**Partnership and Household Livelihood Security Unit
CARE USA**

Promising Practices

A Case Study Review of Partnership Lessons and Issues:

What we are learning in CARE

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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 (1996-01), 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. In addition, lessons on partnering in urban areas are included, drawn from CARE's November 2000 Sussex partnership workshop. Another paper, "Partnership Principles: What We Have Learned About Partnering and Institutional Capacity Building Concepts," covered conceptual issues and is available through CARE USA's intranet.

From the case studies, a set of practices stand 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.

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 strengthen civil society.

4) We learned that partnering compounds the problems of measuring impact. Partnering may or may not be more costly, depending on the circumstances, and how one counts the cost of capacity building which is expected to yield future benefits.

5) CARE faces a range of obstacles to practicing partnership more widely. For example, we need an <u>attitude</u> that values local knowledge and leadership and that values civil society as well as human-services results. We must expand our <u>skills</u> and expertise to become highly proficient at supporting the efforts of others. We need <u>organizational systems</u> and organizational culture that maintain accountability while also rewarding flexibility, responsiveness, innovation, and learning. We will need to learn how to <u>measure results</u> when we contribute to changing complex systems. We need to understand how <u>donor issues and concerns</u> 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 <u>accountable</u> 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.

Since 1994, 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.

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 FY2000 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 FY'00 included the objective *"document lessons learned in partnership and revise strategy in order to position CARE for future directions."*

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."***

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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

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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.

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 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.

At the time when 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, by strengthening 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.[5] 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. 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.

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 (1996-01), 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.

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[5] 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, 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.

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 Section II.C, and three cases from other organizations, presented in detail in Appendix XX. In addition, observations about CARE's new urban partnering experiences in Madagascar, Mozambique and Zambia are included in the discussions below of overarching issues and promising practices (Sections II, B. and D.) Details of the urban programs are presented in Appendix XX.

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

B. Overarching Issues

This section covers some of the partnering issues and lessons that have strategic implications for CARE's programming.

Everything became "partnership." When CARE set partnership as a key strategic direction in the first CARE USA-wide strategic plan 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."[6]

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 beneficiaries or target populations which CARE would otherwise be unable to reach.   This, it should be noted, was our specifically stated goal.

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.

Nonetheless, along the way in the last four 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 or by having gone down the wrong path for a little while. Experimentation and, most importantly, experience with local organizations face-to-face at the same table have both been great teachers.

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

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[6] 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."

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. [7]

We learned that service delivery can be a means to increase institutional capacity.
Implementation of a service delivery project not only strengthens a partner's service delivery capacity but also brings needed credibility for the local organization with its community. Even when ICB was a main goal of the project, such as in Somalia, Bangladesh and Egypt, CARE still chose to do so through implementing service delivery projects. This choice reflects our technical strength and long experience in service delivery. [8]

The projects where service delivery was less emphasized tended to be those where we worked more to build bridges between communities and municipal authorities, that is, when we specifically took a more civil-society-building approach. 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, wish 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;
- a tendency of large national NGOs to attract large amounts of funding, thereby creating problems of absorptive capacity;
- a feeling by CARE that national NGOs do not offer clear links with the participating community or other local constituency.

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[7] 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.*

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

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.

On the other hand, we appear to be rather 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 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.

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 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.

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, inter-personal 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 that have them. 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. CARE staff often 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 they 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. 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 ourselves to increase capacity. 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, sustainability, 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 <u>over time</u>, 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.

Partnering has increased the <u>probability</u> of sustainability[9] (by definition, we can not measure sustainability until afterwards) by strengthening institutions. We saw this repeatedly in nearly all the cases, but most notably in Egypt, Bangladesh, and Somalia. By partnering, we are increasing our understanding of how to create continuity in development efforts.

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, is the 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?)

Partnering may or may not be more costly. We have not devised ways to think about this. 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) Partnering requires more investment in establishing relationship processes. 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?

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.**

It is important for CARE to understand that it is not alone in struggling with partnership concepts. Like other NGOs, CARE is grappling with how to incorporate partnering and capacity building into its ongoing programs. The external case studies offer CARE staff insight to 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.

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[9] Sustainability has not been clearly defined in CARE. It can either refer to service delivery, or to the processes that produce the conditions for livelihood security. The meaning usually depends one's objectives.

In each of the cases, the impact of the partnership was greater than the sum of its parts. 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.

There are many similarities between the experiences of other organizations and those of CARE. 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.

C. Five CARE Cases

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, and 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. However, 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; and
- Local NGOs were in critical need of strengthening and capacity building in financial and administrative management and organization.

