Partnership Principles:

What We Have Learned About Partnering and Institutional Capacity Building Concepts

Part 1 of a Trilogy

Joseph D. Stuckey
Barbara Durr
Gwen M. Thomas

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Table of Contents

CARE USA

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I.   Introduction

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

II.   Definitions

A. Partnership

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

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

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

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

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

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

The Soccer Ball Image

One analogy is to think of partnership like a soccer football. The mechanism used to structure the partnership is the ball's outside membrane, and the principles are the air within. The degree to which the ball expands or contracts will depend on the degree to which the partnership principles are being practiced in the relationship.[4]
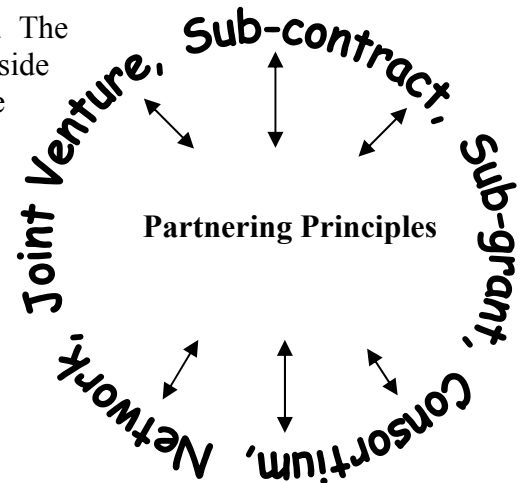
B. Partnership Principles
For CARE USA, these partnering principles include:
♦ Weave a fabric of sustainability.
♦ Acknowledge interdependence.
♦ Build trust.
♦ Find shared vision, goals, values and interests.
♦ Honor the range of resources.
♦ Generate a culture of mutual support and respect for differences.
♦ Find opportunities for creative synergy.
♦ Commit to mutual accountability.
♦ Address relationship difficulties as they occur.
♦ See partnering as continuous learning process.

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

C. The Effects of Partnership
Partnerships have two essential characteristics.

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

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

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

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

D. Partnering as an Institutional Identity

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

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

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

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Figure 1
Building a Partnering Identity

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

Principles are rooted in our belief system. They have to do with: ♦ Core Identity ♦ State of Being ♦ "Who we are"	"Approach" is the way we apply our principles. It is demonstrated by all of our behaviors.

Which lead to…
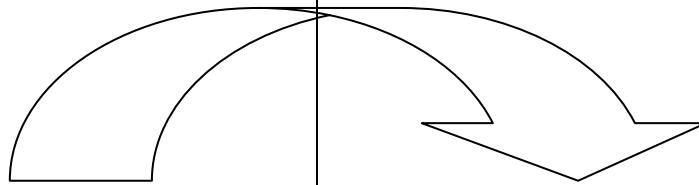
A Partnering Philosophy Is Based On Core Principles

Such as…

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

A Partnering Approach

With a partnering approach…

- We find ways to use partnering principles to some degree, in all relationships, even those that are not partnerships.

- Our organizational structures and culture must be set up to facilitate acting on our principles.

  - Systems
  - Attitudes
  - Norms
  - Incentive structures

Finally, a *partnership* is a relationship in which partnering principles are practiced by all involved.

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E. Institutional Capacity Building

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

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

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

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

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

F. Distinguishing Between Partnering and Capacity Building

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

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

G. Why do we Partner?

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

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

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

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

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

1) We began with the assumption that partnering is a useful tool to expand the coverage, impact, and sustainability of CARE's traditional work, i.e., delivering services to help poor people rise above poverty.

2) We soon realized that partnering helps open the door to reorienting CARE's programs so that they accomplish more than this. CARE believes that partnering, combined with institutional capacity building, can lead to stronger institutions and more productive relationships between government, civil society, and the private sector, and that this is an important key to influencing the underlying causes of poverty in society.

