efforts, and to ours.

Experience suggests that while partnering is a useful option to increase the coverage, impact, or sustainability of service delivery, it is essential to a rights-based approach that strengthens civil society and builds constituencies.

CARE's most successful partnership experiences involved a core attitude of respect for the role of the other, openness to mutual learning, and flexibility to mold the relationship as learning occurred. We must be careful to refrain from taking an imperious attitude, but not under-value our own knowledge. CARE's technical competence is crucial to adding value in partnerships. Thus, each of us has something to share, and we must seek opportunities to learn together.

Our challenge is to build **new** areas of technical excellence in holistic analysis, facilitating and capacity building if we are to become a partner of choice.

Core areas of excellence for partnering include new skills, behaviors and attitudes, continual learning, and partnering-friendly systems. These, if we organizationally choose to develop them, will combine to produce a change in our own identity. This is, in fact, already happening. But it is piecemeal, and many who are engaged in the process feel that CARE does not yet support the deep organizational culture changes that are required for genuine partnering.

From the top down, CARE remains a culture that consistently values and rewards bringing in large amounts of money and implementing large projects. In order to promote partnering, we will have to acquire new skills and promote other behaviors and values. We must also learn to partner internally. Making our organizational culture more partnering-friendly will take time, resources and sustained leadership.

Although rights-based programming approaches, constituency building and increased resources are the watchwords of CARE's new organizational strategy for the next five years, we must be careful to integrate and act on our past five years of learning from partnering. Partnering was the first of CARE's more outward-looking strategic directions, and its implications for how CARE must change are, consequently, similar to what CARE is likely to face for rights-based approaches and programmatic constituency building.

KEYS TO SUCCESS:

- Partnering is ultimately about valuing the other person. Achieving CARE's mission… is ultimately about building synergistic links among organizations.
- Each of us has something to share and we must seek opportunities to learn together.
- Our challenge is to build new areas of technical excellence in holistic analysis, facilitating and capacity building if we are to become a partner of choice.

If CARE is to fulfill its vision of being a partner of choice, the organization must take action on what we have learned. CARE's leadership and its staff around the world will need to consider these issues:

- **Attitudes.** How do we change our organizational culture so that the attitudes we bring to partnerships are the most productive ones? The behaviors and attitudes that are rewarded will be the ones that will continue. What incentive structures will produce the desired change?
- **Skills.** How do we train for or acquire the skills that are needed? How can we retain experienced staff, and assure that their experiences are shared? As we increasingly partner with organizations and people at all levels of society, how must our staffing profiles adapt?
- **Systems.** How much latitude do we have to be flexible regarding partners' needs within the existing constraints imposed by donor accountability? What role can we play to influence donors to change the constraints?
- **Learning.** How do we design learning objectives and opportunities into our working routine, and into the organizational incentive structure? How do we more widely disseminate promising practices like those outlined here? What are the implications of change for our organizational culture?

CARE and many other organizations are engaged in a grand process of trying to figure out how to work more effectively together to eradicate poverty. We must begin to systematically share and learn from each other. We will need to engage all of our strengths and shed many of our weaknesses to succeed. Change will need to be incremental, but it will need to be steady.

> An employee of CARE-Haiti summed up partnering when he said:
>
> *"For me, you are my partner when I can hear you. We can sit together, discuss, think, and see how we can do things together. We are partners when we can discuss about all things. I am not the boss. You are not the boss. We must discuss on the same level."*

[18]

[18] Stuckey, Joseph. 1999. "Partnering Experience Review: Lessons and Strategy Options." CARE Haiti.

APPENDIX 1 – EXTERNAL CASES

A. *Case 1: Kangaroo Child and Youth Development Society and Save the Children Fund – USA, Ethiopia*

Save the Children's Partnerships for Innovation in Education (PIE) project partners with ten local NGOs and CBOs in Ethiopia to build the capacity of indigenous civil society organizations to carry out innovative, sustainable education programs. PIE was established with a value-driven, process-oriented vision of partnership. Once conceptualized and staffed, the PIE team began a six-month partner selection process. Once they had a good understanding of the local context, they identified criteria for selecting local partners: formal registration; willingness to undertake innovations in education; flexibility and willingness to work in close partnership; shared vision, mission, and working principles; commitment to community participation; and responsiveness to community learning needs.

