CARE USA's Program Division

Partnership Manual

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About This Manual

This Manual is designed to guide CARE USA Country Offices in the crafting and operationalizing of a partnership strategy to support CARE's household livelihood security programming framework. It is a compendium of material gleaned from the experiences of many sources and woven into a CARE format to harmonize with our strategic planning processes. Among the contributors were the PVC/BHR Office of USAID, Catholic Relief Services, PACT and the Institute for Multi-track Diplomacy, the Small Economic Activities and the Population Units of CARE USA, as well as numerous CARE country offices. Finally, two individuals outside CARE, Joe Stuckey and Camilla Harshbarger, have contributed their time, experience and talent in many forms.

Part One articulates CARE USA's mental model for partnership. It presents a partnership policy and a set of partnership principles. It also provides a definition for and vision of partnering as well as five partnership typologies to help contextualize CO thinking regarding partnership. Lastly, a collection of suggested practices are put forth that have been found helpful in establishing and maintaining strong partnership relations.

Part Two outlines a 7-step process for crafting and operationalizing a CO partnership strategy. Ideally, Steps 1-4 of this process would dovetail both conceptually and chronologically with the crafting of the CO's Long Range Strategic Plan. Keep in mind that we do not want COs having to recreate and/or duplicate strategic plans. We view the LRSP as the cornerstone strategic document for the CO.

If the CO is already in the process of operationalizing its LRSP, then Steps 1-4 will help guide a complementary exercise to further articulate what partnership means and will look like within the context of your existing LRSP.

Steps 5-7 of this process, then, will help guide the CO in operationalizing its strategic decisions - whether part of or a supplement to the LRSP. These steps are designed to help the CO operationalize partnerships within the discrete geographic focus areas selected by the CO. However, they are also applicable (perhaps with minor modifications) for operationalizing partnerships on a national or regional, program or sector, community, or project level.

Parts Three and **Four** provide detailed process instructions for each of the suggested tools for Crafting a Partnership Strategy and for Operationalizing a Partnership Strategy, respectively.

This Manual is designed to be used by Project Managers, Regional or Sectoral Program Managers, Department Heads, Cross-Functional Teams, LRSP Core Committees, and any other CO staff who wish to work in partnership with other for-profit, non-profit or public sector organizations.

Please, please, ***PLEASE*** remember that the process and tools presented in this Manual are guidelines only. You should feel free to adapt them in any way, shape or form that best meets your needs and/or the local context within which you are trying to articulate and operationalize your strategy for partnering with other organizations.

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Part One
Partnership Policy, Principles and Practices

Part One of this Manual articulates CARE USA's mental model for partnership in an effort to help Country Offices contextualize their thinking about working with others.

1.1 A Policy on Partnership

One of the seven strategic directions articulated in CARE USA's current Three Year Plan is "to build effective local partnerships." This is defined as a broad policy of working "more often in equal partnership with both local non-governmental organizations and community-based organizations" and, at the same time working to "strengthen the capacity of government agencies from the municipal to national level." The plan sets the ambitious goal that "40% of CARE USA's beneficiaries will be reached through partner institutions and that all projects will involve autonomous local institutions in planning and service delivery or have explicit plans for building capacity leading towards equal partnerships by the end of FY 99."

Meeting this goal implies large-scale adaptive change for CARE. Partnership is founded on work with people in organizations whose values we share. It requires that we see, think and plan in a time frame that looks beyond CARE's presence to leave behind a range of institutions and organizations which are empowered to articulate and address new, emerging problems of their constituents. It reflects a change in attitude to seek a balance between learning, guidance and leadership. Although these changes may require more than three years to realize in their entirety, the key concepts and activities can be tested, modified and given the needed momentum and support required to ensure success. Ambitious as it is, this goal is within our grasp. By experimenting, learning and supporting the ongoing development of local approaches to partnership, CARE will meet or exceed its partnership goals.

To support this experimental approach, we must develop mechanisms to document and learn from CARE Country Offices' rich and diffuse experiential base in various forms of partner relationships. It is important to note that CARE is not alone in this change process. Multiple institutions[1], national and international, have partnership histories to share with us. Like CARE, others are finding that working in partnerships promotes our own internal

[1] From interviews, meetings and documents of 13 Northern and 17 Southern NGOs and NGO networks as well as 2 foundations, 2 multilateral and 4 bilateral donors

learning, enriches our programs, and helps achieve scale. By the same token, partner relationships are difficult, time intensive and at times more costly. All are agreed that our development paradigms have shifted, and that the status quo will no longer serve. Over the past few decades Southern institutions have proliferated in such numbers and of such varied capacities and foci that it has been difficult for the Northern PVO community to determine how, when or why to work with them. In fact, we know that local people and their institutions have intimate knowledge of their environment, socio-political dynamics, cultural mores and local language. We recognize that local institutions are knowledgeable on the needs of their member households and communities. It is clear that, given the appropriate opportunities for open dialogue in partnership with CARE, they can translate these needs into problems with solutions on their own terms. Thus, it is incumbent upon CARE to consciously create the spaces for real partnerships, for true dialogue which openly embraces indigenous knowledge and local capacity as the primary determinant of the success and sustainability of development projects. These local capabilities and energies need to be channeled into CARE's partnerships to mutually inform programs designed to improve livelihood security. The partnership venue must allow for local institutional participation in design, conceptualization, decision making and shared control of the development agenda as well as budgetary decisions.

Why Partnership?

CARE cannot act in isolation without becoming marginalized as the worldwide total in absolute poverty grows. Achieving the requisite scale to combat increases in global poverty requires that we change our manner of delivering services directly and that we reach out to establish working relationships ~ partnerships ~ with institutions both in the north and the south to mutually support poverty alleviation actions which reach greater numbers of people and address root causes of poverty. The challenge is to pick a path of change which is sufficiently incremental to be plausible, yet sufficiently rapid to avoid institutional entropy.

We must recognize that partnership will require an examination of our raison d'être as an institution. Is CARE's vision of the future one in which our deepest ethos is poverty alleviation through direct service delivery, or do we envision an evolutionary change to become an institution whose larger mission is poverty alleviation via the development of civil society, of local institutions' capacity to identify and resolve their own problems? Reformation to become a stronger partner-based institution will require sacrifice ~ new ways to look at issues of financial control, information access and decision making. With secure donor funding, it is tempting to resist this change process, and opt for a more comfortable, static existence. Yet promoting greater household livelihood security for more people can only be accomplished by partnering with other organizations and institutions.

Partnership will offer new ways for CARE to learn, to disseminate learning, and reach potentially greater levels of scale and efficiency in service delivery. CARE's future will in large part depend on our ability to learn, adapt and respond to a changed and changing world in which the individuals and organizations with whom we work are increasingly sophisticated, and are seeking the capacity to determine their own development paths.

As CARE looks to the future we are thinking about sustainability in a new way. As with all international development agencies, CARE cannot expect to work forever as a foreign organization in its current countries of operation. CARE's history shows that we eventually leave these countries or evolve into a national NGO. Similarly, within countries the reality is that projects are time-bound, often lasting for as little as three to five years. Thus, the question which faces all of us becomes: "What do we want to leave behind when CARE phases out of a project or out of a country?" Ideally, we would like to see all the underlying causes of poverty within a country solved or at least all those that the CARE programs are trying to address. But we know that this is unrealistic ~ this rarely, if ever, happens during the life of a project or even during CARE's life in a country. To further compound the picture new and often unanticipated problems are always arising.

We know that when CARE leaves, we can leave behind improved households better able to meet basic needs within specific communities and we can leave behind organizations and institutions with strengthened service delivery capabilities. However, when we take a look at sustainability within a longer time frame, a time frame that extends beyond projects, a time frame that even looks beyond CARE's presence in a country, then the bigger and more important part of what we can leave behind is a stronger civil society[2] in which a range of organizations and institutions are empowered to articulate and address the emerging problems of their constituents. This may mean that these organizations and institutions have improved service delivery, but it may equally mean that they are capable of placing demands on others who deliver services; that they are capable of mobilizing resources; and that they are able to advocate for policy change.

As CARE deepens its work with partner organizations, we are finding that partnerships at the local level work to further civil society and enhance social capital[3], increasing chances for sustained service delivery and/or greater chances for people to assume control of their own

[2] Civil society is the rich and diverse array of organizations operating outside of formal government whose activities are based on citizen initiatives and private voluntary actions for the public good. CIVICUS Vision/Mission, http://www.civicus.org/mission.html, 1996.

[3] Social capital refers to the features of social organizations ~ such as networks, norms and trust ~ that increase a society's productive potential and enhance returns to investments in human and physical capital. Social capital, sustainability and working democracy, Marion Ritchey-Vance, Grassroots Development 20/1, 1996.

development processes. Further, facilitating partnerships between local organizations and governments can have the powerful spin-off effect of enhancing the growth of both good governance and civil society. These conditions would in turn enhance the likelihood for sustainable interventions and programs.

It has been long recognized that one of the greatest obstacles to political and economic development in the Third World is the absence of accountability among government officials. The abuse of power and absence of accountability, in turn, drives off members of civil society who deliberately avoid interacting with government officials. This avoidance of dialogue and contact is widespread among grassroots organizations, and leaves public officials unmonitored, effectively worsening accountability. The result is a gap between state and civil society that is detrimental to the development of the state and therefore to the well-being of the society. Yet cooperation is desperately needed ~ government can not "do it all" nor can the civil or the private sectors. A fundamental principle which must explicitly underlay partnership initiatives among donors, PVOs and NGOs is the need to recognize and foster the emergence of a new social compact between government and civil society that underscores shared rights, risks and responsibilities.

Partnerships can strengthen local institutions that work to restructure the relations between state and civil society. As NGOs and other local institutions build a track record for successful development programs, they gain credibility in the community and become empowered to demand good governance and to hold public officials accountable for their actions. It is at this nexus between state and society that citizens can pressure government officials for reform and place demands for appropriate policy making.

This is where CARE's role in partnership becomes crucial. CARE needs to closely examine its range of institutional relationships through the lens of partnership to ensure that the relationships that are, have been, or will be created in fact promote a vision and mission of strengthened civil society. We should ask if CARE is seeking relationships that support organizations and institutions so that they are capable of a) continuing targeted service delivery beyond their involvement with CARE projects; b) identifying and articulating the needs of their constituents; c) mobilizing resources to address the problems; and d) implementing appropriate solutions. Indeed, PVOs which serve as independent alternative welfare or development ministries will help many people but resolve few of the social and political factors that are the root causes of many development problems. This requires working in partnerships and advocating for our clients collectively and individually within the broader arena of decision makers. Such activities have direct implications for our traditional perception of CARE as a neutral, apolitical institution whose mission is to aid those in need.

In some CARE countries, advocating to strengthen civil society may be construed as a political act, and will require an examination of the risks, benefits and implications for our relationships with host governments and donors. The traditional CARE approach is to concentrate on service delivery, and village-level interventions often disconnected from a broader national level context. The language of participation and empowerment conventionally relates to the beneficiary's relationship with the project itself and to decisions and practices at the very local level, seeking to control micro-development processes from beginning to end. By learning to strategically scale-up through both governmental and civil society partnerships, CARE can unlock the secret to influencing wider development processes, and positively influence more lives.

1.2 Partnership Principles

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 country-specific partnership goals and processes. The nine 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 their 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' 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.

8. 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.

9. 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.

1.3 A Definition for and Vision of Partnership

To develop a CARE USA partnership strategy a group of 12 overseas staff representing all ranges of Country Office positions participated in a 5-day Cross-Divisional Partnership Strategy Development Conference in May of 1996. What emerged is a powerful vision of CARE as a partner institution for the future, a clear definition of partnership, and a set of four interwoven components to create a new generation of strategic thinking for CARE based upon openness, trust, information sharing and institutional learning.

Vision

CARE is a reliable and trusted partner with an enhanced reputation and ability to improve the livelihood security of poor households through a diverse and dynamic global network of local partners. In every intervention, CARE explores linkages that reach greater numbers of people, alleviate poverty and save more lives.

Definition

Partnerships are mutually beneficial alliances of diverse types between organizations where roles, responsibilities and accountabilities are clearly defined. Partnerships facilitate continuous two-way learning and are based on trust, shared vision and commitment to common objectives. Partnership is a means to achieve improved quality of life for more beneficiaries through sustainable service delivery, better responsiveness to local development needs, and increased scale and scope of programs.

No single form of partnership relationship is being prescribed by CARE USA; rather a range of partner definitions and relationships has been developed to recognize that different types of partner relations are valuable for different contexts and operating environments. It is clear that this wide range of partnerships will contribute to a dynamic development environment. It is also clear that within this broad policy context, guidelines on basic principles and shared practices will help Country Offices explore and refine their partnership experience.

1.4 Helpful Practices for Establishing and Maintaining Partnerships

Partnering with other organizations and institutions is one of the ways in which CARE will achieve its institutional goals in promoting greater household livelihood security for more people through our relief and development services. In addition, working with others offers new ways for CARE to learn, to disseminate learning, and reach potentially greater levels of scale and efficiency in service delivery. Key to selecting, or being selected, as appropriate partners is knowing who the target population is, and what problems they face. Thus, we must first mutually inform ourselves on who and where we will focus our energies, select the services to be delivered either simultaneously or sequentially, and then determine the best and most appropriate means to deliver those services - either alone or in partnership with others. In working with other institutions, the following practices[4] have been found helpful in establishing and maintaining strong partner relationships:

<u>As CARE Enters a Region, or Considers a new Program in an Existing Region:</u>

- Take time to get to know other organizations in a region without a pre-conceived project in mind.
- Create opportunities from which partnerships can emerge, e.g., include other organizations in a workshop or seminar on a particular issue.
- Ask Southern NGOs their views of partnership, their needs, what they're looking for from Northern PVOs.
- Engage in discussions in an exploratory way, with an open mind, not as someone "shopping" for a subcontractor.
- Discuss with potential partners their purposes as an organizations, their values and strategies.
- Be clear and direct about your ideas on, hopes and expectations for partnership.
- Discuss CARE's comparative advantages and that of potential partners to see how, or if, our organizations would complement one another.