Based on these three lessons, CARE Somalia modified its agreement with

> 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.

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 CARE'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 the field realities and it was 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 proposed project. 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.

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.

Noteworthy with regard to the good contextual analysis done by CARE Somalia, 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 helped inform a good analysis of the current context, organizational development and capacity building skills, a regional office structure that kept CARE close to its partners, the willingness to work closely with partners until they were able to implement on their own, unflagging support of partners in developing their potential, creation of institutional assessment and monitoring tools and audit procedures that worked, and flexibility in time, implementation, and approach, such as 1996 adjustments to strategy, and an overall a learning environment within CARE.

> 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.

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 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 and 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 trainings 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 also minimizes security and investment risk rather than in clustered concentrations or large-scale projects.

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,

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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 the 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, efforts by CARE partners to require community efforts 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.
- Clarity of purpose, flexibility of practice;
- Partner selection linked more to 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;
- Work 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. (The NGOs were in fact all CBOs--in the sense that the target population was resident in same community, but were legally registered as NGOs.) 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 <u>learning by doing</u>. 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; and
- 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. <u>Organizational identity</u>—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. <u>Activities and Resources</u>—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. <u>Relations</u>—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 and, as it begins its activities, the community's relationship with it evolves from 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 a 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.

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 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.

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.

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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.

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 enabled local organizations to learn by doing, and is an effective approach to ICB;
- Service delivery by partners builds community relations and trust for the partner;
- Using cross visits to other NGOs and government agencies for purposes of tailored training is an effective approach not only to ICB but to networking for the partner;

- Staff and partner attitudes can evolved 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
a) 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.

b) 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 "systems" 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 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, hands-on, 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's strategy of partnering with other CARE projects 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.
>
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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 its 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"[10] 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

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

developed a partnering manual to standardize the different approaches across sub-offices, and began implementing staff reflection and learning activities.

By 1999, CARE Mali had begun cordial ICB relationships with ten local NGOs. A year later, two 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.[11] CARE Mali signed partnership protocols with each of the ten, and 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.

CARE Mali's transition to partnering has not been easy. A recent report[12] found that many CARE Mali staff have continued to resist 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 associations that provide credit 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.

> Many CARE Mali staff have continued to resist 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 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.

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[11] 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.

[12] 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 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 study (Connor, 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 reluctance to 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). <u>The partnership is mainly limited to a donor-recipient relationship, though some technical training may be provided to the weaker partner.</u> 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."** [13]

By its own assessment, CARE Mali's partnerships extend only to donor-recipient relationships, collaboration, or limited ICB relationships.[14] 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 a 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.
- 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.

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[13] 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 become 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."**

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

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 involved partnerships of the capacity building sort with both community organizations and the municipal authorities. The idea was to help build civil society by helping to empower communities to demand services and 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.

> CARE Bolivia's approach to municipal development…was to empower communities to demand services and 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.

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 essentially 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 at the same time it 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, who will have far 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. Based on the conceptual model of a nature preserve as a biodiversity refuge, a kind of empty space, with a rigorous control of any human activity, the policy was a failure. A number of conservation-minded NGOs also were part of this failed policy effort.

The result was that there 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.

> 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 initiative of the local communities led to some recriminations and conflicts among NGOs for not having properly represented the interests of the communities given their conceptualizations of development and conservation. Into this situation came CARE. It presented the first thorough proposal for involving all of the actors in the development of local communities as well as the conservation of 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.

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 organizations 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—for promoting participation and participatory methodologies, self-analysis for organizational development, planning, and inter-institutional coordination. It succeeded in playing this role because it did so using continuous dialogue, transparency and respect for the other players, the municipalities, the communities and the local NGOs.

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.

> Amboro introduced the concept and practice of partnership to organizations 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.

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.

D. Promising Partnership Practices: Examples from CARE

In the five CARE cases examined in detail here, as well as those in urban areas, 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.   These are:

1. Clarity of understanding of partnership
2. Clarity about CARE's role in development process
3. Relationships practices—soft and technical
4. Constraints to success

1. Clarity About Partnership
Mutuality is the central characteristic of partnership. Successful partnerships are based on 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.[15]

> 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.

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. (See Mali case above.) 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.

2. Clarity about CARE's role in the development process
Be clear on what CARE is trying to accomplish in the context and choose the appropriate role to move the development process forward. The point of departure for our analysis of context should not be CARE and what it can do nor on what relationships we do or do not have with local players, but on why certain groups are unable to meet their needs, how the weaknesses in local institutions, or even the absence of such institutions, impedes addressing those needs, and if we can play a positive role in helping local institutions to do the job.