> Banyan Tree played an unusual role for a donor in influencing, rather than driving, the project. Their flexible and visionary style of interacting with PIE staff has transferred to the relationship between PIE staff and Kangaroo. As a result, its core values and style, which govern the partnership, are present at all levels.

The initial process required patience and sensitivity. Many local NGOs were not accustomed to the new approach to partnerships and innovative programming, as they were more accustomed to donor driven relationships. Through dialogue and on-going exchange, PIE was able to identify and select local partners, one of which was The Kangaroo Child and Youth Development Society (Kangaroo). Kangaroo was established in 1997 to address the need for alternatives to the formal education system in Ethiopia. It was founded by a group of civil service and education professionals as a membership-oriented NGO. Kangaroo was referred to the PIE project through a contact at UNICEF. Ato Mulugeta Amena, Kangaroo's Executive Director recalls the initial discussions with PIE favorably; "We discussed issues with them, such as innovations, non-formal education, gender, and found we had similar values, goals, and visions."

The most important elements of the cooperation between PIE and its partners like Kangaroo are the human, informal relationships. The PIE team invested time and resources in creating open, friendly, and warm relations with its partners. Communication is frequent and often takes place through spontaneous visits or phone calls. Formal arrangements like proposals, written agreements, and reports are utilized but only to support and document what has been understood by both parties. PIE avoids typical arrangements like contracts and pre-specified reporting formats, which can be too rigid and burdensome for local NGOs. By negotiating memorandums of understanding and reporting requirements with partners, they arrive at mutually satisfactory and useful arrangements.

The donor, the Banyan Tree Foundation, has been a key part of the partnership success. Banyan Tree played an unusual role for a donor in influencing, rather than driving, the project. Its flexible and visionary style of interacting with PIE staff has transferred to the relationship between PIE staff and Kangaroo. As a result, its core values and style, which govern the partnership, are present at all levels. They include:

- Results that stem from a relational orientation, emphasizing process of mutual respect and trust, dialogue, and mutual understanding;
- Open communication and flexibility in responding to each other's needs;
- Respect for autonomy, with space for new initiatives to come from partners; and
- Action learning and capacity-building of implementing partners.

> PIE expects to learn from its partners. Technical assistance and relatively small amounts of funding strengthen the capacity of PIE's partners by supporting their work. PIE feels that this seed fund approach discourages dependence on the donor.

Primary emphasis for the partnership is on building relationships of mutual understanding, trust, and open communication. PIE interacts flexibly with its partners, responding to new developments and problems as appropriate. A supportive learning environment is created to encourage the development of innovative and appropriate models. PIE also made it clear that they expect to learn from their partners. Technical assistance and relatively small amounts of funding strengthen the capacity of Kangaroo and PIE's other partners to support their work. PIE feels that this seed fund approach discourages dependence on the donor. The partners are encouraged to keep the funds in a local account close to the communities. Accounting practices are viewed as a capacity-building opportunity for the local NGOs and reporting is developed according to the projects being implemented by each partner.

Both partners value the partnership. Kangaroo has found in PIE a partner who supports the development of its mission and programs. Results are witnessed in both their programs and in Kangaroo's capacity. Programmatic benefits include new schools, educational programs, trained teachers and new models of designing and delivering basic education. Kangaroo's capacity benefits include a strong mission and strategic focus as well as the confidence and skills to manage a local NGO, including proposal writing, computer training, fundraising, and report writing. Kangaroo and PIE's biggest challenge to the success of their partnership is the need for further mobilization of financial resources. To this end, PIE is working with Kangaroo and other partners to develop their proposal writing and fund-raising skills and are attempting to link Kangaroo with other potential international donors.