<u>As Project Design Begins:</u>

- Develop the project with local institutions.
- Establish trust before starting project development by mutually exploring organizational strengths and weaknesses, needs, etc.
- Conduct joint field visits, work sessions while designing a project.

[4] These practices are adapted from an InterAction format, and are the result of discussions and correspondence on the collective experiences of Institute for Multi-Track Diplomacy, InterAction, Catholic Relief Services, World Vision, Katalysis, TechnoServe and CARE field staff.

    - Determine how you as partners will work with community groups, beneficiaries, and how you will ensure their "ownership" of project.
- As trust develops, share more information with one another, including financial information, assessments of organizational strengths and weaknesses, problems you must deal with such as pressures from you board, etc.
- Draft guidelines for how budget and reporting will be managed and controlled.
- Explore the best kind of relationship for your organizations (prime-sub-contractor, joint venture, direct funding, consortium), institutional development arrangements, policy and advocacy plans, and development education responsibilities.
    - Develop very clear roles and responsibilities for each organization prior to actual implementation.
    - Schedule periodic meetings for reviewing and revising roles and responsibilities over the life of the project.

Donor Relations:

- Engage with donor agency(ies) as a team, visit them together whenever possible
- Inform the donor that you and your partner(s) make decisions as a team; one doesn't decide things without the other's involvement.
- Negotiate together for standardized reporting requirements for programs funded by several donors.

Before CARE and Partners Implement a Project:

- Determine, in writing, each organization's responsibilities and norms of behavior (what you expect of each other regarding communication, etc.)
- Agree on a mutual monitoring system--how each is accountable to the other, and how you are accountable to community/beneficiary groups.
- Practice transparency with each other; share information about problems which arise, organizational styles of operation, etc.
- Maintain open communication on regular basis, through fax, phone, etc.
- Agree to meet at regular intervals to conduct joint field visits, review project achievements, check on working relationships, problems needs, etc.
- Explore staff exchanges.
- Define mechanisms to resolve conflicts and differences.

Finances and Budgets:

- Determine a system for shared reporting to meet donor requirements for accountability.
- Practice transparency with each other; exchange information about financial structure, overhead, salaries, per diems, project budget, etc.

- Determine a financial reporting system to use with one another.
- Submit joint reports to donor, or establish a system through which each knows what goes to the donor.
- Develop systems to ensure mutual financial accountability.

Non-Project Behavior:

- Determine ways CARE and partners can relate beyond carrying out projects together:
    - Attend conferences together.
    - Write a joint paper on your project for publication.
    - Engage in staff exchanges or internships.
    - Create development education opportunities in which partner organization representatives participate.
    - Carry out joint international, regional or country-level workshops on a certain issue for other development organizations.
- Explore establishing NGO networks on particular issues, or work with consortia.
- Carry out advocacy work together.
- Facilitate South-South interchange and collaboration.

Part Two
Crafting a Partnership Strategy ~ Guidelines for CARE USA Country Offices

Part Two of this Manual outlines the suggested 7-step process for crafting and operationalizing a CO partnership strategy. A brief rationale and description is provided for each step. Detailed process instructions for each of the suggested tools associated with this process are presented in Parts Three and Four of this Manual. Part Two of this Manual also presents five aspects that COs and CARE USA need to consider as the organization moves forward with partnership.

2.1 Introduction

The 7-step process outlined below is designed to both coincide with the crafting of the CO's LRSP (Steps 1-4) and complement the operationalization of the CO's LRSP (Steps 5-7) with regard to partnerships. If the CO has already crafted its LRSP, Steps 1-4 should be used as a guide to further articulate what partnership means and will look like within the context of the existing LRSP.

At the same time, this process is designed to be used at any operational level of CO programming. That is, the crafting and operationalization of a partnership strategy may be applicable at a national or regional, program or sector, community, or project level. Some modifications to the suggested process may be necessary to fit the particular needs and circumstances of the operational level in question.

2.2 Suggested Process for Crafting a CO Partnership Strategy

Before beginning the process of crafting a partnership strategy, a point person should be assigned responsibility for leading the CO's partnership strategy process. This person should have solid conceptual skills as well as the proven ability to lead a team and synthesize information. More importantly, this person should demonstrate a genuine interest in and enthusiasm for partnership. In selecting this person, the CO may also want to consider whether or not this same person will be given overall responsibility for monitoring and evaluating the CO's partnership efforts during the LRSP period.

Step 1 Appraising CO Partnership Experience and Lessons Learned

A common concern of CO and Atlanta staff is that COs have done significant work with partners but we have not systematically documented or analyzed it prior to developing a Country Office or project Partnership Strategy. Therefore the first step of this process is for the CO to summarize its experience and articulate its lessons learned in partnering.

This involves identifying who the CO's current (and, if appropriate, recent past) partners are and what their particular contribution is - either by project or program within each geographic area of analysis (GAA). The CO should describe the relationship it has with each partner organizations; specifying the partnership typology and how the CO and partner interact on key operational activities. With this information at hand, the CO can summarize its lessons learned and give an overall description of its role as a partner with others.

Step 2 Inventorying Potential Partner Organizations

A CO does not have the time or resources to undertake an exhaustive inventorying process. Using community-generated Venn Diagrams and Historical Timelines, the CO *selectively* identifies those organizations that seem most appropriate to include in the inventory effort.

Directories on relief and development organizations exist in most countries where CARE works. However, this information tends to be too general to be of significant value in assessing and, eventually, selecting partners. In order to determine its Comparative Advantage, the CO will need to obtain some level of understanding for each organization in terms of their: a) the scope and scale

of their programming results and impact to date; b) current and future programming (geographic focus, types of services, target populations); and c) their perceived capacity (management, financial, logistical) to deliver on its plan.

Step 3 Articulating a Rationale for Partnering

It is important that partnership makes sense to the CO. Being clear about the reasons for entering into a partnership will help focus the CO's selection of potential partners and possible partnership endeavors. It is equally important to be clear about when it's a bad idea to enter into partnership.

This reflection will lead the CO to develop a rationale for partnership. This rationale can be expressed in the form of a vision, a goal, a set of objectives, or any combination thereof. This rationale should be considered as a "first cut" given that no strategic decisions (LRSP Vision, Strategic Directions, Programmatic Key Choices, Initiatives for Organizational Improvement) have been made yet. In addition, the steps involved in operationalizing a partnership strategy will give further clarity (or "provide more meat to the bone") as to the CO's rationale.

Step 4 Ranking Potential Partner Organizations

At this stage of the LRSP process, the CO has defined the HHLS Problem System and has determined its Comparative Advantages for each GAA being considered as well as articulated a "first cut" of its overall CO rationale for partnering.

Essential criteria in choosing partners are complementarity of vision (or developmental ethos) and the degree of complexity of the interventions to be undertaken with the partner to address the constraints to HHLS. Within a given GAA, this complexity is based on the match between four program criteria: specific geographic areas of intervention; services provided; target populations; and the percentage of demand/need being met. Other criteria can, and should, be included to better adapt the ranking process to local conditions.

Using these criteria to form a Partner Decision Tree, the CO ranks each potential partner organization in terms of the most likely and/or mutually beneficial reason for establishing a relationship. For example, rankings might include those organizations with: complementary comparative advantage; conflicting comparative advantage; potential for transfer of CO service delivery; opportunities for CO learning and growth; potential as allies for advocacy.

In summary, crafting a CO partnership strategy includes the following steps with their respective purpose, product (suggested tools) and time frame.

STEP	PURPOSE	PRODUCTS (suggested tools)	TIME FRAME
Step 1	*Appraising CO Partnership Experience and Lessons Learned*	• CO Partnership Profiles • CO Partnership Typologies • CO Partnership Stages • CO Partnership Lessons Learned	LRSP 1A
Step 2	*Inventorying Potential Partnership Organizations*	by Geographic Areas of Analysis and, where appropriate, at a National Level • Venn Diagram • Historical Timeline • Partner Information Sheet • Sector & Geographic Maps of Partner Program Services	LRSP 1A
Step 3	*Articulating a CO Rationale for Partnering*	• Criteria for when to Partner • Criteria for when to not Partner • Goal and Vision for CO Partnerships (1st draft)	LRSP 1B
ep 4	*Ranking Potential Partner Organizations*	• HHLS Problem System • Comparative Advantage Analysis • Partnership Decision Tree • Short List by Likely Purpose of Relationship	LRSP 1B

The results of this process provide valuable input to the CO's LRSP 2 Workshop at which time partnership should be considered as a critical element in developing the Country Office's Shared Vision, Strategic Directions, Programmatic Key Choices and Initiatives for Organizational Improvement. As a result of LRSP decisions, the CO may want to revise accordingly its rationale - vision, goal, objectives - for partnering

2.3 Suggested Process for Operationalizing a CO Partnership Strategy

The CO now has the broad strokes of what partnership means (Criteria for When and When Not to Partner, Rationale) and what it might look like (Potential Partners by Categories for each GAA and/or at the National Level). Whether the CO has incorporated partnership into its LRSP or complemented its LRSP with a partnership strategy, it must now begin to operationalize partnership.

Step 5 Mutually Selecting Partners

Not every potential partner organization will necessarily want or need to enter into a partnership relation with the CO. As a result of the CO's efforts thus far, it is ready to contact those organizations which seem to demonstrate the most promising opportunity for a mutually benefiting relationship with the CO and for bringing value-added to the program participants and beneficiaries.

This step marks the beginning of the establishment of partnership relations. Organizations with whom the CO has mutually ascertained compatibility and common interest for joining together commit themselves through a Memorandum of Understanding to continue the assessment process.

Step 6 Assessing Partners' Organizational Capacity

The CO and partner organization create a matrix which charts strengths, weaknesses, opportunities and threats (SWOT) for each of four core components of organizational capacity - vision; human resources; program; and financial viability - in relation to organizational structure, planning, systems. linkages, board, and participation. At the successful conclusion of this step, the CO and partner organization will enter into a formal arrangement, with: a defined overall purpose and/or objectives; clarified roles, responsibilities and accountabilities; agreement on how resource sharing and decision-making will take place; and a general *modus operandi* for working together.

This assessment serves the dual purpose of identifying areas for institutional capacity building as well as providing a baseline against which to establish benchmarks for and evaluating capacity building efforts.

Step 7 Finalizing a CO Rationale for Partnering

The CO, by now, has entered (or is about to enter) into formal or informal partnerships with clearly defined objectives, roles, responsibilities and accountabilities as well as mutually identified areas for organizational learning, growth and capacity building. Viewed collectively, these partnerships may suggest changes or modifications in the CO's rationale ("first cut" and/or LRSP versions) for partnering. The objective is to clearly articulate the mental model of partnerships that the CO and its staff will pursue during the LRSP period.

In summary, operationalizing a CO partnership strategy includes the following steps with their respective purpose, product (suggested tools) and time frame.

STEP	PURPOSE	PRODUCTS (suggested tools)	TIME FRAME
Step 5	*Mutually Selecting Partners*	• Ascertain Compatibility and Mutual Interest • Institutional Assessment Working Group • Key Informant Interviews • Institutional Profiles • Memorandum of Understanding	Post-LRSP 2 and as needed
Step 6	*Assessing Partners' Organizational Capacity*	• Institutional Capacity Framework • Institutional SWOT Assessment • Organizational Capacity Self-Assessment Score Sheet • Formalized Partner Relationship	Post-LRSP 2 and as needed
Step 7	*Finalizing a CO Rationale for Partnering*	• Goal and Vision • Objectives	Post-LRSP 2

2.4 Other Aspects to Think About

Having now set a course for and taken the first steps down the path to partnership, there are a few other aspects of CO operations that need to be considered. Just as this Manual attempts to establish a common mental model and systematic approach to crafting and operationalizing partnership strategy, CARE USA also needs to come to terms with and develop a common language and set of guidelines for day-to-day life. Here are just a few of these aspects to think about:

Measuring the Value-Added of CO Partnerships

The CO needs to sit back periodically and look at the BIG PICTURE effect of its partnering efforts. That is, has the CO's rationale for partnership brought value-added? If so, what, for whom and to what extent? Below are three rather open-ended questions intended to facilitate this analysis. The collective answers to these questions will help determine what the value-added has been to date and provide some indications of the future path the CO might choose to follow in developing institutional partnerships

- How has partnership helped develop more efficient or expanded service delivery?
- How has partnership helped develop local capacity for continuing service delivery after the life of the relationship?

- How has partnership enhanced local capacity to identify problems, seek solutions and mobilize resources without CARE's or other international institutions' involvement?
- How has partnership changed the lives of the people we serve?

NOTE: These may not be the right questions for all COs. They should be crafted in such a way as to reflect the CO's rationale (vision, goal, objectives) for partnership. Also, there is NO RIGHT ANSWERS to these questions. They must be framed and answered within the context endemic to each country and, possibly, each GAA.

