



Endorsed by CARE International's Program Quality and Impact Strategic Leadership Team

# PARTNERSHIP IN CARE

January 2021



## Executive Summary

Partnership is central to CARE's global vision and mission. We aim to be a partner of choice for governments, civil society organizations, social movements, the private sector and donors who seek long term solutions for fighting poverty and social injustice. In partnership we can collectively achieve more, have greater impact and do so in inclusive, cost-effective and sustainable ways.

In addition, there is an ongoing conversation in our sector on localization, decolonization and anti-racism. The global pandemic has highlighted deep inequalities and injustices in our societies and surfaced the fact that these are also built into our organizations and structures. This challenges us more than ever before to confront the deeply entrenched structural inequalities, racism and power imbalances built into our ways of working as international development and humanitarian actors. The call for change has never been stronger and CARE must be ready to match words with action and meaningful change

CARE has demonstrated a strong and consistent commitment to partnerships and has shown readiness to adapt to be a partner of choice. At the same time, we need to accelerate our ability to adapt and do things differently. We need to do more to clarify our definition and transform our discourse and processes in relation to partnership particularly if we are going to engage in and with social movements. We must also enact our commitment to partnership in humanitarian contexts to ensure timely, quality and accountable action.

### DEFINITION OF PARTNERSHIP:

At the heart of all partnerships for CARE is our goal of addressing poverty and social injustice (particular gender inequality and unequal power dynamics). Partnerships are purposeful relationships based on mutual trust, equality and learning, with an agreed vision, clear accountability for all parties, and which engage the complementary strengths of the actors involved to collaborate on specific objectives, challenges or opportunities in ways that achieve greater impact than they could achieve alone.

### PARTNERSHIP PRINCIPLES

One of CARE's global programming principles is that we work with others to maximize the impact of our programs, building alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfil rights and reduce poverty through policy change and implementation. We commit to working in ways that support and reinforce, not replace, existing capacities.

CARE also holds fast to the humanitarian principles of impartiality, neutrality, humanity and operational independence in our partnerships.

CARE recognizes the important role that civil society plays in mobilizing citizens, holding governments to account and identifying new solutions to poverty and injustice. CARE engages with diverse organizations in a variety of relationships, formal and informal and in bilateral and multi-stakeholder relationships. In doing so, CARE must increasingly act as a convener, a connector and supporter of civil-society in all its diversity.

In CARE's relationships with partners we do not discriminate, we accept interdependence and promote complementarity. We build trust and transparency and base our relationships on agreed shared vision, goals, values and/or interests. These relationships promote a culture of equality, mutual support and respect for differences.

CARE recognizes shared risk taking, investment and accountability in partnership. We embrace the opportunity that partnership offers for shared reflection and learning. We recognize the need to be able to engage in new and diverse ways with a variety of actors. This will require that we remove operational and cultural barriers to partnering.

## PARTNERSHIP TYPOLOGY

CARE works with different organizations in different ways; we work in **informal** and **formal** relationships and we have identified the following broad **types of relationships**; in all cases they are mutual and reciprocal:

- **Design and Implementation** – where the focus is a project, initiative or program with a logic of intervention and agreed roles of implementing partners.
- **Impact Measurement and Learning** – where learning and reflection are the focus, for example: research, evaluation, participatory learning and reflection.
- **Advocacy/Influencing and Accountability** – where we come together to influence structure and seek changes in policies, legal frameworks and social norms.
- **Funding or Resource Mobilization** – where one partner gives the other partner funds.
- **Capacity Strengthening** – where one partner supports the capacity strengthening of the other or there is mutual learning.

CARE works with a wide variety of different types of organizations, we have organized these into 8 broad types because this may help us recognize, explore and reflect on the types of organizations we work with but also understanding that definitions may be different based on perspectives and times.

- Civil Society Organizations
- Civil Society Organization Networks or Platforms
- Social Movements
- Governmental Organizations
- International Agencies/Multi-lateral Institutions
- Research or Academic Institutions
- Media Entities
- Private Sector

## TRANSFORMING OUR PARTNERSHIP APPROACH

Moving forward CARE needs to be more adaptable and flexible. CARE needs to pay attention to reciprocity and recognize the mutuality of what the parties bring to a partnership, the risks they face and what they will get out of the relationship. Further attention is needed to reduce the requirements we create for partners, building on existing experiences to reduce bureaucracy and nuancing requirements to different types of partnerships based on the nature and purpose of the relationship and profile of each organization.

CARE should develop standards that enable partnerships and ensure that we adhere to our principles in our partnership approach, behaviors, systems and procedures. We can learn from others in the development of these standards and ensure that the implementation of the standards can promote learning, change and accountability.