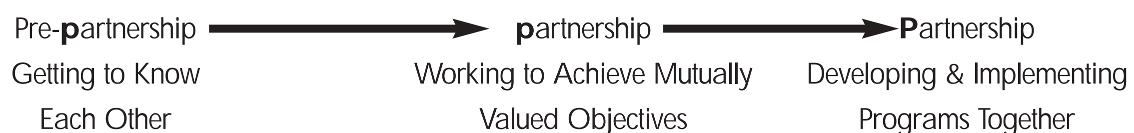
At the time the case study was written, the project was in its second year. The authors noted that if the results were to bear out the early signs of success, the value of replicating the PIE approach in other countries and in other fields would be very high.

B. *Case 2: Building the Capacity of Several Intermediary NGOs and CBOs World Education, Namibia*[19]

World Education's Reaching out with Education to Adults in Development (READ) project was initiated in 1993 with funds from USAID. A five-year project, READ was designed to provide a combination of grants, training, and technical assistance to Namibian NGOs to increase their capacity to deliver services and education to historically disadvantaged adults.

When Namibia became independent in 1990, it inherited a legacy of apartheid policies that created a dual economy with wide disparities in income and resource allocations. Given Namibia's history, World Education entered into a challenging situation where it needed to prove itself as open, flexible, supportive, and trustworthy. The first year of the project was devoted to developing relationships with the NGO community, understanding their particular needs, and providing initial support in the form of small grants and short-term training workshops. In year two, these relationships expanded and a new stream of activities specifically tailored to HIV/AIDS concerns were added along with longer-term training programs focusing on training-of-trainers and Master Trainers workshops. By year three, World Education decided to focus 80% of its support and capacity-building efforts on a select group of partner NGOs. To formalize these relationships, an eight-step process was created that involved a joint institutional assessment (JIA) with each NGO and the development of partnership agreements that outlined organizational objectives and an appropriate mix of support. Over the course of year three, READ began to look towards strategies for institutionalizing services within the NGO community and identifying exit strategies.

Throughout the course of the project, READ staff recognized that the partnership process it was establishing represented a continuum of stages. Paced according to the organizational needs and local realities, movement along this continuum was resulting in the development of strong and effective partnerships. It became clear that developing partnerships (with a small "p") represented not only important development interventions but also, on occasion, the first step towards developing a more broad-based and integrated relationship with selected Partners (with a capital "P"). Thus, READ's partnership process allowed NGOs to define a relationship with World Education that best suited their needs at a particular stage and time in their organizational development.



[19] Excerpted from: Mullinix, Bonnie. 1998. "Nurturing Partnership: World Education's Experience Supporting Namibian NGOs." In World Education, Inc., (Boston), Reports 32: 20-23. (Summer).

The majority of organizations who benefited from the partnership process often concluded their relationship appropriately at the partner level. For other organizations that expressed an interest in, and potential for, institutionalizing READ services and offering support to other Namibian NGOs, READ explored the possibility of expanding the relationship toward a fuller Partnership. Such partners included umbrella and networking organizations like the Namibian NonGovernmental Forum and the Namibia Network of AIDS Service Organizations as well as other NGOs such as the Private Sector Foundation (PSF).

PSF, founded to mobilize public and private sector resources to confront problems related to small business and human resource development, labor relations, and housing, was part of the first group of NGOs to enter into READ's partnership process. It was also one of the first to proceed along the continuum into broader Partnership activities. Once familiar with each other's goals and objectives, PSF conducted a joint institutional assessment to identify its strengths and weaknesses that in turn served as a base for the development of a plan. The result was a profile of PSF's organizational capacity, the prioritization of support needs, and a set of objectives and indicators for partnership activities and evaluation. This information formed the basis for a written partnership agreement.

> Through its partnerships, both WEI and its partners have been able to "do more" than they would have on their own. It is World Education's hope that their Partnerships are enabling both organizations to "become more", expanding collective horizons and impacting positively on development.