CARE Bolivia saw its role in the Amboro project 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

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[15] An updated definition of partnership, reflecting recent learning, was in the earlier "Partnership Principles" paper, but the paper was only recently disseminated fully, and the definition is still not widely understood within CARE.

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.

Be clear about Role 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 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 creates contributes institutionally by brokering relationships among organizations.

Organizational systems must evolve to support a partnering program. 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 its ensuing 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 the staff skills, organizational systems, and a partnering culture to be extremely challenging, and a step-by-step process that will take time.

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.

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.[16] The cases do 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.

3. Relationship Practices
Soft 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.

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 the attitude of CARE Bangladesh with its partners.

CARE Egypt's learning by doing model of ICB through reiterative project design and implementation with its partners helped created a learning environment. It was sensitive to the

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[16] 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.

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 them why such procedures existed. This is a good example of CARE's efforts at transparency.

4. Technical Practices

Good Analysis of Local Context. When CARE 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 moving many organizations to understand their roles in a larger development process in the Amboro region and consequently helped move 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. This, 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 and 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.

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 its orientation to far more capacity building for local NGOs, even though these were at a relatively embryonic stage. Secondly, 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 the 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 issues. 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. Those projects that used small grants and chose partners that were strongly motivated by the technical assistance offered, rather than just the financial support, had better relationships and results.

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 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 the 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 out 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. [17]

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 its ability to mobilize financial and human resources, to manage those resources and to 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.

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 when CARE assisted partners to network with other local and international organizations that could provide special technical expertise, it was appreciated. 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.

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[17] 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.

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 in bringing local organizations together, diminishing their conflicts and providing 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 INGOs 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 to 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.

5. 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 is 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 partner's 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, as well as our donors. Lack of creativity and flexibility -- as well as 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 of cases show that 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 II, B.) 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 inquire-based documentation project.

Donor Issues and Concerns: In the cases examined here, we were lucky to have relatively enlightened donors. USAID's support in Somalia, for example, seems to have been particularly flexible and aware of the challenges. This was credited to CARE Somalia's frequent formal and informal contacts with the donor to avoid surprises. However, these donors, too, are being pressed to show concrete "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 downward accountability to partners. 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. 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.

III. EXTERNAL CASE STUDIES

A. Overview

After sifting through a variety of documents, we selected three case studies from outside organizations to illustrate some of the promising practices in partnership and institutional capacity building. The first case draws on Save the Children Fund-USA's experience partnering with a local education NGO in Ethiopia to promote innovative alternatives to the formal education system. The second case demonstrates an example of strengthening the capacity of several intermediary NGOs and CBOs. It is based on an adult education project in Namibia implemented by World Education, Inc. (WEI), a Boston-based INGO. The third case study focuses on the development of the Fundación Esquel Ecuador (FEE) in partnership with The Synergos Institute in New York City and the International Youth Foundation in Baltimore, Maryland. This case provides an example of building the capacity of a local grant making organization in Ecuador. Details of the cases are in Appendix XX.

B. Promising Practices--External Cases

The following promising practices parallel those of CARE.

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 which 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 the fact that the donors' 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, financing etc. builds trust, forming the foundation for healthy and sustainable partnerships. World Education's joint institutional assessment allowed both organizations to review and discuss their organizational strengths and weaknesses 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 experiences 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 compliment one and other in an effort 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' 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. 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 which 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 our efforts, as well.

Experience suggests that while partnering is a useful option to increase the coverage, impact, or sustainability of service delivery, it is *essential* to strengthen civil society.

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 the crucial to adding value in partnerships. Thus, each of us has something to share, and we must seek opportunities to learn together.

> **Keys to success:**
>
> - Partnering is ultimately about valuing the other person….and 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.

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 attitudes, skills, systems, and continual learning. 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 find ways to acquire new skills and promote other behaviors and values. Making our organizational culture more partnering-friendly will take time, resources and sustained leadership.

In the coming months, we need to consider how the CARE can build on what we have learned. CARE's leadership and its staff around the world will need to consider issues like the following.

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 proceed toward more widely disseminating the 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.

> 18 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."***

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

APPENDIX 1 EXTERNAL CASES

Case 1: Kangaroo Child and Youth Development Society and Save the Children Fund – USA, Ethiopia[19]

Save the Children's Partnerships for Innovation in Education (PIE) project partners with ten LNGOs 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.