3) We are now beginning to realize that partnering has importance far beyond this. Partnering intrinsically builds on convergence of interest. The full power of partnering as a development approach goes beyond the limited model of partnerships between CARE and others. Ultimately, it is the capacity of stakeholder organizations to look beyond short-term rivalries, advance mutual interests, and learn to work more productively among themselves that will strengthen the fabric of society. CARE may decide to develop expertise to catalyze and facilitate such processes.

III.   CARE's Role and Its Programmatic Choices

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

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

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

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

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

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

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

Because of this, we look at the world differently.

- Partnering changes CARE's self image. We realize that we are one among many stakeholders. We have skills and knowledge, and so do they. We can learn as well as teach. By working together, we can accomplish more of what we already do, and tackle challenges that we could not have tackled alone.

- At the household level, partnering reminds us that people – and the organizations that they create – are actors in their own right, not simply beneficiaries.

- At the organizational level, partnering values the roles that organizations play, and the complex relationships between stakeholders that produce the range of events, opportunities, and services that shape household decisions.

- At the macro level, partnering gives us additional options to influence the policies and institutions that shape the conditions for HLS.

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

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

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

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[10] In Brazil and Thailand, CARE has become a locally governed actor at the national level by creating legally chartered foundations with autonomous boards. These organizations still have a mission to partner. If they are to contribute to eliminating the underlying causes of poverty, they must play a strong role in support of local stakeholders who promote the development processes that they deem most beneficial for HLS.
[11] By adopting rights-based values as part of its institutional philosophy, CARE now views participants as rights and duty bearers, rather than as "needy people". A rights-based value structure affirms partnering as a core approach to working with others.

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

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

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

Figure 2

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

To choose strategic and appropriate roles that address underlying causes, CARE must be especially clear about 1) the institutional structures in society that sustain poverty[13], and 2) the

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[12] We may not always have to test the link, for example, to prove the value of investing in Basic and Girls Education.
[13] Including laws, policies, and patterns of inclusion/exclusion in social, economic, and political processes.

relationships among stakeholders, especially regarding the factors that motivate their behavior. We must understand:

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

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

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

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

Figure 3

Internal and External Relations That Influence Household Livelihood Security (Social, Economic, Political and Environmental Context)
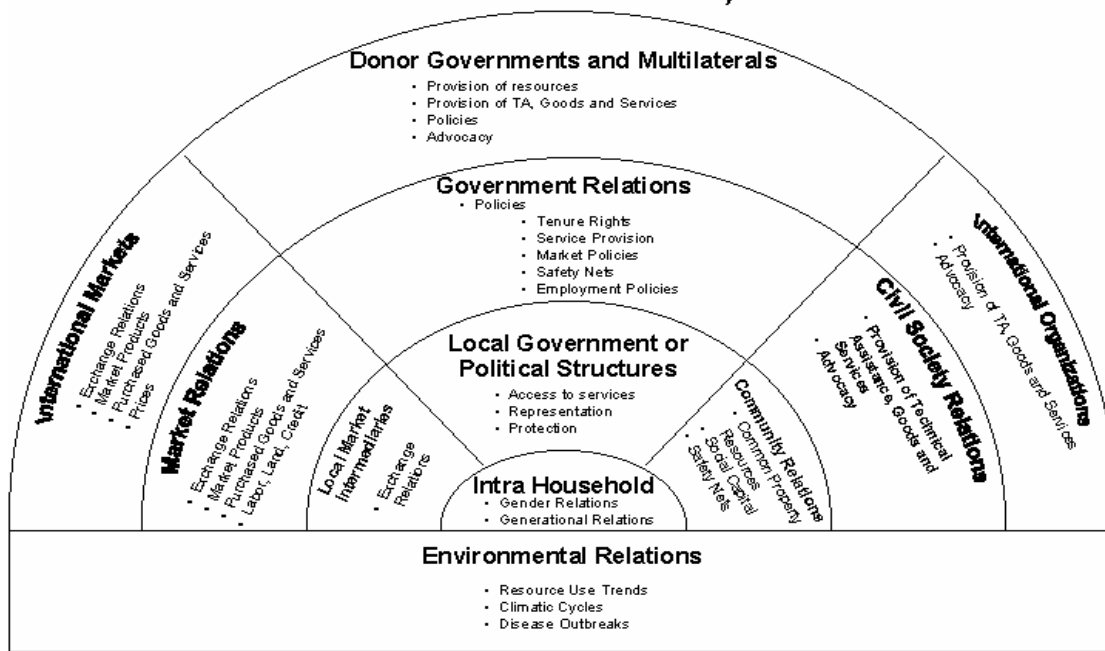
This drawing suggests dynamic relationships between households and stakeholders across multiple sectors and levels. It is possible to trace concrete problems that affect households up through the different levels to their roots in policy or elsewhere.[15]