PSF received grant support from READ to redesign and expand its credit and training services. Staff participated in nearly every training opportunity offered by READ. Two of their trainers were chosen to redesign and co-facilitate READ's 1996 training-of-trainers workshop series and to begin a year of mentored training as Master Trainers. PSF has now taken over complete responsibility for the implementation of READ's 10-month training-of-trainers workshop series. In addition, PSF developed an Advisory Board that was diverse in origin and experience, representing the multiple interests of their clients.

As a USAID-funded project, focused on grant distribution and capacity building for NGOs and slated to end in 1998, READ had inherent limitations. It was automatically directed towards certain types of relationships and confined to time-bound partnerships. It had to work with organizations that understood and accepted this reality. The concept of a partnership continuum provided staff with a framework that offered a variety of models for partnering with Namibian NGOs based on their needs at a particular stage and time in their organizational development. Through its partnerships, both WEI and its partners have been able to do more than they would have on their own. It is World Education's hope that their Partnerships are enabling both organizations to become more, expanding collective horizons and impacting positively on development.

C. Case 3: Building the Capacity of a Local Grant-Making Foundation: Fundación Esquel Ecuador, The Synergos Institute & International Youth Foundation[20]

The Fundación Esquel Ecuador (FEE) was created as a member of the Grupo Esquel, which was conceived in 1978, a network of independent, Latin American, nonprofit social development organizations in Chile, Argentina, Uruguay, Brazil and Peru. In the late 1980s, members of the Grupo Esquel were wrestling with how to provide some structure and financing for initiatives in the network's member countries. During this time, Grupo Esquel's President, Juan Filipe Yriart, and Vice President, Roberto Mizrahi, were introduced to Peggy Dulany and Bruce Schearer, founding President and Executive Director, respectively, of The Synergos Institute. They quickly discovered that local financing for development was a concern shared by Synergos. "Synergos had been focusing on cross-sector partnerships to address poverty, but in all our relationships with nonprofit partners in the South the issue of resources kept arising," Dulany says. "It took so much time to raise funds that the idea of a pool of funds inside the country seemed to make sense." What was needed in Latin American countries, they reasoned, was a foundation that could function independently to channel funds to local nonprofit organizations.

Shortly thereafter, Grupo Esquel approached Synergos with a partnership proposal. For Synergos, this was an opportunity to get involved in an idea in which they believed. As Dulany explains "Synergos was interested in the foundation structure as a vehicle that potentially could be used around the world. However, Synergos needed to learn about the challenges, difficulties, and needs in establishing and growing this type of institution. FEE became a partner in learning about and solving these issues." A working group was mobilized with members from Grupo Esquel and Synergos to discuss strategies and goals. Synergos put the team in contact with the Rockefeller Foundation (RF) and provided technical assistance in strategizing about their approach. Because the group had no experience, RF offered them funds to flesh out a strategy for establishing and managing the new institution. As a result FEE carried out an extensive feasibility study addressing legal, financial, organizational, and operational issues. With a clearer picture of the institution they wanted to create, the team prepared to return to RF for a larger grant to launch the institution. Synergos' Schearer spent a month in Quito with the team advising them on preparing an extensive proposal and financing plan. Negotiations were successful and in 1991 RF offered them a bridge grant of $250,000 that allowed the group to begin institutional development and provide some grants. RF eventually approved a $1.5 million grant in 1992, part of which was to be used as leverage for a debt swap transaction with the Central Bank of Ecuador.

Part of the negotiations involved linking FEE with another new foundation initiative – the International Youth Foundation (IYF), a US-based organization dedicated to promoting the development of locally based foundations for children and youth in other countries. This was an opportunity to help both institutions by encouraging IYF and FEE to form a partnership and thus channel funding through the US institution to FEE. Carol Michaels

[20] Excerpted from: Adoum, Alejandra and Angela Venza. 1997. "The Esquel Ecuador Foundation (Fundación Esquel Ecuador) – A Case Study." In The Synergos Institute's (New York), Series on Foundation Building.