Collecting, Analyzing and Distributing Data on CO Partnerships

Accessing reliable information in a usable format and in a timely manner is requisite to any learning process. The CO needs to think about how it will access and share information and experiences about partnership. How will the CO launch a learning agenda of cross-visits, case studies and the creation of information sharing networks? The CO also needs to think about how it will contribute to establishing and maintaining a partnership data base. How will the CO utilize the accepted partnership typologies and create a data base via a streamlined API, MER and/or field survey system? How will the CO contribute to defining appropriate data and creating tools for measuring institutional impact and impact on beneficiaries through partnership?

Rewarding and Promoting Partnering Efforts

Celebrating success and embracing error are requisite for quality growth. Working in partnership with other institutions means that new risks will be taken. In some instances partner institutions or relationships may fail, service delivery may decline, impacts may be unexpected or may decrease. How will the CO support those innovators engaging in partnership experiments with acceptable, calculated levels of risk? We must embrace errors as an opportunity to learn and to avoid future recurrences. What formats will be tried

for documenting and sharing information about specific partnering successes which can be replicated, modified, and expanded throughout the CO, the CARE world or the country?

Developing Skills and Modifying Systems

Success in partnership must be facilitated by CO staff and systems that respond to and support partner institution agendas, needs and capacities. Many CARE systems have been generated in response to donor needs, and have contributed greatly to CARE's credibility. These systems may however, place complex demands on partners for information which they either do not value or do not have the capacity to generate. Such systems may actually work against your CO's concept of partnership, and will have to be modified and streamlined. How will CARE work in developing partner-friendly systems, and also in working to educate donors on the evolution of institutional capacity? How will the CO develop and access the donor support for your new vision, plan and direction in partnership based activities?. This will require long-term commitments and strong cooperation between various Divisions in CARE Headquarters and Country Offices as well as donors and local institutions. What are the benchmarks for these needs?

Facilitating Emerging Partnership Strategies

The overarching partnership strategy, then, is set to create and manage a climate within which a wide variety of local strategies can grow. In a complex organization such as CARE, how can CO structures and incentives be designed to remain flexible and to observe, learn from, triage and replicate among the patterns that emerge?

Bencmarking LRSP Partnership Progress

Once a partnership strategy has been developed, it is important to give it "teeth" - real, measurable indicators. It is also important that these measurable indicators be accessible within the current and/or future CARE systems. Below is a list of possible benchmarks and the ways in which the information may be measured:

Sample LRSP/AOP Benchmarks for Partnership:

Benchmarks	Measure
1. Partnership Strategy developed	1. document
2. Partner Selection guidelines finalized	2. document
3. Potential partners ID'd for each sector	3. List
4. Partnership Tools developed	4. document
5. CARE staff work in capacity building programs	5. # training's
6. Partnership experiences documented as lessons learned	6. documents
7. Projects developed that focus on major partner collaboration	7. project proposals
8. All new project designs follow CO strategy for implementation through partners	8. project proposals
9. Partnership goals in place	9. document
10. Partners involved in planning & evaluation as called for in design	10. planing and evaluation documents
11. mid-term review of CO partnership strategy & documentation on status	11. document
12. # CO experiments with emerging partnership models and approaches	12. case study document
13. Learning's on partnership will be used and applied	13. lessons learned document
14. CARE becomes facilitator in x projects rather than implementor	14. API
15. # beneficiaries reached through partners	15. API
16. % women from no. 13 above	16. API
17. # for-profit partner institutions	17. API
18. # research/academic institutions	18. API
19. # partners contributing funds to the project	19. API
20. # projects w/ partners who have access to the donor	20. API
21. # projects w/ partners engaged in project design & evaluation	21. API
22. # partners receiving, or projects providing IS/CB	22. API

Part Three
Detailed Process Instructions for Crafting a CO Partnership Strategy

STEP	PURPOSE	PRODUCTS (suggested tools)	TIME FRAME
Step 1	*Appraising CO Partnership Experience and Lessons Learned*	• CO Partnership Profiles • CO Partnership Typologies • CO Partnership Stages • CO Partnership Lessons Learned	LRSP 1A
Step 2	*Inventorying Potential Partnership Organizations*	by Geographic Areas of Analysis and, where appropriate, at a National Level • Venn Diagram • Historical Timeline • Partner Data Base Information Sheet • Sector & Geographic Maps of Partner Program Services	LRSP 1A
Step 3	*Articulating a CO Rationale for Partnering*	• Criteria for when to Partner • Criteria for when to not Partner • Goal and Vision for CO Partnerships (1st draft)	LRSP 1B
ep 4	*Ranking Potential Partner Organizations*	• HHLS Problem System • Comparative Advantage Analysis • Partnership Decision Tree • Short List by Likely Purpose of Relationship	LRSP 1B

Step 1 Appraising CO Partnership Experience and Lessons Learned

I. For each project or program in a given GAA, list the partner organizations according the type of organization the partner is. Please note that participant communities are no longer being considered as CARE partners. We want to identify formal institutions ~ government, NGO, business, CBOs, etc. ~ who at a minimum reach beyond the limits of informal community structures such as "Women's Groups."

Complete "Who are our Partners" table (Tool 3.1.1)

II. Identify the Partnership Typology that most accurately describes the main thrust of the relationship the CO has with each partner organization.

Use "Typology of Partnerships" (Tool 3.1.2) as a reference
Complete "Table for Typology of Partnerships"(Tool 3.1.3)

III. Define the roles and responsibilities in each of the partnerships.

Complete "Partnership Stages" table (Tool 3.1.4)

IV. Identify the major results or benefits each project or program has received as a result of its partnerships. Results or benefits can be quantitative or qualitative (or both), be as precise as possible in describing the evidence available to support your claims.

Brief summarizing narrative or listing suggested

V. Engage an open discussion and brainstorm to assess each partnership in terms of the inter-institutional successes and problems.

Brief summarizing narrative or listing suggested

VI. Taking into account the results of this exercise up to this point, answer the following questions:

- What does the pattern of partnership relationships tell us about the levels of intervention and approaches that the CO is currently taking?
- In what types of projects (e.g., as defined by sectors, urban, rural, national level, district level) does the CO tend to have or not have partners?
- To what extent was organizational capacity development a part of the partnership?

Tool 3.1.1 Who are our Partners?

	Project Name				
Partner Name	***Instructions:***	***Place PN in***	***this row.***		
Int'l NGO	***Place name of partner in these boxes.***				
Local NGO					
CBO					
National Gov't.					
Regional Gov't.					
Local Gov't.					
Research Inst./ University					
For Profit					

Tool 3.1.2 Typology of Partnerships

The partnership types presented below are defined according to their type of formalization. This typology does not, however, address the specific qualities of the partnership (e.g., whether the partners share in decision-making, whether there are mutual benefits and trust). While applying this typology to your past and current partnerships, it is important to keep in mind the following points:

- each of type of partnership may or may not include the provision of additional support (such as capacity building or technical assistance) to one or both of the partners; and
- the types of partnerships outlined here intentionally do not specify the direction of the relationship. For example, in a sub-contract relationship, CARE could be either the sub-contractor or the sub-contractee.

1. **Sub-Contract** Two organizations sign a contract for which the sub-contracting organization pays for services provided by the sub-contracted organization. The services provided help the sub-contracting organization to meet its own objectives. As such it is best described as a fee for service relationship. In this relationship, it is then assumed that the sub-contracted organization already possesses some of the necessary qualities and skills to carry out the task for which it has been sub-contracted.

2. **Direct Funding** Sub-grants are provided to local (or international) organizations so that they may design, implement, evaluate and manage <u>their own</u> projects. This differs from a sub-contract in the sense that the sub-grantee has control over designing, implementing and managing its project, whereas in a sub-contract the relationship essentially is one of fee for services.

3. **Joint Venture** Two or more organizations come together to design, implement, monitor, evaluate, and manage a project. Participating organizations pool their resources and roles are determined by strengths that each organization brings to the situation.

Consortium Consortia are usually issue-based groupings of three or more organizations which have come together to bring a value-added approach to programs. Each organization has a different role based on what it can contribute to strengthening an assault on the problem.

4. **Network** This is an informal affiliation of institutional and/or individual linkages designed to share information and issues pertinent to their collective interest.

TYPOLOGY OF PARTNERSHIPS

Partnership Type	**Partner Name**				
Sub-contract					
Direct Funding					
Joint Venture					
Consortium					
Network					
Other					
Other					
Other					
Other					
Other					
Other					

Tool 3.1.3 Standardized CARE Definitions for Partnership page 1 of 3

The partnership definitions presented below are intended to ensure that a common programming language will facilitate learning and dialogue between CARE Country Offices and CARE International members:

BOO (Beneficiary-Owned Organization - a new form of partner): An inter-village non-formal organization appropriate for a low level partnership based on indirect service delivery where development and sustainability are not the focus (see CBO).

CBO (Community Based Organization) : Non-formal organizations (usually without formal government recognition) created and controlled by the beneficiaries themselves for their own benefit, i.e. the organization target population is resident within the community. Such groups often form federations, associations or regional cooperatives which function to service, support, follow-up or provide political representation. Membership groups can evolve into a subset of support/service NGOs. (See BOO)

Capacity Building: An explicit outside intervention to improve an organization's performance in relation to its mission, context and resources, including support in personnel development, financial systems, strategic planning, management, etc. (See Institutional Strengthening).

Cooperative Agreement: Two or more autonomous organizations join together in a partnership to achieve common objectives, jointly defining the problem to be solved and deciding how it will be solved. CARE and the NGO/CBO(s) are "co-owners" of the agenda, and thus the project. Success is measured by the degree to which CARE and the NGO/CBO achieved shared objectives. (See Consortium & Joint Venture)

Consortium: Consortia are usually issue-based groupings of three or more organizations which have come together to bring a value-added approach to programs. Each organization has a different role based on what it can contribute to strengthening an assault on the problem. (See Cooperative Agreement & Joint Venture)

Contract: A financial agreement between an institution and a funding agency to provide development or relief services which meet the objectives of a project.

Direct Funding: Sub-grants are provided to local (or international) organizations so that they may design, implement, evaluate and manage their own projects. This differs from a sub-contract in the sense that the sub-grantee has control over designing, implementing and managing the project, whereas in a sub-contract the relationship is essentially one of fee for services. (See Contracts, Donations, Grants, and Sub-Contract)

Direct Service Delivery: The development institution has direct contact with the project beneficiaries.

Donation: CARE provides funds, goods, and/or support services to local organizations so that they may design, implement, evaluate and manage their own projects. (See Direct Funding & Grant)

Grant: CARE provides funds, goods, and/or support services to local organizations so that they may design, implement, evaluate and manage their own projects. (See Direct Funding & Donation)

Indigenization: Increasing ownership of CARE by local staff.

Indirect Service Delivery: The development institution works through other institutions to provide development services to the target population.

INGO: International Non-Governmental Organization. An institution which is formally recognized by its host government and provides development and/or relief services in foreign countries. (See NGO & NNGO)

Institutional Strengthening: The provision of training, financial or other support to fortify an institution organizationally, including support in personnel development, financial systems, strategic planning, management, etc. (See Capacity Building).

Internationalization: Diversification of staff and policies to be more representative of CARE as a whole and to enhance cultural synergy.

Joint Venture: Two or more organizations come together to design, implement, monitor, evaluate, and manage a project. Participating organizations pool their resources and roles are determined by strengths that each organization brings to the situation (See Consortium & Cooperative Agreement)

Network: An informal affiliation of institutional and/or individual linkages designed to share information and issues pertinent to their collective interest.

NGO: Non Governmental Organization. Institutions which are generally formally recognized by their host government and serving others in relief and development. In most NGOs the organization and the target group are two separate entities.

NNGO: National Non-Governmental Organization. An institution which is formally recognized by its host government and provides development and/or relief services in its own country. (See NGO & INGO)

Operations Grant: CARE provides a grant to one or more institutions to provide services to the target population. CARE has no direct contact with the target population. (See Indirect Service Delivery, Contract, Direct Funding & Sub-grants)

Partnership: Mutually beneficial alliances of diverse types between organizations where roles, responsibilities and accountabilities are clearly defined. Partnership is a means to achieve improved quality of life for more beneficiaries through sustainable service delivery, better responsiveness to local development needs and increased scale and scope of programs. Partnerships facilitate continuous two-way learning and are based on trust, shared vision and commitment to common objectives.

Program Strengthening: The provision of services to fortify an institutions program, project and technical interventions including training or other support in technical issues, M & E, appropriate targeting of populations, improving program design and evaluation, building and designing databases, etc.

Project Replication: CARE provides targeted financial and/or technical support to a smaller partner institution to teach the institution how to implement a specific type of program with which CARE is familiar in a new area or with a new target group.

PVO: (Private Voluntary Organization). An international organization (NGO) which is generally of Northern origin and delivers development and relief services to Southern constituencies (CARE is a PVO).

Sub-Contract: Two organizations sign a contract for which the sub-contracting organization pays for services provided by the sub-contracted organization. The services provided help the sub-contracting organization to meet its own objectives. As such it is best described as a fee for service relationship. In this relationship, it is then assumed that the sub-contracted organization already possesses some of the necessary qualities and skills to carry out the task for which it has been sub-contracted.

Technical Assistance (TA): Discrete activities and assistance provided to meet specific technical needs. Within CARE this has traditionally been directed towards projects/programs as opposed to organizations. TA might include: training in a variety of sectoral areas, developing a monitoring system, providing systems in administration, marketing and finance, conducting an evaluation and conducting studies to inform projects or organizations.