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

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

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

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

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

- When we work on underlying causes, we are working to improve the health of the system itself, as well as the strength of its components.

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

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

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

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

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

Conceptual Proposal 3: <u>When we work to strengthen civil society we must learn to measure the organizational and societal processes, as well as the impact of service provision on households.</u>

E. Obstacles

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

Our more persistent attitudinal barriers include: the perceptions that CARE can deliver services better than others; that partnerships are expensive, slow, and frustrating; that CARE would lose control, but still be held accountable; and, that CARE is the technical expert, whose role is to

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

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

teach, not learn. Some have also feared that as resources pass to partners, CARE programs would shrink and jobs would be lost.

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

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

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

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

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

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

IV.   Partnering Lessons: Implications for CARE's Organizational Change

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

A. Understanding our value and theirs

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

B. Create and maintain a quality relationship

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

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

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

C. Deliver value

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

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

D. Challenges for becoming a partner of choice
There are obstacles, internal and external, to practicing partnership well.

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

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

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

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

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

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

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

  Many donors still need to be educated about the merits of real partnerships and the time and effort that they require. Often, donors are still simply seeking greater service delivery

numbers, without valuing or being willing to invest in the process required to help local partners reach a level where sustainable service delivery is possible.

- Accountability. When we work in partnership, CARE makes three promises to donors.
    - ➢ We will be legally accountable for the funds.
    - ➢ We will deliver quality and quantity results on time.
    - ➢ We will build and maintain successful relationships with other organizations so that the first two promises are kept.

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

V.   Conclusion

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

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

Keys to success:

- Partnering is ultimately about valuing the other person. Achieving CARE's mission…is ultimately about building synergistic links among organizations.

- Each of us has something to share…the key is to value the other person's knowledge as well as our own, and to seek opportunities to learn together.

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

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

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

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

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

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

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

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

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

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

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

APPENDIX-A: Partnership Principles[21]

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

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

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

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

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

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

6. *Generate a culture of mutual support and respect for differences.* The culture, or way of being together, is a silent but potent factor in any relationship, one that can either energize or sabotage the work. Many organizational cultures have a tendency to deplete or frustrate its members. A good partnership actively nourishes and supports its members, so that people feel good about being part of it. Showing appreciation and respect for partners'

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

differences not only provides this needed support, but also allows for those differences to be used as valuable resources for enhancing the partnership objectives.

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

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

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

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

APPENDIX-B: Identifying Capacity Building Relationships

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

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                    ┌─────────────────────┐
                    │  High two-way flow  │
                    │     of benefits     │
                    └─────────────────────┘

    ┌───┐                    ↑                    ┌───┐
    │ A │                    │                    │ B │
    └───┘                    │                    └───┘
┌──────────────┐            │            ┌──────────────┐
│Many partnering│←──────────┼──────────→│Few partnering │
│principles are │           │           │principles are │
│    used       │           │           │    used       │
└──────────────┘            │            └──────────────┘
    ┌───┐                    │                    ┌───┐
    │ C │                    ↓                    │ D │
    └───┘          ┌─────────────────┐            └───┘
                   │  Benefits flow  │
                   │  mostly one-way │
                   └─────────────────┘
```

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