Photo: Hands of Community members, Zanzibar, Tanzania (Evelyn Hockstein/CARE Denmark)



# PARTNERSHIP IN CARE

## Section A: Introduction and definitions

### BACKGROUND AND CONTEXT

Partnership is central to CARE's global vision and mission<sup>\*1</sup>. We 'aim to be a partner of choice for governments, civil society organizations, social movements, the private sector and donors who seek long term solutions for fighting poverty and social injustice'<sup>\*2</sup>. When we maximize the potential of different types of partnerships we can collectively achieve more, have greater impact, and do so in more cost-effective, inclusive and sustainable ways<sup>\*3</sup>. CARE recognizes that partners are not a homogenous group and that we have diverse relationships with a variety of different types of partners. We also the need to adapt our own operating model as funding increasingly goes directly to southern civil society. We recognize the new roles that some actors such as the private sector and management consultants are playing in development. In this changing context, it is vital that CARE develop an organization wide approach to partnership.

In addition, there is an ongoing conversation in our sector on localization, decolonization and anti-racism. The global pandemic has highlighted deep inequalities and injustices in our societies and surfaced the fact that these are also built into our organizations and structures. This challenges us more than ever before to confront the deeply entrenched structural inequalities, racism and power imbalances built into our ways of working as international development and humanitarian actors. The call for change has never been stronger and CARE must be ready to match words with action and meaningful change

This paper seeks to develop a unified CARE International definition of partnership and propose an overarching framework and recommendations to enable CARE to partner with new and diverse organizations, movements and groups in new and diverse ways in-line with our Vision 2030. CARE seeks to be a 'fit-for-partnering' agency at all levels.

Our shift needs to go beyond glossy documents and into the operational details, from leadership and strategies, to systems and processes, skills and support, and above all else, a partnering culture. We must ensure that we are accountable to our aspiration to be a 'partner of choice', whilst acknowledging that the criteria for this will vary depending on the types of entities we are working with. This shift means adapting to foster an enabling culture and environment for partnering. This includes reframing CARE's narrative, making sincere efforts to recognize and reduce detrimental unequal power relations, including the way we understand, track and communicate results and impact, to put movements and partners at the center of who facilitate the change owned by communities.

**CARE must cultivate a deeper and shared understanding about the kinds of relationships that are be- coming more important as CARE's presence evolves.**

Photo: Elenoa Vakabunoya Nimacere, Fiji, leads a local partner organization of CARE where she teaches women and children how to prepare for cyclones and droughts (Iaif core/Arno Gasteiger)

A summary literature review and stakeholder consultations <sup>*4</sup> has highlighted the need for:	
<b>Strong and consistent commitment to partnerships</b>	While across CARE there is a clear commitment to partnerships, there has been a less consistent and coherent operationalization of various strategies, frameworks and principles, including in the alignment of our business model, systems and processes <sup>*5</sup> . Moreover, our data tells us partnership has been declining over the last 5 years, while partnerships with formal or 'traditional' development partners heavily outweigh other forms <sup>*6</sup> . We need to focus on the impact of the relationship with the partners in the achievement of our vision.
<b>Transforming our definition, discourse and processes</b>	As CARE has been adapting from a direct service delivery model, a wider, cohesive definition of partnerships is required that moves away from 'us/them' to 'us together', recognizes different formal and informal relationships, and enables us to play a more dynamic role in our relations with diverse civil society organizations and other partners. Clearer, dynamic (and ideally lighter) processes and incentives will be required to facilitate this shift.
<b>Engaging in and with Social Movements</b>	A growing focus on engaging with social movements requires CARE to <a href="#">play new roles</a> as an ally, a convener, a resource partner and an amplifier <sup>*7</sup> of the voice of grassroots activists, changing the way we engage and listen, respecting the autonomy, culture and identity of movements, working to ensure we based our relationships on shared and agreed vision, goals and values. Humility and courage are key competencies that we need to strengthen. CARE can support social movements by contributing to the reform of policy frameworks and governance structures to enable civic participation and by offering practical (financial, logistical, etc.) support to enable civic participation in policy dialogues.
<b>Timely, quality and accountable humanitarian response</b>	Complicated, laborious contractual processes undermine our ability to work in partnership in humanitarian crises in a timely manner. We need to involve partners in Emergency Preparedness Planning and move toward playing supportive roles to partners.
<b>Shifting away from portraying partners as 'risky'</b>	While CARE is generally viewed as a supportive partner, our reliance on donor funding limits strategic support to partners, gives precedence to compliance and control <sup>*8</sup> , in some instances, shifts risks to partners, and ultimately disincentivizes more equal partnership. To achieve more equal relationships, we should influence our donors, share risk and ensure that we build trust and understanding through open dialogue and mutual learning with partners.
<b>Embracing the appetite to do things differently</b>	Across CARE there is a clear call for change and desire to reflect and unlearn old ways of working. <a href="#">Deeply held beliefs that characterize the development sector</a> , grounded in patriarchy, colonialization, white supremacy and dominance by the global North are being challenged. We need to be ready to listen to diverse opinions and to be challenged.