Umbrella Grant: A funding mechanism designed to deliver relatively small amounts of funds to each of a number if organizations through a financial reward to a lead organization. A cooperative agreement or contract is received from for subsequent smaller sub-grants to NGOs, CBOs and BOOs for project implementation. The lead organization is responsible for technical and administrative assistance to subgrantees. Umbrella grants may be mission or centrally funded.

Tool 3.1.5 Partnership Stages

Instructions: For each PN list the partners and the stage of partnership activity. Use the key below to fill in the boxes for each activity. An example is provided.

Stage of partnership	**PN**	**Partner Name**	**PN**	**Partner Name**	**PN**	**Partner Name**
Activity SAMPLE	*45*	*Cooperative A*	*45*	*Women's Group B*	*12*	University C
Significant Information Sharing		N		R		O
Information & Data Analysis						
Joint Project Planning						
Joint Fund Raising						
Joint Implementation						
Joint Project Monitoring						
Joint Project Evaluation						
Conflict Resolution						
Financial Planning						
Confidence & Trust Building						
Formal (Written) Agreement						
Organizational Capacity Build/Training						
Technical Capacity Build/Training						

Key:
O ~ Occasionally
N~ Never
R ~ Regularly

- What types of capacity building were engaged in -- technical program strengthening, administration/finance systems, or institutional viability in planning and resource generation?

Brief summarizing narrative suggested

VII. Describe what the CO has learned about partnership from these experiences and how these lessons might be incorporated into future partnership endeavors.

Use "Lessons Learned Outline" (Tool 3.1.5) to guide you

VII. The CO needs to determine at what point and to what extent it wishes to consolidate this GAA - specific information and analysis at a CO-wide level. Use the above-mentioned tools as references or guides for the types of information to be included in a CO-wide description of Partnership Experience and Lessons Learned, but limit yourselves to that information that is critical to informing decisions about the future!!

Tool 3.1.5 Lessons Learned Outline

Instructions: This outline has proven useful to COs for categorizing their programmatic lessons learned as part of the LRSP process. The sub-headings below may be further organized by: GAA; Programs or Sectors; Type of partners (International PVOs, Local NGOs, etc.); Partnership Typology; etc. if the CO feels that this would be of more informative in terms of decision-making.

(Additional Organizing Factor, if warranted)
(e.g., GAAs, Programs or Sectors, Type of Partners)

Issue:	Lesson 1	Lesson 2	Lesson 3
Partnership Aspects to Replicate			
Partnership Aspects to Strengthen Further			
Partnership Aspects to Initiate or Test			
Partnership Aspects to Discontinue/Avoid			

Step 2 Inventorying Potential Partner Organizations

I. To make the most effective use of CO time and resources, first determine which organizations to be inventoried. Consider the following:

a) If you do not already have sufficient and updated information
   - inventory every current (and, if appropriate, recent past) CO partner organization;
   - inventory the CO itself (really!);

b) Do a quick brainstorming with key CO staff regarding who they think are the most significant organizations to inventory in each GAA as well as any organizations that may be important on a national level.

c) Get a community perspective on who the key organizations are, their history and their relationship to other organizations in the GAA

Use "Community-Generated Venn Diagram" (Tool 3.2.1) and "Community-Generated Historical Timeline" (Tool 3.2.2) to guide you

d) From this, establish a list of organizations that will be inventoried.

II. Gather information about each organization identified. Use as many information gathering techniques (interviews, secondary information sources, etc.) as seems appropriate as your time and resources allow.

Complete "Institutional Data Base Information Sheet" (Tool 3.2.3) for each organization

NOTE: In addition to the information presented in the Institutional Data Base, the CO should also consider gathering information relevant to the 23 criteria for determining Comparative Advantage (Reference: CARE USA LRSP Guidelines, Annex 4C) as this analysis also provides valuable insight for selecting partners and identifying partnership endeavors. The intent, here, is not to overburden the inventorying process but rather to take as full advantage as possible of the effort!!!

III. Using the Institutional Data Base information, prepare a geographic and sector map of program services for each GAA.

Complete "Sector Map of Program Services" (Tool 3.2.4) for each GAA

Complete "Geographic Map of Program Services" (Tool 3.2.5) for each GAA

Tool 3.2.1 Community-Generated Venn Diagrams, page 1 of 6

Venn Diagrams are a participatory process of institutional mapping and partnership appraisal. They are generated by community groups who “map” out the relative position and importance of other potential or existing partners. The process and the map or diagram that is produced outlines how partnerships may unfold among these organizations by showing relationships between institutions that may also indicate potential problem or success areas. This participatory method of institutional mapping also provides a way to work with informal groups who are potential partners to identify areas of possible conflict either between the institutions with whom CARE plans on partnering, or between potential partners and the communities in which they are planning on working.

Venn diagrams are used to show the relationships between key institutions within the community. Circles of different sizes are used to represent the influence and importance that local residents attribute to the various organizations. The juxtaposition of circles, overlapping or concentric, indicates the relationships between institutions.

Venn diagrams allow people to “draw their world” and to show how they perceive themselves as an organization in relation to other organizations. These data give information on hierarchies between institutions, power relations and gender dynamics. All of these data are useful for CARE to understand what kind of partner the institution might be and graphically depict problems that may arise throughout the life of the project. In addition to the Venn Diagram, a matrix analysis of the strengths and weaknesses of the partners might be undertaken from which lessons might be learned on how to better facilitate partnerships between local organizations; something that is essential to the sustainability of a project.

Facilitation of Institutional Mapping through Venn Diagrams

Step 1 Meet with the community's governance body. Introduce both CARE and any participating partner institutions. Explain that the objective of the meeting is to participate with community members in assessing their needs, and identifying the mechanisms and organizations operating within their community. It is very important that you stress that you are seeking information, and that you will not necessarily be developing any projects. This must be seen as a preliminary, mutual meeting to determine if there will be future possibilities to develop programs together. Request permission to set up a meeting with as divers a group of community members as possible at a mutually agreed upon time to discuss the organizations and structures that exist in the community. Assure the leaders that all findings from the meeting will be shared with them.

Step 2 Convene a group or groups of community members. Divide the group(s) by gender or any other rationale that makes sense, or divide them randomly into working groups of a manageable size. Pass out flip chart sheets and magic markers. Alternatively, the exercise can initially be drawn on the ground. Explain the following steps before breaking up into groups. Sit with the group and draw on a sheet of paper to explain the following steps. Use a translator and conduct the exercise in the local language.

Step 3 Ask the groups to first list on their sheet of paper the organizations that make up their world.

Step 4 Explain that the groups will draw circles to represent these organizations. Circle size symbolizes relative importance of the organization. Ask for some examples and draw the circles on your demonstration paper.

Step 5 Explain that the juxtaposition of the circles indicates the relationships of the institutions. Overlapping circles indicate organizations work together where separate circles and the distance between them indicates how little they work together. Concentric circles indicate one institution is a subset of another. Illustrate with some examples suggested by the group.

Facilitation of Institutional Mapping through Venn Diagrams

Step 6 Illustrate with circles other possible relationships between institutions.
Ask for questions.

Step 7 Break up into groups and let them make their diagrams.

Step 8 Each group presents their Venn Diagrams and answers questions from other participants.

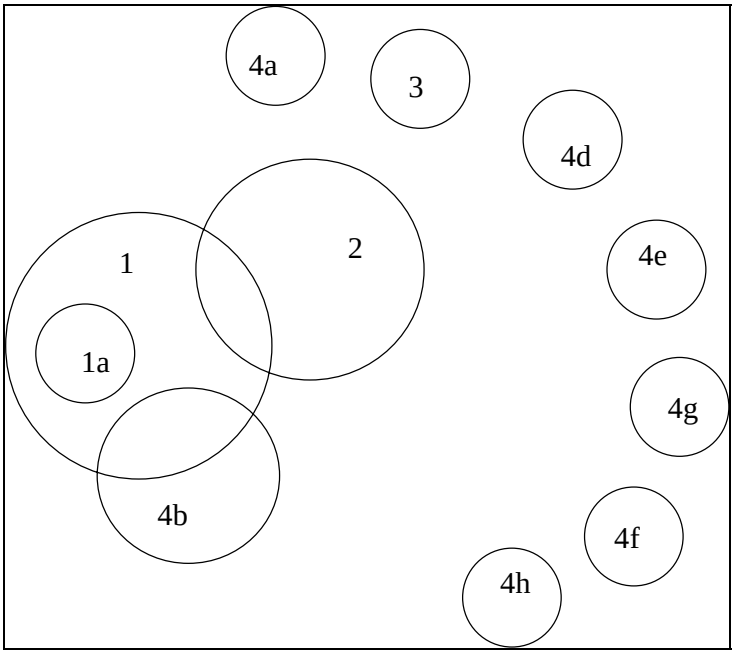
Step 9 Explain the data will be typed and later presented to them for their use and safekeeping. Or, CARE staff can make a copy and let the group keep their original. They may wish to preserve the items since they will be used for comparative purposes at a later date. If the diagrams were drawn on the ground, make copies for the group and CARE staff. Needless to say, photographic records can be shared.

Step 10 You may wish to share Venn Diagrams with other groups and use them as a teaching tool with regard to noting areas of potential problems and successes, and to compare perceptions between groups as well.

Example Venn Diagrams and their Interpretation

The examples below are Venn Diagrams produced by two potential partner organizations for CARE-Zambia: a Resident's Development Committee (RDC) and the Kalulushi Municipal Council (KMC). CARE-Zambia facilitated the exercise. For the RDC located in the Chibote Compound of Kalulushi, they divided the group by gender, but the KMC group worked as a whole.

Venn Diagram Number 1: ***Women's Group***



List of Institutions

1. RDC
1a. RDC Sewing Club
2. KMC
3. Remmy Chisupa Women's Club
4. Churches
   a. SDA
   b. NCC
   c. RC
   d. UCZ
   e. Pentecostal

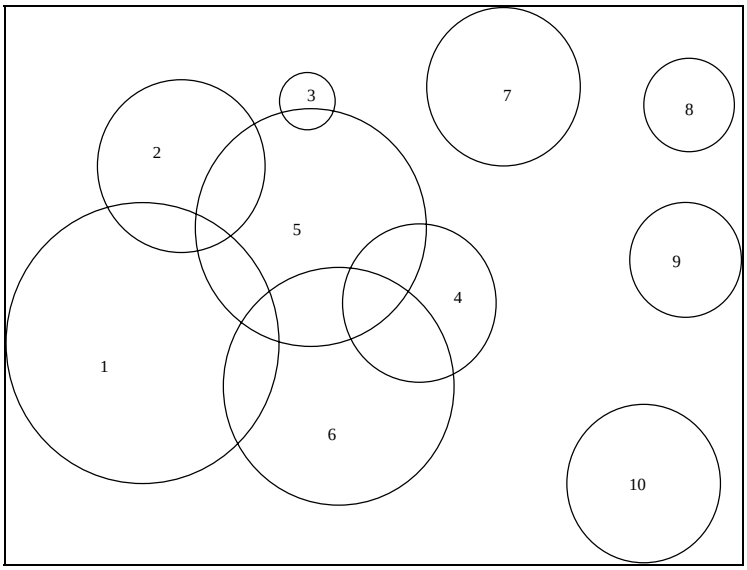
The Venn Diagram shows the Residents' Development Committee (RDC) circle to be slightly larger than the Kalulushi Municipal Council circle. Therefore the RDC is the institution of primary importance. However, both circles are central institutions, as indicated by the relative size of their circles. Their overlapping circles indicate that these two institutions work together. The concentric circle indicates the Sewing Club is a subset of the RDC. Eight churches are drawn; seven function independently of the RDC. One church, the NCC, contributed money to the RDC and therefore their circle overlaps wit the RDC. The larger size of the NCC church circle indicates they are more important than the other churches that have smaller circles. A Women's Club also functions independently of the RDC and KMC and are assigned about the same degree of importance as the seven churches.

Note there is no national or government entity beyond the KMC. There are no NGOs in their universe of organizations.

Venn Diagram Number 2: ***Men's Group***

List of Institutions

1. Government
2. Churches
3. WC Hammer Mill
4. Health
5. RDC
6. Kalulushi Municipal Council
7. Blacksmith/Woodcraft
8. Akabungwe Kabalanda
9. Akabungwe Kabuyantashi
10. Remmy Chisupa Youth Club



The Government is the first and largest circle. Here "the Government" means "...the institutions and policies that organize society and allow the society to work together and move forward without war..." The first six circles overlap. Once again the RDC circle is slightly larger than the KMC circle. The "Churches" work with the Government and the RDC, as shown by the overlapping circles. The size of Circle 3 indicates the Women's Club is the least important organization, although it articulates with the RDC. The "Health" circle represents "...district and national government ministries, and people who give immunizations." The Health institutions work with the RDC and KMC. Circles 7 to 10 are all organizations that function independently of the main cluster of circles. Of these final four organizations, the Blacksmith Club and the Youth Club have the most importance.

Analysis of the Institutional Mapping through Venn Diagrams

CARE-Zambia learned several things from the institutional mapping exercise, based on the presentation of the Venn Diagrams and the diagrams themselves. Two of these points are shared here. First, the men's group is far more literate than the women's group. Some of the men can read and write English and Bemba, and none of the women can do so. Therefore, within a partnership, gender asymmetry could be a problem; women should be encouraged to participate and assume a leadership role and they may need more facilitation and support.