O'Laughlin, Director of Programs at IYF, says, "It was really a moment of opportunity. Ecuador was one of the countries IYF planned to work in…FEE fit a lot of our criteria in terms of being pluralistic, having a diverse Board, having a system in place for program review, being national in scope, being a foundation having a mandate of working with children and youth, and being committed to local philanthropy." In turn, IYF learned a lot from FEE in terms of developing country contexts, methodologies and partnerships. In O'Laughlin's words: "The partnership has changed in many ways over time. There was a courting period, perhaps the first year, when trust was being developed and common terminology worked out. Each was trying to respond but also demonstrate a certain level of autonomy. In the early stages there was a lot of discussion particularly around the concepts, missions, and methodologies related to children and youth programs. It took time to come to a common agreement on the definition of children and youth programs and we both moved, no question." According to Boris Cornejo, a founding member of FEE, "…we share a lot of trust for each other…we share experience, knowledge, and methodologies in questions related to children and youth. The IYF made it possible for us to become familiar with other experiences at the international level, and at the same time to share ours with others. Given our common vision regarding our mission in this context, work has been both very productive and mutually enriching."

"The partnership has changed in many ways over time. There was a courting period, perhaps the first year, when trust was being developed and common terminology worked out. Each was trying to respond but also demonstrate a certain level of autonomy. In the early stages there was a lot of discussion particularly around the concepts, missions, and methodologies related to children and youth programs. It took time to come to a common agreement on the definition of children and youth programs and we both moved, no question."

To date, FEE's three main program areas are grant making, building national consensus, and fostering a culture of philanthropy and solidarity with unempowered populations. Grants are given to projects in defined areas focusing primarily on youth, children, women, and indigenous populations. Both The Synergos Institute and IYF maintain an ongoing relationship with FEE. Synergos and FEE maintain annual work plans addressing such issues as foundation building in Ecuador, resource mobilization and financial sustainability, policy and fundraising from bi- and multi-lateral organizations, and social venture capital funds. IYF continues its grant support for FEE's core operations, children and youth program, management information system, and endowment.

APPENDIX 2 – URBAN CASES

Below are descriptions of CARE's urban programs in Madagascar, Zambia and Mozambique and their lessons, as presented and discussed at the November 2000 Partnership Workshop in Sussex, England.

A. CARE Madagascar's Urban Development Program[21]

The Mahavita project is an HLS program in the low-lying urban areas of Antananarivo that are most vulnerable to flooding, poor drainage and lack of sanitation infrastructure. Interventions are designed to increase household income and savings, empower communities to address constraints affecting their ability to control their own resources and livelihoods, empower communities to create and maintain a healthy and hygienic environment, and enable households to practice healthy behavior.

The three guiding principles of the program are: HLS, participatory governance, and partnership. A community partnership began with a collaborative agreement between the fokotany (community government) and the Mahavita project. Community members carry out their own needs assessment/diagnosis and problem analysis. Subsequently a community development plan is linked to the analysis. Activities are directly implemented by a coalition of government agencies concerned with providing and maintaining infrastructure, as well as the Ministry of Health and the Municipal Government. CARE's role is to link communities to service providers. CARE also funded an initial cash-for-work phase, once a plan was in place. The pilot activities include canal rehabilitation and maintenance, garbage and fecal matter management, and water. The pilot project is now spreading to other communities.

The program's anticipated results are:

- Community groups, service providers, other NGOs and private sector are able to work together in improving livelihoods;
- Communities and service providers take ownership of their problems; and
- Community members ultimately take responsibility for defining and achieving their own development.

The Safe Water Project was another successful partnership in Madagascar involving CARE, PSI and the Center for Disease Control (CDC), as well as the private sector. The quality of water coming out of taps is good in Antananarivo, but contamination takes place during transport and storage. CDC did the technical research to come up with a water disinfectant and a better way to determine the dose. Together CDC and Procter & Gamble developed a 20-liter storage vessel with its own tap. PSI got involved with production and distribution,

[21] Presented by Chris Dunston.

while CARE provided knowledge of the most vulnerable groups. The project is now going national. Such a partnership combines the essential elements of scientific research, social marketing and social mobilization to reach the highest level of sustainable impact.