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[19] Excerpted from: Ashman, Darcy and Kisuke Ndiku. 1999. "The Partnership Between Kangaroo Child and Youth Development Society and Save the Children Fund-USA, Ethiopia Field Office." Institute for Development Research (Boston).

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. 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. 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 and space for new initiatives to come from partners; and

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.

> 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.

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 of this case study, the project was in its second year. If the results bear out the early signs of success, the value of replicating the PIE approach in other countries and in other fields will be very high.

Case 2: Building the Capacity of Several Intermediary NGOs and CBOs
World Education, Namibia[20]

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.

Pre-*p*artnership	⇒	*p*artnership	⇒	*P*artnership
Getting to Know Each Other		Working to Achieve Mutually Valued Objectives		Developing & implementing Programs Together

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

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

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 **P**artnership 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 objective s and indicators for partnership activities and evaluation. This information formed the basis for a written partnership agreement.

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.

> 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.

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 the ir 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.

Case 3: Building the Capacity of a Local Grant-Making Foundation: Fundación Esquel Ecuador, The Synergos Institute & International Youth Foundation[21]

The Fundación Esquel Ecuador (FEE) was created as a member of the Grupo Esquel (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." Soon 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 O'Laughlin, Director of Programs at IYF, says, "It was really a moment of opportunity. Ecuador was one of the

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[21] 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.

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 disempowered 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

Descriptions of CARE's Urban Program in Madagascar, Zambia and Mozambique and their lessons, as presented and discussed at the November 2000 Partnership Workshop in Sussex, England

CARE Madagascar's Urban Development Program[22]

The Program Mahavita 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. Interventions 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 the plan was in place. The pilot interventions include canal rehabilitation and maintenance, garbage, fecal matter management and water. The pilot project is now spreading to other communities.

Anticipated results:
- Provide a process to help community groups, service providers, other NGOs and private sector to work together in improving livelihoods.
- Communities and service providers take possession of their problems (ownership).
- Those affected 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 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, 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.

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[22] Presented by Chris Dunston.

CARE Zambia's Partnership for Urban Livelihood Development[23]

The PUSH Project aims to reduce poverty through institution-building, infrastructure improvement and microfinance, in urban areas characterized by high population and density, and a highly politicized environment. While initially food driven (FFW with CIDA/WFP), it now focuses on sustainable livelihoods and community participation. The PROSPECT Project focuses on water supply construction.

CARE has removed itself from the center of learning and development, and works to facilitate the process of partnership with community level organizations (ABO's), the public sector, the private sector, donors, and 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 Council learn to facilitatate formation of a representative community structure. The empowering process involved iterative cycles of participatory appraisal and needs assessment, planning and formation of Area-Based Organizations (ABO's).

There are no formal, overarching agreements, rather 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 ABO's, 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. M&E takes place through ABO self-monitoring, resident awareness surveys, livelihood assessments and water surveys, and external reviews and evaluation.

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 grabbing from widows, domestic abuse, etc.).
- Partnerships lead to policy engagements
- Donors and NGO's show increasing confidence in ABO's

Institutional Challenges:

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[23] Presented by Darren Hedley.

- Changes are required in skills, systems and cultures, particularly regarding motivation of Council staff, general capabilities (unbiased systematic analysis and pushing the circle of participation wider) and relationship capacities (staff humility, ability to give and receive feedback, friendship skills).
- Barriers arising from emphasis on products over process (pressure early on to produce concrete results), and lack of openness to strategic opportunism (CARE has to be ready to mobilize quickly when new needs present themselves. This could be done through a forum of NGOs or broader networking with international NGOs).

Lessons Learned from Southern Africa (Mozambique)[24]

The Mozambique Kuyukana Urban Project works to build capacity in local government (new Municipal Council) and at the local level within three bairros. 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, at which time no one in the country knew what anyone else was doing. CARE had undertaken a prior survey on how to most effectively achieve leverage with the Council and 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 (neighborhood) level. CARE is also supporting the Council in activities to prevent gully erosion in the worst hit barrios.

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, but all have developed over time, often unpredictably.
- Nurturing partnerships requires the ability to build teams and provide clear guidance to staff and partners on the means and ends for steering a path through what is a rich, complex, and messy context. HLS provides a clear framework.

Shifts in CARE's Role:
- CARE promotes participatory governance, shifting to democracy and government strategies, rather than CBO strategies. It promotes empowerment through inclusive participation. It promotes rights to minimum consumption as an approach to enabling an adequate livelihood

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[24] Presented by Michael Drinkwater.

status by building 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 creates the weave 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 creates the weave conceptually, by implementing pilots, developing models, and promoting innovation.
- Brokering information management among stakeholders.

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