Second, CARE-Zambia has a lot of work to do in order to facilitate partnerships between the Kalulushi Municipal Council and the RDC so that the former does not dominate the latter. Within the partnership, the RDC must be seen as a legitimate player. It is also unclear how the KMC views the community and how they will accept not only CARE's participatory approach to doing development work, but the required community participation that is stipulated by the Terms of Reference in a donor contract for an upcoming water project that CARE Zambia and partners will be implementing in their community. Thus, the diagramming reveals potential avenues of approach as well as areas of future conflict which allow CARE and its partners to plan and program proactively.

Tool 3.2.2 Community-Generated Historical Timelines, page 1 of 4

A Historical Time Line is a chart that depicts a potential partner institution's history. Historical Time Lines allow CARE staff to see how an institution was formed and to pinpoint events that are important to the potential partners. Denoted events may help CARE staff understand the history of an organization's problem areas, how the organization articulates with the community and other organizations, or to see the evolution of a need over time. These data help CARE staff appraise a potential partnership with that organization and to determine how the proposed project may or may not fit in with the local sociopolitical context or ecological environment. It is quite revealing to compare Historical Time Lines between institutions within a community or by gender within a group because they reveal differences in the perceptions of the importance of various events.

Facilitation Institutional Mapping Through Historical Time Lines

Step 1 Meet with the community's governance body. Introduce both CARE and any participating partner institutions. Explain that the objective of the meeting is to participate with community members in assessing their needs, and identifying the mechanisms and organizations operating within their community. It is very important that you stress that you are seeking information, and that you will not necessarily be developing any projects. This must be seen as a preliminary, mutual meeting to determine if there will be future possibilities to develop programs together.

Step 2 Using a flip chart sheet of paper introduce the idea of groups creating a Historical Time Line.

Step 3 Using a magic marker, draw a line down the paper to divide
sheet in half. Title the left half "DATE" and the right half "EVENT." Explain that one person in the group will be in charge of writing down the information, but all people in the group contribute the information to be recorded. The "Event" category can also be broken down into more specific categories.

Step 4 Explain that the "date" is generalized to the year. Explain that the "event" is simply summarized in a phrase. Ask participants for a few examples and draw them in on your chart. Ask for questions and answer them to the groups' satisfaction.

Step 5 Divide the participants into groups of comfortable size. Give each group paper and magic markers, and release them to do their work.

Step 6 Each groups presents and explains their Historical Time Line, and entertains questions from the whole group.

Example Community-Generated Historical Timeline

Two Time Lines presented below were created by the men and women of the Resident's Development Committee (RDC) in Chibote Compound in Kalulushi, a Zambia. As mentioned earlier, CARE-Zambia was exploring the possibility of forming a partnership with the Kalulushi RDC and Municipal Council (KMC).

Historical Time Line: *Men's Group*

DATE	EVENT
1974	Kitwe council start to upgrade the settlement
	Settlement handed to the council
1984	Piped water cut by Kitwe council
1992	RDC formed
	RDC start working on roads
	Digging of wells and clearing of garbage
1994	RDC starts working on proposed market site
1996	CARE Zambia visit settlement.

Historical Time Line: *Women's Group*

DATE	EVENT
1978	Piped water brought to the settlement
1980	Piped water destroyed
1991	Worker trained in settlement development
	RDC repair roads
1992	RDC formed
	Cleared settlement
	Repaired toilets in the settlement
	3 workshops held
1994-1995	RDC visit Nkwazi and Race course settlement in Kitwe
1995	Council buys tools for the settlement
	Market place cleared
1996	New pit latrines constructed
	Visit by PUSH engineer
	Agreement to construct a market is reached
	Visit by CARE Zambia

Analysis of the Historical Time Lines for RDC Men and Women's Groups

The Time Lines show that piped water had a very short life span in the community, and that it was "destroyed" in 1980, due to vandalism. In the near future, CI will inquire about the RDC's relationship with Kitwe Council where the "piped water was cut." This information will reveal more about the history of the water project in Chibote, but also profile the RDC's and community's history of working with city councils.

The Time Lines show that the RDC is a fairly new organization, formed in 1992. During the presentation of the Time Lines, CI queried the group as to the type of training they received in 1992 in the form of workshops. Hopefully this information can be used to indicate CARE's starting point for possible training in institutional capacity building if the proposed project takes off. The RDC's latest project (1995) is the clearing of a market site. This shows the group is relatively organized and has planted the seeds for at least one development project.

The above information is quite useful for CI-Zambia as they prepare the groundwork to form a partnership with the RDC in Chibote. Without raising too many expectations, the exercise is also fruitful in that it helps set a precedent for two-way learning within the partnership; more specifically, in this case, through their Historical Time Line, CI-Zambia is learning from the potential partner RDC.

Tool 3.2.3 Institutional Data Base Information Sheet, page 1 of 3

The Institutional Data Base Information Sheet is designed to create a simple data base of institutions, along with sector and geographical profiles within a chosen GAA to profile organizations that could be a potential partner for CARE. In each Country Office (CO), Long Range Strategic Plans (LRSPs) informed by the Household Livelihood Security Framework target vulnerable groups and their needed services along the relief-to-development continuum, and identify program needs in specific GAAs.

First, prioritize visits to institutions that have the most information. Contacting these sources should eliminate the need to interview every potential partner. These institutions are normally easily accessible, and are generally located in the country's capital. Even if the CO has already chosen to work in a specific geographic area, as a starting point, gathering information centrally will greatly reduce the time and expense of completing the mapping exercise. In addition, this process will enable you to identify organizations not currently operating in the desired geographic area, but may be willing to expand their operations to that area.

Centrally-located institutions and associations likely to provide information on potential partners are:

- Donors and UNDO
- National Associations or Consortia of NGOs;
- Government Ministries responsible for the supervision of NGOs (Ministry of Planning or Development, or Ministry of External Cooperation);
- Government Ministries responsible for providing services to the private sector and supervising private sector activities (Ministry of Trade, Economy or Commerce), for information on government agencies supporting the private sector and on private sector associations;
- Business Associations, for information on their associations and other available enterprise development support services;

1. Name of Institution: _____

2. Type of Institution: _____

3. Location of Headquarters: _____

4. Sources of Information: _____

5. Mission:

6a. Direct Beneficiaries: If institutions, list their names:

6b. List key services provided to institutions:

7a. If Direct Beneficiaries are Individuals, List Percent:

Rural	Urban	Male	Female
%	%	%	%

7b. Key services:

8. Geographic Area:

Location and % of beneficiaries	Office present or absent

9. Reputation:

10. Comments:

Tool 3.2.4 Sector Map of Program Services

Using the **Institutional Data Base Information Sheets**, complete the Sector Map of Program Services. One organization may be entered into several boxes. Note that you may wish to place an asterisk next to organizations that provide services to women. When all organizations have been entered into the map, including CARE, you will have a complete picture, at a glance, of various institutions and their respective types of development activities.

	ANR	EMERG	FOOD	PHC	GIRL'S ED.	POP	SEAD	OTHER
PVO								
NGO								
CBO								
NATIONAL GOV'T								
REGIONAL GOV'T								
MUNICIPAL GOV'T								
VILLAGE GOV'T								
UNIVERSITY								
RESEARCH ORG								
FOR PROFIT								
OTHER								

Tool 3.2.5 Geographic Map of Program Services

Using the **Institutional Data Base Information Sheets**, enter the name of each organization under the appropriate category in the left-hand column. In the columns to the right, list where the organization operates, the percent of beneficiaries and the number of offices the organization has in the area. When all organizations have been entered into the map, you will have a complete inventory of the geographic areas of intervention covered by various institutions within the GAA in question. You may wish to mark this information on a physical map. In that case, using a country map and different colored markers, mark the location of offices and potential partners of the program.

For example: The majority (70%) of the clients of an NGO called Microenterprise Development Services (MDS) are located in the capital city of Accra, where they have an office. MDS also serves clients in the primary city of Kumasi through a branch office located there. The Kumasi office also provides services to clients located in the rural district of XX. The map is filled out as follows:

Geographic Area of Analysis (GAA):

Geographic Map of Program Service

TYPE AND NAME	URBAN	PERI-URBAN	RURAL
NGO - MDS	Accra, 70% of clients, 3 offices Kumasi, 20% of clients, 1 office		Kumasi district XX, 10% of clients No office

Step 3 Articulating a CO Rational for Partnering

It is important that partnership makes sense to you - that it adds something positive to the development process, long-term development impact, and to each of the organizations involved. Being clear about the reasons for entering into a partnership will help focus the process of thinking through possible partnership endeavors. It is equally important to think through when it is a bad idea to enter into partnership. For instance, creating partnerships just because you think it is expected of you is a pointless exercise which will, undoubtedly, lead to relationships that lack the qualities important to empowering institutions and that are, in the end, more problematic than beneficial.

I. Conduct group discussions with CO staff. How these groups are formulated is at the discretion of the CO. However, it is recommended that participating staff represent as broad - both vertically and horizontally (across programs, departments, etc.) - as possible. Groups can be mixed or segregated.

Use "Partnership Rationale" (Tool 3.3.1) to guide group discussions

II. Each group should prepare a summary of the results of their discussion and the use of the Partnership rationale Tool. The following reflective questions may help:

- Where were there areas of agreement and disagreement among your group?
- Where is there general consensus that there is a clear reason and purpose for CARE to engage in partnerships with local organizations?
- What does this suggest in terms of partnership areas for future experimentation and learning?

III. As individual groups or collectively as a CO, answer the following questions:

a. Under what circumstances should CARE not enter into partnerships? In these circumstances is there anything that CARE can do to in order to keep the partnership agenda alive? For example, if you identify political barriers to working with local organizations or institutions, could CARE take on an advocacy role to address some of these barriers ?

Instructions: As a group, examine and discuss each reason to engage or not engage in partnerships. Use areas where members of your group disagree to identify and possibly resolve the differences in your individual rationales for partnerships as well as to identify are for future experimentation and learning. Use areas of agreement to define your country office's vision of partnerships.

1. Why we work with Partners:

Advocacy/Policy:

	Agree	Disagree
1. One or more of our partner institutions accesses policy makers or facilitates our access to them.		
1. One or more of our partners represents our constituency (beneficiaries) with decision makers and/or provides communication to beneficiaries on policy issues.		

Responsiveness and Problem Solving:

	Agree	Disagree
1. We ourselves, or one or more of our partners, have changed its activities or approach to better respond to beneficiary needs.		
1. We have identified one or more partners to receive resources because they have demonstrated a high potential for solving future problems without the project.		

Increased Efficiency:

	Agree	Disagree
1. One or more of our partners receive resources to implement project activities.		
1. The cost per beneficiary for our partners (partner project budget/# beneficiaries) is lower than ours.		

Increased Effectiveness:

	Agree	Disagree
1. One or more partners have technical abilities used in project implementation which we do not possess.		
1. One or more partners possesses an ability to work within a policy and values environment which would normally constrain our own work		

Increased Learning:

	Agree	Disagree
1. Our partners participate in, or share their own, information gathering and analysis exercises.		
1. One or more of our partners participates in joint planning and decision making on project implementation.		

Increased scale:

	Agree	Disagree
1. One or more of our partners reach beneficiaries which we would not be able (or allowed) to reach ourselves.		
1. One or more of our partners have resources from donors other than ours which they use in project implementation.		

Sustainability of Service Delivery:

	Agree	Disagree
1. One or more of our local partners uses cost recovery mechanisms for project services.		
1. One or more partners is actively developing its ability to remain in the project beneficiary area post project.		

Institutional Sustainability:

	Agree	Disagree
1. One or more of the project partners is receiving support to improve its organizational or technical capacity.		
1. Donors associated with the project are in contact with all the project partners.		

Increased Scope:

	Agree	Disagree
1. One or more of the partners is brining new areas of technical service delivery or approaches to the project.		
1. One or more partners is accessing women or ethnic minorities that are not traditionally reached by the project.		

Social Capital and Civil Society:

	Agree	Disagree
1. One or more partners is developing beneficiary capacity to participate in community organizations.		
1. Beneficiaries are aware of how to express demands on their local and/or regional governments for development services as a direct result of actions of one or more project partners.		

2. Why we do not work with partners:

No options available:

	Agree	Disagree
1. The project is a rapid onset disaster requiring our immediate direct intervention to save lives, such as earthquake, cyclone, r a mass refugee movement due to war.		
1. There are no institutions, formal or informal, with which to partner in the area, nor are there any nascent community groups with which the project may seek to develop future partners through the inclusion of capacity building activities in the project.		

Pilot Initiative:

	Agree	Disagree
1. The project is testing one or more new technologies and/or extension approaches.		
1. The project proposal contains a plan to seek expanded funding and work with partners based on the results of the new technologies or approaches.		

Resources, Time and Accountability:

	Agree	Disagree
1. One or more potential partners are present, but project outputs cannot be achieved within the life of the project by working with or through them.		
1. There are no potential partner institutions with the technical or management capacity to engage in project implementation and reporting.		

Conflict of vision:

	Agree	Disagree
1. The vision and goal of institutions in the project area are targeting populations which do not reflect our focus on the poor.		
1. Two or more meetings have been held with potential partner institutions where no open discussion of their or our structures, finances and activities could be had.		