B. CARE Zambia's Partnership for Urban Livelihood Development[22]

The PUSH Project aims to reduce poverty through institution building, infrastructure improvement and micro-finance in urban areas characterized by high population density and a highly politicized environment. While initially food driven, using food for work with support from CIDA/WFP, it now focuses on sustainable livelihoods and community participation. Another project, PROSPECT, focuses on water supply construction.

CARE has removed itself from the center of learning and development, and works to facilitate the process of partnership among community Area-Based Organizations (ABOs), the public sector, the private sector, donors, other NGO's and support agencies.

Identifying and engaging constituents has been an evolving process. During the FFW phase, the project worked with civil servants. There were no viable NGO strategic partners, so the focus eventually turned toward empowering communities to take a leading role in their own development, while helping the municipal Council learn to facilitate formation of a representative community structure. The empowering process involved iterative cycles of participatory appraisal and needs assessment, planning and formation of ABOs.

There are no formal overarching agreements; instead, agreement exists through general understanding, letters and steering committee minutes. Roles and responsibilities change, necessitating a flexible attitude, and a grasp of principles and systemic relations rather than a recipe. CARE works directly with the ABOs, gradually trying to bring in the Council. Council staff support infrastructure works, provide policy guidance and approvals, and provide input to project design through the steering committee and various policy meetings.

The partnership was refined over time. A community may be highly motivated to participate voluntarily in the beginning, but eventually it is essential to mobilize local resources to institutionalize needed functions. Meanwhile, the Council's role increased through training and participation in policy discussions. Trust that CARE is trying to strengthen the Council's position comes through joint work and friendships, and openness in review meetings with donors. Monitoring and evaluation takes place through ABO self-monitoring, resident awareness surveys, livelihood assessments and water surveys, as well as external reviews and evaluation.

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[22] Presented by Darren Hedley.

LESSONS LEARNED:

- CBO partners and co-facilitators have the capacity; representativeness and accountability to the community is growing; in fostering community, there is reasonable expectation of volunteers; and participation of gender groups is active (women's groups tend to have a greater sense of mission, e.g., preventing property loss by widows, addressing domestic abuse, etc.).

- Partnerships lead to policy engagements.

- Donors and NGO's show increasing confidence in ABOs.

INSTITUTIONAL CHALLENGES:

- Changes are required in skills, systems and cultures, particularly regarding motivation of Council staff. Greater general capabilities, such as unbiased systematic analysis and the ability to engage wider participation, and relationship capacities, such as humility, the ability to give and receive feedback, and friendship skills, are needed.

- An emphasis on products over process, that is, the pressure to produce early results, must be avoided. CARE has to be ready to mobilize quickly when new needs emerge. This could be done through a forum of NGOs or broader networking with international NGOs.

C. Lessons Learned from Southern Africa (Mozambique)[23]

The Mozambique Kuyukana Urban Project works to build capacity in local government (new Municipal Council) and at the local level within three neighborhoods (barrios). It supports improvement of services and activities, through savings groups and the Optar youth center.

Soon after start-up, the project was affected by the floods of February 2000, which revealed that no one in the country knew what anyone else was doing. CARE, based on a prior survey on how to most effectively achieve leverage with the Council, decided to fund a coordinator/secretariat in the Council to organize and document regular meetings of NGOs engaged in emergency activities.

CARE's assistance in increasing coordination has gained the trust of the Council and opened up a range of opportunities. For example, since CARE is the sole NGO on the regulatory body overseeing privatization of urban water supplies, it can obtain information from the engineering firm on feasibility of different service level options at the barrio level. CARE is also supporting the Council in activities to prevent gully erosion in the worst hit barrios.

[23] Presented by Michael Drinkwater.