Value Added:

	Agree	Disagree
1. There are no institutions in the area, or willing to move to the area, which provide additional services that we able to do alone.		
1. There are no institutions in the area, or willing to move to the area, which reach other populations that we able to reach alone.		

b. Does your reason for partnering reveal anything about CARE's long-term (post-project and post-CARE) vision of development? In what way do you see local organizations and institutions fitting into this?

c. Will the reasons you have identified for partnering affect the way business is done at CARE? How? What kinds of changes (e.g., resources, staffing, systems) will need to be made to accommodate this approach? Are these realistic? How can they be brought about?

IV. Articulate a Vision, Goal or Set of Objectives that clearly describes the CO's rationale for and/or the desired outcome of partnership.

Use "Guidelines for Articulating CO Rationale for Partnership" (Toll 3.3.2) as a guide

NOTE: If the CO does not have a finalized LRSP yet, it should consider this as a "first cut" articulation of its rationale for partnership. If an LRSP does exist, the CO can use this exercise to further articulate what was laid out in the LRSP with regard to partnership. Even so, the CO should still consider the rationale to be of a draft nature.

It is only once the CO has identified its partner organizations and entered into partnership relations (Steps 5-6 of this Manual), that the rationale will be fully understood. That is:

- who the CO partners with;
- what endeavors are undertake together; and
- in what areas the partnership mutually strengthens the respective organizations

all represent or reflect critical elements of the CO's rationale for partnership.

In addition, COs are <u>strongly encouraged to include partner organizations</u> in the mutual definition of a rationale for partnership!!

Tool 3.3.2 Guidelines for Articulating a CO Rationale for Partnership

The CO rationale for partnership may be articulated in the form of Vision, Goal or Set of Objectives. The rationale for partnership will directly effect a) the type of organizations with which the CO might try to work; b) the type of relationship the CO will eventually establish with partner organizations; and c) the type of projects and services that the CO will provide to and with the partner organization.

Part One, Section 1.3 (page 8) illustrates how CARE USA choose to articulate its rationale for partnership - in the form of a definition for and a vision of partnership.

If the CO chooses to craft a Vision for Partnership, please refer to CARE USA's LRSP Guidelines, Annex 2 for guidelines.

The following reflective questions may assist the CO in identifying the essence of its rationale for partnership:

- What kind of partner has the CO been and why? How flexible has it been?
- What kind of information has been shared?
- How much joint decision-making has there been? Who "owns" the project?
- How closely has the CO monitored its partners' roles and activities?
- What does this say about the nature of CO's relationship with the partners?
- What kind of partner does the CO want to be in the future?
- Does the CO's reason for partnering reveal anything about its long-term (post-project and post-CARE) vision of development?
- In what way does the CO see local organizations and institutions fitting into this?

Objectives for partnership might include, amongst others, one or several of the following elements:

- increase the outreach and impact of your project
- specific skills to CARE or a CARE program
- increase the programmatic and organizational viability of local institutions
- minimize duplication and encourage a most prudent use of resources.
- stronger response to a specific development problem.
- build viable organizations where none currently exist.

Step 4 Ranking Potential Partner Organizations

Inputs Required for Ranking:

"First Cut" of CO Rationale for Partnering
GAA HHLS Problem System
GAA Comparative Advantage Analysis
GAA Venn Diagrams and Historical Timelines
GAA Institutional Data Base Information Sheets
GAA Sector Map of Program Services
GAA Geographic Map of Program Services

I. Identify any organizations unsuitable as partners to the COO and eliminate them from further consideration.

Eliminate organizations consistently identified as having a poor reputation by more than two sources. Cross-check negative references, and if you are still unsure whether you have reliable information, meet directly with the organizations. Remember that all sources are potentially biased, so be sure to adequately investigate negative references. Also, keep in mind that most organizations have experienced problems; a single negative incident should not cause you to eliminate an organization from your list. Of particular concern are organizations commonly known to be affiliated with political parties and associated with fraud, mismanagement or corruption. These are organizations whose "vision" will clearly never be compatible with CARE's.

You should also eliminate organizations whose ownership, structure, or other limitations make them unsuitable partners. For example, an organization may have a legal mandate to operate only in a region where CARE does not intend to work.

II. Rank each of the remaining organizations in terms of the most likely and/or mutual benefit for establishing a partnership.

Use "Partner Decision Tree" (Tool 3.4.1) to guide you

III. Prioritize the 4-5 organizations the CO will approach to determine their interest in and compatibility with the CO for establishing a partnership relation.

Use "Partner Ranking Chart" (Tool 3.4.2) to guide you

The **Partner Decision Tree** is built on the assumption that the essential criteria in choosing partners are complementarity of vision and the degree of complexity of the interventions to be undertaken with the partner. That complexity is based on the match between three program criteria: CARE's planned ***geographic area***, ***services***, and ***target*** group and that of the potential partners. The more vision and current program criteria differ, the more difficult the process of partnership.

The Tree assumes the more similarity between these three program criteria, the more desirable the partnership. The Tree shows in the first choice of partnerships, all three criteria match CARE's. Therefore the organization is ranked as first choice (Step 1).

However, the Tree is a only a model to facilitate a thinking process for building partnerships. In actuality, ***ranking criteria for potential partners will vary by country context.*** For example, where COs wish to experiment in partnerships and work with fledgling organizations, they will accommodate greater degrees of differences in these three criteria. COs may deliberately choose to work with an organization that is ranked as last choice (Step 4) on the Tree. Therefore, ***you must design your own criteria to rank potential partners*** and adapt the Partner Decision Tree to fit the conditions of your operating environment. However, based on lessons learned from testing this model in various country contexts, you may find it the most difficult for an organization to change its target group because this program criterion is inextricably linked to vision.

Furthermore, the model presented here assumes of the three program criteria, geography is the easiest to change, followed by services and target group. Therefore, after Step 1, the next desirable scenario in Step 2 shows an organization that offers similar services and works with a similar target group at a different geographic site. However, changing geographic location is easier in some countries than others. For example in India, organizations report that due to cultural mores, changing sites is not a viable option. Therefore, ***in India, the CO has reordered the ranking criteria for potential partners*** where an organization that has to change geographic locations would be a last choice of partner, or not an option.

Facilitation of the Partner Decision Tree

The **Partner Decision Tree** is presented below. The following explains the hierarchy of categories of potential partners represented in the steps of Partner Selection Decision Tree.

These organizations may or may not want to partner with CARE (this is true at every step). It is only upon further investigation that COs can determine whether there is in fact a role for CARE to play in working with these organizations. However, it is likely these organizations will wish to improve or expand their services, or to teach CARE something about that particular type of program delivery.

Step 1

Step 1 Are organizations already providing the needed services in the same geographic area to the target group selected by CARE?	Yes	First choice of partnership. Meet with these organizations to determine if it is possible to increase the quality or scale of their programs, and if they are willing to do so.

In the first choice partnership, organizations are already providing similar program services in a geographic area to a target group similar to those identified by CARE.

This category of organizations represents the first choice of partnership because both partners already know the business of delivering the identified program services, and are likely to share a common vision. Under these conditions, it will take relatively less time to get the project up and running.

Step 2

Step 2 Are organizations already providing the needed services to the target group identified by CARE, but in a different geographic area?	Yes	Second choice of partnership. Meet with these organizations to determine if they are willing to expand operations to the selected geographic area.

In the second choice or partnership, organizations are already providing similar program services to the same group as chosen by CARE, but not operating in the targeted geographic area. As in Step 1, because these organizations are already involved in similar program delivery, it is likely they share a common vision with CARE. The partners may work to establish new branch operations. This type of partnership will take more work on than in the context of Step 1. In this working relationship, partners will

Facilitation of the Partner Decision Tree

need to work to establish a constituency and client base in the new area and to develop the capacity to serve the area.

Step 3

Step 3 Are organizations already working with the target group selected by CARE in the same geographic area, but not providing the needed services?	Yes	Third choice of partnership. Meet with these organizations to determine if they are willing to modify and expand existing services.

In the third choice of partnership, the organization provides some type of development services to the target group selected by CARE in the chosen geographic area, but not the services identified as being needed by CARE.

This type of partnership may be more problematic than those in the previous steps. Although these organizations have a knowledge of the targeted beneficiaries, as partners, they would need to learn an entirely new activity. Organizations that specialize in certain types of services do so because they excel at providing those services, have created a niche, and are guided by a mission. Depending on their structure and program capacity, It may be unwise for such organizations to introduce an entirely new set of services to their program. However, others would be glad to begin such a program but lack training and funding. Under the conditions of Step 3, the partnership would be quite complex, involving joint needs assessments, designing an entirely new set of services and methodologies, hiring and training new staff. CARE would be in the position of providing financial resources and continued advisory support for a lengthy period of time.

Step 4

Are organizations already providing the needed services in the chosen geographic area, but to a different target group than selected by CARE?	Yes	Fourth choice of partnership. Meet with these organizations to determine if they are willing to modify and expand existing services to serve a new clientele.

In the fourth choice of partnership, organizations are already providing the designated programming activity in the chosen geographic area, but to a different target group than selected by CARE.

Facilitation of the Partner Decision Tree

In Step 4, the partnership may be more problematic than all of the previous steps because of a high degree of incompatibility of mission and program between the organizations and CARE. Under these conditions, the organizations would have to significantly modify their way of doing business in order to reach a completely different clientele. However, they would be able to use existing offices, vehicles, staff, etc. to do so.

In general, it is not realistic to expect local institutions to significantly modify their vision and organizational culture, or learn entirely different methodologies to reach the population targeted by CARE.

Step 5

Step 5		Reconsider Target Group, Services, and Geographic Area to explore other potential partnerships . . . Or . . . Consider establishing a new organization. . . Or . . . Provide direct service delivery for now
None are appropriate partners for the program envisioned.	Yes	

Although there are a number of other possible categories of potential partner organizations, they have not been included as options in the Decision Tree because they are not likely to be appropriate partners or because the process of trying to establish a viable partnership would be too complex. Therefore, at Step 5, you have three options. First, you can reconsider your decisions concerning target group, geographic area and services in order to explore other programming opportunities. Alternatively, you may turn your efforts to establishing a new organization to provide the services to the chosen target group. Third, you can choose to have no partners, and instead engage in direct service delivery. This may also be an opportunity to explore why there are no possible partners available on the landscape, and see if there is an opportunity for advocacy to support the development of local institutions. Whether or not these institutions become future partners, it is important that CARE seek to expand its role in supporting the development of a strong civil society.

Tool 3.4.2 Partner Ranking Chart

In order to complete the **Partner Ranking Chart,** list the organizations, fill in the information on target group, services and geographic area. Then, rank the organizations as potential partners according to the Partner Decision Tree presented here, or your adapted version of the Tree. Because of the time and complexity involved in the next steps, now use the rank rankings to ***short-list five*** organizations.

Using the *Sector Map of Program Services* and the *Geographic Map of Program Services (from the Partner Identification Tool)*, enter the name of each organization and fill in a yes or no in the other columns. In the last box, rank the organization as a potential partner according to your ***Partner Decision Tree.***

Name of Organization	Target Group: Same as that Identified by CARE?	Services: Same as that Identified by CARE?	Geographic Area: Present in area chosen by CARE?	Which Step of Partner Identification Decision Tree?

Part Four
Detailed Process Instructions for Operationalizing a CO Partnership Strategy

STEP	PURPOSE	PRODUCTS (suggested tools)	TIME FRAME
Step 5	*Mutually Selecting Partners*	• Ascertain Compatibility and Mutual Interest • Institutional Assessment Working Group • Key Informant Interviews • Institutional Profile • Memorandum of Understanding	Post-LRSP 2 and as needed
Step 6	*Assessing Partners' Organizational Capacity*	• Institutional Capacity Framework • Institutional SWOT Assessment • Organizational Capacity Self-Assessment Score Sheet • Formalized Partner Relationship	Post-LRSP 2 and as needed
Step 7	*Finalizing a CO Rationale for Partnering*	• Goal and Vision • Objectives	Post-LRSP 2

Step 5 Mutually Selecting Partners

I. Contact those organizations on the short-list to ascertain their interest in participating in further dialogue. A telephone call should suffice to arrange meetings ***with key decision makers within the organizations*** (key informants) including the Executive Director and members of the Board of Directors.

II. Meet with key decision makers to assess compatibility with CO and mutual interest of partner organization to initiate mutual selection process. During these meetings, create an open dialogue that promotes two-way learning but avoids creating expectations. The following information should be discussed:

a) ***Provide Information about CARE:*** Share relevant documents, such as the CARE Annual Report, descriptive CARE brochures and LRSPs or other documents that describe the history and strategy of the Country Office.

b) ***Explain CARE's Vision for the Project:*** Describe CARE's vision, goals and objectives for the proposed project including why and how CARE wants to implement the project. Describe the target group and needed services. Explain why the organization and CARE might have a mutual interest in working together and in *broad terms* outline CARE's tentative roles and responsibilities in the partnership.

c) ***Solicit Information about the Organization:*** Ask the key informants to describe their organization, the mission and vision, current position and program, and general plans for future direction and growth. Use this opportunity to correct information on the Institutional Mapping Tool.

d) ***Explore Mutual Interest:*** Discuss the possibility of collaboration. Explore in more depth the compatibility between program visions. Discuss the practical implications for the potential partnership. Try to get a sense of ***why*** the organization expresses an interest in collaboration. Do not "lead" this discussion too much, as organizations may then tailor their answers to what they think you want to hear.

e) ***Describe Next Steps:*** During this meeting, neither organization should commit to go forward. Instead, all parties should reflect on their interest in continuing the process. Review what is involved in the partner selection process. Fix a date to contact the organization again.

III. If necessary, eliminate any organizations that are either not compatible with the CO or are not interested in continuing the process.

IV. For those compatible and interested organizations, reach an agreement to go forward with assessment and selection process. Organize yourselves for the other steps of the process. This involves:

⇒ ***Identifying key informants to be interviewed*** within each organization as well as anyone outside the organization (participants, other partners, etc.) who's opinion and/or perspective would add value to the process.

⇒ ***Forming an Institutional Assessment Working Group*** composed of 2-3 CO staff and 2-3 representatives of the organization to carry out interviews, and joint and independent institutional assessments. Include field and other program staff, and managers and Board members. The working group should meet once or twice for a total of six hours. Ask your contact person to appoint members of the working group, inform you of the composition, and set a first meeting date.

⇒ ***Identifying and coordinating access to documents*** pertinent to the assessment process. These documents will be provided by ***both*** the CO and the participating organization. Ask if the organization will share recent program evaluations. Obtaining financial information may be a particularly sensitive issue. If neither CO nor the organization will share complete financial documentation, obtain only the key financial information needed for the analysis. The following documents may prove useful:

	Documents:	To Obtain Information About:
Human Resources	Organization chart and job descriptions	• Number of employees • Education and experience required of employees • The relationship among people within the organization • The roles and responsibilities of various people
Program	Operating manual Operational or program reports, preferably the latest monthly or quarterly reports	• The services delivered to clients • The methodology and procedures used to deliver services • The roles and responsibilities of people in relation to client services • Number of active clients
Financial Viability	Latest financial statements, preferably audited annual financial statements Current grant agreements	• Income and costs • Period for which external funding is assured and what funding can be used for

⇒ ***Establish timetable*** for interviews and the first meeting of the Institutional Assessment Working Group.

V. Conduct interviews with key informants.

Use "Guidelines for Key Informant Interviews" (Tool 4.5.1)

VI. Confirm, consolidate and complement interview information with Institutional Assessment Working Group. Consult documentation as necessary.

Use as discussion format and complete "Institutional Profile" (Tool 4.5.2)

VII. For those organizations that are still compatible and interested, sign a Memorandum of Understanding; indicating in very broad terms the purpose and objectives of the partnership.

Tool 4.5.1 Guidelines for Key Informant Interviews, page 1 of 3

Before holding discussions with the working group, CARE and the other organization will conduct interviews with key informants in and for each other's organizations. The interviews are designed to capture what people think and feel about the organizations, and will be used to verify information provided by the working group.

Two schedules of questions will guide structured interviews with key informants of each organization. The first is designed to assess beneficiaries' satisfaction with programs and services. The second interview is conducted organizations' staff and board. The interview is designed to assess the commonality of vision within the organization and the quality and strength of the human resource base.

In order to interview more respondents, instead of conducting individual interviews, you may wish to interview beneficiaries in groups. In order to safegaurd confidentiality and to obtain accurate answers, staff from the potential partner agency should not be present during these interviews.

The interviews for staff and board members can be administered individually or by dividing the two into separate groups.

Note that you must use good interview techniques in order to obtain reliable information. Make sure that each person interviewed understands their name is not being recorded, and their answers are confidential. Be prepared to deal with beneficiaries who are not comfortable answering direct questions about staff performance or quality of services.

These questions are a guide; feel free to rephrase them so you are comfortable conducting the interview. It is important to take time to introduce and explain the interview process and to be culturally sensitive with regard to the phrasing and tempo of questions. The interviews should be translated into local languages and where necessary, administered through a translator.

INTERVIEW FOR BENEFICIARIES

Institution

Interviewer

Date of Interview

1. Describe what the organization does for you:

2. Are you satisfied with the services provided by the organization?

3. Which services provided by the organization do you appreciate the most?

4. What services or program requirements would you like to see changed?

5. How would you rate the staff who work with you?

6. Do you have any other comments about the organization?

INTERVIEW FOR STAFF and BOARD

Institution

Interviewer

Date of Interview

VISION

1. Can you tell me who this organization is supposed to serve, how it helps people, and why?

2. What do you think this organization should look like in five years?

HUMAN RESOURCES

1. Describe your role in the organization:

2. Who reports to you, and what is their role in the organization?

3. Who do you report to, and what is their role in the organization?

4. Describe the organizational style, management approach, and working atmosphere of this organization.

5. Have any staff or board members left the organization in the past two years? YES NO If yes, why?

6. What do you like best about working for the organization?

7. What would change about the organization if you could?

8. What would be the pros and cons of implementing the proposed program (describe) in collaboration with CARE?

The following structured questionnaire guides your discussions with the working group. Many of the questions clarify your understanding of the how the organization operates. In the Program and

Financial Viability areas, however, the form is a guideline to calculate certain financial indicators together with the working group.

Core Component 1: ~ VISION ~

1. Mission What is your organization's stated mission?

2. Beneficiaries - Who the institution serves How do you describe most of the institution's beneficiaries?

Relief:
Post-Conflict and Rehabilitation
Transitory Livelihood Insecure
Chronically Livelihood Insecure
Livelihood Secure

What percentage of the institution's beneficiaries are women? Does your organization have plans to increase the number of female beneficiaries?

3. Services - How the institution serves beneficiaries What services does your organization provide to beneficiaries?

4. Ultimate Purpose - Why chosen services are offered to target group
What impact does your institution expect to have on beneficiaries?

5. Institutional Goals - How the institution ensures maximum impact will be achieved over time What degree of internal self-sufficiency does your institution expect to achieve five years from now? How many beneficiaries does your institution expect to be serving five years from now?

Core Component 2: ~ HUMAN RESOURCES ~

1. Roles and Relationships Reproduce a simple organization chart below showing the number of staff at different levels, how staff are organized, and the relationship between staff and Board:

Is this a member-owned institution?

Describe the key roles and skills within the organization of staff and board members using the following chart:

Category	Job Title	Role	Skills Required
Staff:			
Management:			
Board:			

Please fill out the following chart for the ***Board of Directors*** or other governing body:

Name	Position on Board	Current Professional Position	Professional Background and Level of Education

Core Component 3: ~ PROGRAM ~

In recording the figures and calculating the ratios in this section, refer to financial statements, program reports or other internal financial reports.

1. Description What methodology is used to deliver services to beneficiaries?

What are the basic steps followed by staff between the time a beneficiary requests services and receives them and what is the approximate time required for each step?

2. Scale of Operations How many individuals received service from the institution in the last three years?

	199__	199__	199__
Total			
Women			

3. Efficiency Field Staff Productivity: The indicator to be calculated is:

$$\frac{\text{Total Number of Direct Beneficiaries}}{\text{Number of Field Staff}}$$

What has been field staff productivity for the last three years?

199__ _____ 199__ _____ 199__ _____

Core Component 4: ~ FINANCIAL VIABILITY ~

In recording the figures and calculating the ratios in this section, refer to financial statements and grant agreements.

1. Self-Sufficiency You should try to calculate both operational and financial self-sufficiency ratios as follows:

Operational Self-Sufficiency

$$\frac{\text{Total Internally-Generated Income}}{\text{Total Expenses (including loan loss reserve and cost of funds)}}$$

Financial Self-Sufficiency

$$\frac{\text{Total Internally-Generated Income}}{\text{Total Expenses + (Liquid Capital Funds X \% Inflation)}}$$

2. Existing Funding Fill out the following chart as accurately as possible:

Source of Funds	Approximate % of Total Revenue	Funds Used For:	Period covered by agreement, when applicable
Bi- and Multi-Lateral Donors (list):			
Corporate Donors (list):			
Fundraising Events			
Individual Contributions			
Membership Fees			
Income			
Other (Specify):			

3. Future Funding Fill out the following chart based on information provided by the working group:

Name of Donor	Funding for:	Status/Likelihood of Obtaining

Step 6 Assessing Partners' Organizational Capacity

I. The working group may include people who have not been involved in earlier discussions, so first explain the proposed project and partnership, the purpose of the institutional assessment and the partner selection process. Explain that the CO and their organization have conducted interviews with each other's key informants and jointly prepared an Institutional Profile for each other. Explain that the working group will next perform independent institutional assessments and compare results.

II. Distribute copies and explain the ***Institutional Capacity Framework*** and how to use the instruments for the ***Institutional Strengths, Weaknesses, Opportunities and Threats (SWOT) Assessments*** and ***Organizational Capacity Self-Assessments.***

Use "Institutional Capacity Framework" (Tool 4.6.1) as conceptual model
Prepare "Institutional SWOT Matrix" (Tool 4.6.2)
Prepare "Organizational Capacity Self-Assessment" (Tool 4.6.3)

III. Members of the working group return to their respective institutions and conduct an Organizational Capacity SWOT Assessment and a Self-Assessment.

IV. Compare independent assessments. Working group members who were involved in the initial discussions should be present at this meeting. Assessments should be modified if organizations can explain discrepancies. Discuss any concerns raised by or about the CO or the partner organization.

- ⇒ At the end of this discussion, remind the working group that the institutional assessment agreed upon during the meeting will help inform their final decision regarding entering into a formal partnership relationship.

V. Establish formal partnership arrangements. Based on the results of the various assessments that have been conducted, establish a clear and mutual understanding regarding:

- ⇒ purpose and objectives;
- ⇒ roles, responsibilities and accountabilities
- ⇒ sharing of resources and decision-making;
- ⇒ opportunities for learning; and
- ⇒ areas for institutional strengthening.

Where required, prepare and process the necessary documentation to legally recognize and bind the relationship.

The ICAF presents four core components of institutional capacity: ***vision, human resources***, ***program*** and ***financial viability***. These core components are the foundation of any organization, and changing them significantly affects the life of the organization. It has been modified from the CARE SEAD instrument to present six supporting components that support the core and are more easily changed and improved. The supporting components are: ***organizational structure, planning, systems, linkages, board and participation***.

⇒ **Four Core Components of Institutional Capacity**

1. Vision is the force that drives an organization to achieve excellence and defines what the organization is and does. Vision is manifest in the ability to articulate and inspire commitment to the goals, beneficiaries, and approach the organization pursues. It expresses a picture of the world that would result from achieving the organization's goals. An organization's vision should answer the following questions: Who does the organization serve? What does the organization do to serve these people? For what ultimate purpose? What distinguishes the organization from others and makes it unique; i.e., what are its core values and principles?

2. Human Resources comprises all of the people directly involved with the organization, including those who own, manage, implement and participate in programs. An organization's human resources can encompass a wide range of people with varied roles and responsibilities, including stockholders, board members, managers, program and support staff, volunteers, beneficiaries and members. The human resources component, is perhaps the most important of the core elements. People articulate and achieve the organization's vision, and implement and participate in programs and ensure that financial resources are available and well-managed. Without the people, there is no organization.

3. Program is quite simply what the organization does. There are two key aspects of an organization's program -- the interventions or the specific services provided, and the methods used for service delivery.

4. Financial Viability can be defined as the capacity to mobilize and manage sufficient financial resources to meet organizational goals over the long term.

An organization must exhibit linkages between the four core components. For example, if an organization's ***vision*** includes reaching significant numbers of low-income urban residents, the ***program*** must include an appropriate method of service delivery. For an organization to be ***financially viable***, ***human resources*** must have the skills to attract outside resources and practice responsible financial management. For ***program*** to be effective, ***human resources*** must be capable of providing the services. And, for an organization to achieve a ***vision*** of sustainable services it must achieve a high degree of ***financial viability***.

⇒ Six Supporting Components of Institutional Capacity

The six remaining components of the Institutional Capacity Framework -- ***organizational structure, planning, systems, linkages, board and participation*** -- are the means for an organization to build, maintain and implement the core components. These support components determine the degree of organizational effectiveness and efficiency.

Core components can be assessed independently of supporting components while supporting elements can only be evaluated as they relate to the core elements. For example, the organization's financial viability can be assessed separately from other factors, but systems can only be evaluated as they apply to vision, human resources, program and financial viability.

1. Organizational Structure is the way an institution is configured to achieve its vision and carry out its programs. It encompasses who owns the institution, and the relationships among people. Organizational structure reflects vision, enables achievement of the mission, supports sound human resource relations, effective program implementation and the ability to achieve financial viability goals.

2. Planning is the process of articulating concrete objectives and strategies to guide program implementation and to measure the achievement of vision and goals. An organization should conduct both long-range strategic planning and short- to medium-term operational planning. An organization's long-range strategic plan should be based on an accurate assessment of its internal strengths and weaknesses and the opportunities and threats of the operating environment. A plan is rooted in the organization's vision or mission. Operational planning enables staff to set realistic, specific, and measurable goals for shorter periods of time. To be effective and to foster a cohesive human resource team, planning processes should be participatory, involving all those who have a stake in the plans.

3. Systems are important to ensure timely production and flow of information necessary for good management. Included in this component are the administrative, financial and monitoring mechanisms -- systems, policies and procedures -- that permit an organization to implement plans, measure results and ensure consistent decision-making with respect to the four core components of institutional capacity. Various types of systems, policies and procedures are needed to support the four core components.

4. Linkages, or the relationships that further the organization's vision, improve service delivery and increase impact. Both horizontal and vertical linkages are desirable. Horizontal linkages are established with "peer" organizations for mutual strengthening and learning. Vertical relationships are established with institutions that can provide support to the organization.

5. The ***Board*** of an organization is critical to its viability and crucial to the maintenance of vision and direction. The level of participation of the Board in the organization's decision making must be dependent on clear roles and responsibilities.