D. Summary from the Three Urban Cases:

1. KEY LESSONS LEARNED FROM PARTNERSHIP IN URBAN LIVELIHOOD PROGRAMS:
   - In an urban setting, it is impossible to achieve anything without working in a series of collaborative partnerships.
   - Partnerships are diverse, some compulsory and others optional, and develop over time, often unpredictably.
   - Nurturing partnerships requires the ability to build teams and provide clear guidance to staff and partners on how to steer a path through a rich, complex and messy context. HLS provides a clear framework.

2. SHIFTS IN CARE'S ROLE:
   - CARE promotes participatory governance, shifting to democracy and governance strategies, rather than CBO strategies. It promotes empowerment through inclusive participation. Using the right to minimum consumption as an approach, CARE builds people's confidence in their ability to act upon their situations. CARE demonstrates how to place pressure on government to meet its responsibility regarding social and economic rights.
   - CARE contributes institutionally, by brokering innovative relationships between organizations that have not worked together previously. Such a role requires appropriate positioning, trust building, holistic stakeholder analysis, faith in the value of open dialogue, and patience.
   - CARE contributes conceptually, by implementing pilots, developing models, and promoting innovation.
   - Brokering information management among stakeholders.

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CARE USA

Partnership and Household
Livelihood Security Unit

Part 3 of a Trilogy

RECOMMENDATIONS

PARTNERSHIP RECOMMENDATIONS

recommendations

INTRODUCTION

Over five years ago in CARE USA's previous strategic plan, partnership was made a key approach to CARE programming. Since then, CARE staff around the globe have creatively experimented with partnership, accumulating a variety of lessons and insights about its practice. The most critical insight is that partnership is different than what we originally thought. It requires more of us, individually and institutionally.

During this same time period, partnering has been made a crucial part of the organization's larger agenda. CARE International arrived at a vision of the organization "as a partner of choice within a worldwide movement dedicated to ending poverty." Currently, CARE USA's new strategic plan for FY02-06 calls on the organization to integrate and build upon our learning from partnership to support the new strategic directions of rights-based programming and constituency building.

Over the last year, CARE USA has engaged in a careful study of what we have learned in partnership. These lessons from the field – conceptual and practical, which were the subjects of two previous papers – now beg to be heeded. They will require organizational changes that will be not be easily made. These changes touch deeply on our organizational culture: what is valued and rewarded, what is aspired to, and our concept of ourselves and the role we play in development.

To increasingly leave behind direct service delivery and truly implement partnering, CARE will confront the challenge of trading direct control over implementation for influence with key stakeholders. CARE may face managing fewer resources directly, while simultaneously mobilizing more resources that partners manage. This new role is pertinent to our strategic direction on resource mobilization and critical given that ending poverty is ultimately about how societies decide to use their resources.

Partnership is important as our first truly field-tested strategy to look beyond ourselves to external relationships, which is the focus of our current overall strategic plan. Heeding its lessons may well prove crucial to CARE's success in the new strategic directions, especially rights-based programming and constituency building.

In rights-based approaches, as in partnership, a profound respect for those with whom and for whom we work is central. To build constituencies, partnership is a programming cornerstone. In partnering we have learned that CARE does not have all the answers, that we have as much to learn from as to contribute to our partners and their constituents, and that to address poverty's underlying causes and act on our vision of a being a partner of choice in a worldwide movement to end poverty requires that we act in concert with other organizations.

1. *Internalize partnership as a philosophy and strategy that is integral to rights-based programming and constituency building.*

Making partnership a philosophy will require an attitude shift and a cultural change, for CARE may often be more effective when it is not center stage. CARE will increasingly lead by playing catalytic and supporting roles, becoming more a facilitator than a "doer." It will leverage its impact by enabling others to lead their own development efforts to end poverty. CARE must move toward greater conceptual clarity about this evolving, more outward-looking role in working with others to address the underlying causes of poverty.

ACTIONS: Disseminate partnership principles and lessons and integrate them with new strategic directions, particularly constituency building and rights-based programming. Create an institutional culture for feedback, sharing experiences and mutual learning. Create a programming framework that emphasizes context analysis, capacity building, effective relationships and constituency building.

2. *Ensure that staff have the skills to partner.*

Our challenge is to build new areas of technical excellence in holistic analysis, relationship building, facilitation and capacity building to become a partner of choice.