6. Participation is crucial to the viability not only of an organization, but also to the sustainability of the services it provides. This means that participants in organizational activities not only know and understand the organization itself, but are also included in their design. It also means that the organization can depend on communities for a sense of ownership which will maintain their continued support and viability.

The following Institutional Capacity Matrix shows how the six <u>supporting</u> components interact with the four <u>core</u> components in a "strong" organization.

CORE ELEMENTS → / SUPPORTING ELEMENTS ↓	MISSION: A clearly articulated mission statement which all understand and to which they are committed.	HUMAN RESOURCES: Service providers are committed, motivated, skilled and understand their roles and responsibilities.	PROGRAM: Services are appropriate and responsive to needs and characteristics of beneficiaries.	FINANCE: Organization can mobilize and manage sufficient financial re-sources to meet its goals over the long term.
PLANNING: The organization undertakes regular processes which guide program implementation and the measurement of achievements.	• Strategic planning is under-taken regularly as vision and environment change	• Individual work plans are current and form part of the performance review system • Planning processes are participatory	• Operating plans for overall program are current and express specific, measurable and realistic goals • Performance is reviewed regularly against plans	• Goal of financial planning is achieving high degree of financial viability • Financial planning is regular and timely
ORGANIZATIONAL STRUCTURE: The institution is configured well to achieve its vision and carry out its programs.	• Legal status, governance and ownership structure reflects organizational vision and philosophy	• Organization chart and job descriptions clearly define roles and responsibilities of employees	• Legal status appropriate to the type of services provided	• Legal status permits the organization to capture necessary financial resources · Structure is conducive to financial viability
SYSTEMS: The administrative, financial and monitoring mechanisms are organized permit efficient implementation & monitoring of activities.	• A policy of periodic organizational analysis and review of mission exists and is implemented	• An equitable personnel policy exists and is implemented	• Program monitoring and evaluation systems permit regular review of program quality and impact	• Complete and appropriate financial management systems exist, resulting in tight financial control
LINKAGES: The organization establishes and develops working relationships with other organizations	• Relationships established to further the organization's vision and expand scale and impact	• Organization is part of community network and has broad base of support in community	• Relationships exist with similar organizations that permit better service to beneficiaries and referrals to other organizations	• Strong long-term relationships exist with government, donors and financial institutions that ensure continued access to financial resources
BOARD: The organization has an unpaid Board with clear roles & responsibilities	• The Board advocates for the organization's mission	• The Board is made up of unpaid volunteers and has both men and women representatives	• Board works in policy formulation	• Board works in fundraising
PARTICIPATION: The organization works with local government and participants to create a local ownership of its activities	• Participants know and understand the organization's mission	• Communities see the organization staff as partners	• Participants are engaged in project design, monitoring and evaluation	• Communities have plans to continue activities after the project ends

Tool 4.6.2 Institutional SWOT Matrix, page 1 of 2

The participatory institutional SWOT assessment is used to assess and to learn about the institutional culture of potential partner organizations, and to identify their capacity building needs. After conducting SWOT assessments with all potential partners on a project, the resulting data can help the CO detect potential conflicts between organizations as well as areas where there is easy compatibility. The SWOT assessment can also be used as a baseline from which to evaluate improvements in organizational capacity over time. The assessment also helps CARE reflect on what kind of partner it can be under various country contexts and accordingly assess its own strengths, weaknesses and needs within a partnership. The participatory process provides a venue for CARE to share that information as part of the two-way learning process that is crucial to partnership formation. [The SWOT assessment can be shortened to only Strengths and Weaknesses. Often called a "Force Field Analysis," it looks at "Strengths" (facilitating factors) and "Weaknesses" (constraining factors) with regard to an activity.]

⇒ **An Example: CARE Zambia's SWOT Matrix for Kalulushi Municipal Council**

The example and analysis below shows how the SWOT assessment works. The four core components of institutional capacity are guidelines for the exercise and the list can be expanded or shortened, if necessary. In this exercise, CI-Zambia staff added "Assets" to the list of components of institutional capacity because they were interested in finding out how the organization perceived their assets. As an example, the Financial viability section of the SWOT analysis is given below.

Revenue and Funding Sources of Kalulushi Municipal Council

1. House Rents
2. Rates
3. Service Charges
4. Market Levy/Fees
5. Street Vending
6. Water Charges
7. Licenses
8. Slaughter Fees
9. Personnel Levy
10. Commercial Ventures
11. Government Grants
12. House Sales
13. Sale of Assets
14. Pre-School Fees
15. Donor Funding

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Ability to mobilize funds	Unable to satisfy customers expectations	Capable of providing services in the event of external funding	Potential strikes from employees
Priorities in expenditure is done	Poor public attitude towards Council services but good in most cases	With reduced staff more services, better for employees	Demonstration by residents
Ability to pay salaries	Grants not forthcoming	With finances available, capital projects will be ably executed	Change of Government (change of policies)
	Inadequate good public relation on Council operation		Unstable economy /currency
	Political interference on finances		Failure to retrench excessive labor/ paying of retirees
			Failure to contain outbreak of diseases due to funds
			No maintenance of infrastructure or repair of assets

FACILITATION OF THE INSTITUTIONAL SWOT ASSESSMENT

Step 1 Divide the group by gender or any other rationale that makes sense, or divide them randomly into working groups of manageable size. Pass out flip chart sheets and magic markers. Explain the following steps before breaking up into groups. Use an interpreter and conduct the exercise in the local language.

Step 2 Using a large sheet of paper, draw the matrix into the desired categories of institutional capacity (or one card per category): Vision, Human Resources, Program and Financial Viability. Add on any other relevant categories you wish to explore. For example, in Zambia, staff added "Assets." Present these terms so they can be easily understood by the group. For example, when working with RDCs in Zambia, CARE staff changed "Vision" to "Purpose," and "Program" to "Activities." Depending on time constraints or group size, you may wish to do a full SWOT or limit the exercise to Strengths and Weaknesses. These exercises generate a lot of data, so remember to only collect as much data as you are really going to use.

Step 3 Ask the groups to name a sub-component for the chart, for example to be listed under "Activity." Then list the activity in that box. Then ask for a "Strength" and a "Weakness" with regard to implementing that activity. Next, explain how "Opportunities" and "Threats" differ from Strengths and Weaknesses. Then, ask for some examples of Opportunities and Threats and list them in the appropriate boxes.

Step 4 Ask for questions. If necessary, list another example of a type of component of institutional capacity, such as human resources. Run through another exercise of listing Strengths, Weaknesses, Opportunities and Threats.

Step 5 When all questions are answered satisfactorily, break up into groups.

Step 6 When all groups are finished, one person from each group presents their SWOT institutional assessments and answers questions posed by other participants.

Step 7 Explain the data will be typed and presented to them for their use and safekeeping. They may wish to find a nice storage space to preserve the documents since they should be used for comparative purposes at a later date.

Step 8 You may wish to share these Institutional Assessments with other potential partners and use them as a teaching tool to anticipate how various partnerships within the project will unfold. The analysis should allow you to identify potential problems and areas of compatibility as well.

Tool 4.6.3 Organizational Capacity Self-Assessment

Using the attached Organizational Capacity Self-Assessment guide, please provide your response on the Organizational Capacity Score Sheet (also attached). If you feel you do not have enough knowledge regarding a given point, please leave that particular response line on the Score Sheet blank.

This assessment may be carried out in a group session or first filled out by individual staff members and then a composite scorecard being presented. Each of the 10 blocks (Mission, Human Resources, Program, Finance, Planning, Organizational Structure, Systems, Linkages, Board and Sustainability) has a possible total score ranging from 5 (all 1's) to 25 (all 5's). The higher the score, the greater the strength of that part of the institution, and the less the need for further capacity building.

The Organizational Capacity self-assessment is designed for multiple purposes:

1. As an opportunity for two or more partners to identify their own areas of weakness and areas for organizational development. To open discussions between or among partners, it Is useful for the institutions to assess themselves and then fill out the same form using their impressions of partner organizations. By sharing the findings, important discussions may be had not only about each organizations' weaknesses and strengths, but also about their perceptions on the capacities of partner institutions. This may lead to areas of shared need for capacity building as well as agreement on allocating responsibilities along lines of greatest strength.

2. To identify areas of need for organizational strengthening. Where average scores appear low (less than 12 points) there is a need to improve that area of organizational capacity. The instrument should be used to engage in open discussions on what each partner feels is the best way to address the weakness, and develop training and capacity building plans accordingly.

3. To quantify the results of organizational capacity building. Annual use of the tool will allow partners to assess the impacts of various capacity building initiatives by comparing changes in scores over time. By monitoring changes in scores annually, partners can also assess the success or failure of capacity building activities and plan accordingly.

Organizational Capacity Self Assessment

Mission

Our organization has a clear written mission	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our mission is known by staff at all levels	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our organization's strategies are aligned with our mission	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our organization's projects and activities contribute to the achievement of our mission	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our organization's mission distinguishes us from other organizations	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

Human Resources

Job descriptions with well defined roles and responsibilities are applied and used to measure staff performance.	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Personnel evaluations and promotions are based on performance and are fair.	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Staff meetings are regularly scheduled	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Grievance and conflict resolution procedures are in place and practiced.	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Salaries are clearly structured and competitive	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

Program

Our activities are supported by those we serve because the benefits are important to and owned by them	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our projects are capable of adapting to the specific needs of our participants	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our project services and priorities are defined in collaboration with our participants	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our project services are a reflection of our institutional capacity	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Relevant technical expertise exists within our organization	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

Finance

Our organization has staff who actively seek new donors	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our organization's projects have fee for service charges and/or other cost recovery mechanisms build into service delivery	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our resource base is diversified	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Plans exist for additional resources to finance activities	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our organization has proposal writing and fund raising capacity	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

Planning

Our operating plans are a reflection of our organization's long-range objectives	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

	1	2	3	4	5
Our plans determines how our resources are allocated	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our staff is regularly involved in our planning processes	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our stakeholders are included in our planning	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Findings from surveys of our organization's beneficiaries are integrated into our planning	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

Organizational Structure

Our organization is properly registered according to local regulations	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our Board and senior management have a clear understanding of their roles and responsibilities	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our organization has a structure with clearly defined lines of authority and responsibility	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Staff meetings are held regularly	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Appropriate structures exist to reach our project participants	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

Systems

Systems exist to collect, analyze and use data and information of use in our planning process	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our financial systems meet the	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

requirements of our donors	1	2	3	4	5
Our internal operating procedures can be found in a written document	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Indicators of success and impact are identified and monitored in our projects	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Information and reports are shared freely in our organization	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

Linkages

Our organization participates in networks	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our organization reaches out to the public with information about our work	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Decision makers in the communities in which we work understand and support what we do	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our relationship with our donors is strong	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
We learn from other organizations	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

Board

Our organization has a Board made up of unpaid volunteers	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our Board works in policy formulation, fund raising and public relations	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

Our Board has clear by-laws	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our Board advocates for our project's constituencies	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our Board has both men and women as leaders	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

Sustainability

Our projects work with local groups made up of our participants	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
The communities we work in have plans to continue project activities after it ends	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Our participants know that we will not continue to deliver project services	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
The communities in which we work think of us as a partner	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
Local government knows and appreciates our work	Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5

Organizational Capacity Self Assessment
Score Sheet

Mission

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1.	1	2	3	4	5
2.	1	2	3	4	5
3.	1	2	3	4	5
4.	1	2	3	4	5
5.	1	2	3	4	5

Human Resources

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
6.	1	2	3	4	5
7.	1	2	3	4	5
8.	1	2	3	4	5
9.	1	2	3	4	5
10.	1	2	3	4	5

Program

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
11.	1	2	3	4	5
12.	1	2	3	4	5
13.	1	2	3	4	5
14.	1	2	3	4	5
15.	1	2	3	4	5

Finance

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
16.	1	2	3	4	5
17.	1	2	3	4	5
18.	1	2	3	4	5
19.	1	2	3	4	5
20.	1	2	3	4	5

Planning

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
21.	1	2	3	4	5
22.	1	2	3	4	5
23.	1	2	3	4	5
24.	1	2	3	4	5
25.	1	2	3	4	5

Organizational Structure

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
26.	1	2	3	4	5
27.	1	2	3	4	5
28.	1	2	3	4	5
29	1	2	3	4	5
30.	1	2	3	4	5

Systems

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
31.	1	2	3	4	5
32.	1	2	3	4	5
33.	1	2	3	4	5
34.	1	2	3	4	5
35.	1	2	3	4	5

Linkages

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
36.	1	2	3	4	5
37.	1	2	3	4	5
38.	1	2	3	4	5
39.	1	2	3	4	5
40.	1	2	3	4	5

Board

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
41.	1	2	3	4	5
42.	1	2	3	4	5
43.	1	2	3	4	5
44.	1	2	3	4	5
45.	1	2	3	4	5

Sustainability

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
46.	1	2	3	4	5
47.	1	2	3	4	5
48.	1	2	3	4	5
49.	1	2	3	4	5
50.	1	2	3	4	5

Step 7 Finalizing a CO Rationale for Partnering

This is, essentially, repeating Step 3 to the extent necessary to clearly articulate the CO's Rationale for Partnering.

Having now identified partner organizations and having entered (or about to enter) formal or informal partnerships, the CO should determine whether these decisions suggest any modifications or clarifications in the "first cut" rationale articulated in Step 3.

Keep in mind,
the objective is to clearly articulate
the mental model of partnerships
that the CO and its staff
will pursue during the LRSP period.