ACTIONS: Hire, train and develop staff for skills in holistic context analysis, negotiation, coaching and mentoring, communications, organizational development and conflict resolution. Staff competencies and training must emphasize respect for the knowledge and roles of others and transparency in relationship building.

3. *Learn to partner internally within CARE USA and deepen our partnering with CARE International.*

We must apply the same principles and use the same skills in our internal and external relationships.

ACTIONS: Apply partnering principles in division-to-division relationships within CARE USA and in relationships with CI members. Make partnering part of the job descriptions of staff responsible for such relationships. Inculcate a culture of respect for internal partnerships.

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4. *Align CARE program support systems and structures to support partnering.*

The ways we raise money, motivate staff, and manage resources are geared toward direct delivery and donor accountability, which have been key strengths for CARE. We must now find ways to evolve our organizational systems to support CARE's new programmatic roles. A key constraint to expanded partnering is a lack of accountability systems for when we support **others** to implement. For example, while preserving financial stewardship, we must adapt financial reporting requirements to the needs and possibilities of our partners.

ACTIONS: Review practices and processes in Program, Human Resources, Finance/Administration and External Relations to identify best practices and make changes to align CARE's policies and systems with the requirements for effective partnering, and to recommend issues for donor advocacy. Revise contracting and control procedures for partnerships.

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5. *Work to overcome donors' constraints on partnering. Help donors understand that partnership entails greater flexibility in their procedures, regulations and timeframes.*

Donors must alter their expectations about field operations when we are working with partner organizations that are just developing their institutional capability to implement projects, develop systems and report financially. CARE's work is in fact to assist them to develop those capabilities, without which donors' funding will likely be poorly spent on unsustainable short-term results.

ACTIONS: Increase donor awareness of the importance of institutional capacity building, and the need to invest in process outcomes as a valued result. Increase donors' sensitivity to the limits of partners' financial reporting capabilities and expand donor willingness to be more flexible. Demonstrate with case studies and pilot programs how CARE can build partners' capacity for financial accountability, enabling them to meet more flexible donor requirements.

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6. *Learn how to provide accountability to partners, not just donors.*

The results of our partnerships must satisfy our partners' constituents as well as our own. Our respect for partners is demonstrated by being as accountable to them as we expect them to be to us, and as we are to our donors.

ACTIONS: Strengthen project design processes, information systems, and communications practices to be more inclusive of partners and responsive to their constituents so that information is shared, results are captured and learning is emphasized.

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7. Develop new ways to measure results.

We do not yet have an ideal set of tools to measure progress in partnering, nor to attribute results attained through such relationships. Partnering has extended our influence on key stakeholders as well as our reach to a greater number of beneficiaries, though our counting of beneficiaries has been flawed. Progress in our partners' institutional capacity and the satisfaction of their constituents are two better ways to measure results.

ACTIONS: Further develop and expand the tools for organizational development assessment and appreciative inquiry-based documentation. Focus on stronger, more capable partners as our best result. Measure partner satisfaction as well as donor satisfaction.

8. Undertake a process of organizational transformation that supports partnering.

The FY02-06 Strategic Plan calls upon us to integrate partnership's lessons. As our primary field experience in outward-looking relationship building during the last five years, partnership provides us with crucial insights. Partnering is the programmatic cornerstone of constituency building for it is about linking the efforts of diverse organizations in relationships that recognize the rights and responsibilities of people as protagonists of their own development. CARE's leadership must now put in place a process of organizational transformation that promotes and implements the organizational changes that not only partnership but also constituency building and rights-based approaches require.

ACTIONS: Affirm CARE's continued commitment to partnership. Identify partnering as the programmatic cornerstone of constituency building and integral to rights-based programming. Work to elaborate on the commonalities of relationship-building approaches to development, including partnership, constituency building, rights-based programming and gender and diversity. Incorporate organizational change objectives supporting partnership into strategic plans, AOPs and IOPs.

August 6, 2001

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