**Partnerships are relationships. They are fluid, they change, they grow. The trend is toward more strategic, transformational relationships, toward collaboration between multiple stakeholders, moving forward from a preoccupation with bilateral partnerships.**

## Section B: Framing partnership in CARE

### DEFINITION OF PARTNERSHIP:

At the heart of all partnerships for CARE is our goal of addressing poverty and social injustice (particular gender inequality and unequal power dynamics). Partnerships are purposeful relationships based on mutual trust, equality and learning, with an agreed vision, clear accountability for all parties, and which engage the complementary strengths of the actors involved to collaborate on specific objectives, challenges or opportunities in ways that achieve greater impact than they could achieve alone.

CARE is committed to tackling the underlying causes of poverty and social injustice (especially gender inequality) to bring lasting change to the world’s most vulnerable. CARE recognizes that we cannot achieve our vision of a world of hope, inclusion and social justice alone. Our preliminary data also shows that when our activities are delivered predominantly with partners our interventions are of a higher quality and more impactful<sup>9</sup>.

CARE understands that there is a large diversity of actors who contribute to poverty eradication and social justice. CARE engages with diverse organizations

in a variety of relationships – both formal and informal, and in one-to-one relationships as well as multi- stakeholder alliances. CARE knows the important role of a constantly evolving civil society in mobilizing citizens, holding governments accountable for the progressive realization of human rights, and identifying new solutions to injustice for scale-up, thereby contributing to lasting change. Social movements are central to this process of change alongside innovators such as activists and technology actors. Therefore, CARE must increasingly act as a convener, a connector and a supporter of civil society in all its diverse forms and expressions and should not create mini replicas of itself. CARE recognizes and reinforces the value of local actors in humanitarian action as they are often better positioned and able to provide appropriate assistance to affected people. CARE also recognizes the complementarity of different relationships with power holders such as governments and the private sector where our aim relates to systems strengthening and scale-up, as well as ensuring accountability and promoting responsibility<sup>10</sup>.

In promoting relationships with a diverse set of partners CARE does not discriminate, accepts interdependence and promotes the potential for complementarity. Relationships with diverse partners build trust and transparency and are based on shared and agreed vision, goals, values and/or interests. Relationships promote a culture of equality, mutual support and respect for differences. CARE must better understand and acknowledge the power imbalance when an organization of its size and positioning works with smaller organizations; we manage this proactively to avoid harm, recognizing that a financially larger organization should not use unequal power relations

### Programme Principle 2

We work with others to maximise the **impact** of our programs, building **alliances** and **partnerships** with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfil rights and reduce poverty through policy change and implementation. We commit to working in ways that **support and reinforce**, not replace, **existing capacities**

to the detriment of an organization with fewer financial resources. In relationships with partners, CARE must recognize and embrace the fact that there is shared risk-taking and investment from all parties and therefore should seek mutual accountability. CARE feels strongly that partnering provides the opportunity for continuous and shared reflection and learning for both parties. Ultimately, we are guided by the pursuit of common understanding of the change we contribute to, meaningful outcomes and a steadfast responsibility to maximize program impact on gender equality and social justice. This is underpinned by our unwavering respect of humanitarian principles (impartiality, neutrality, humanity and operational independence).

Our learning has demonstrated the need for intent and vision to inspire and incentivize behavior that promotes and delivers equitable and effective relationships. Thus, CARE seeks to become more agile and able to engage in new ways with other social justice actors. This means removing internal blockages to partnering – we have embarked on a process of simplifying and harmonizing policies, systems and procedures and enabling skills and behaviors that demonstrate humility, transparency, fairness, dialogue, compromise, co-creation and ceding control. We also need to invest in sustained and flexible funding to support capacity strengthening and diverse relationships with actors from the Global South. This must be supported through increased unrestricted funding or through the securing of specific grants that can contribute to this endeavor.

**One of the most consistent risks highlighted across the country presence reviews are shifts in mind-sets, many referring specifically to mind-sets in relation to modalities and behaviors of compliance and control in partnerships. Regular reflective practices can go a long way in shifting habits and unlearning old ways of working and building a culture of learning as strategy**



Photo: Sandra Xiquin Chiroy from Guatemala is a woman entrepreneur that produces carrots and peas, thanks to the partnership of CARE and the H&M Foundation (de Bode/CARE)

## Section C: Partnership typology

CARE seeks relationships with a diversity of partners in a variety of different relationships. At any time, CARE could have a variety of different relationships with the same organization, equally we participate in a variety of multi-stakeholder partnerships. Through mutually beneficial collaboration, CARE and partners can amplify abilities to learn, to improve quality, contribute to impact more meaningfully and at higher scale, influence and generate income.

CARE did a global review of diverse partnerships within the confederation. A total of 35 were reviewed and then 8 were chosen for deeper analysis.<sup>11</sup> Results showed that CARE works with different organizations in different ways. We have found that new and unintended forms of partnership have emerged spontaneously. They vary depending on the context. Often, the organizations we have established new relationships with are not exclusive to CARE, they in turn have diverse relationships with other organizations. We have concluded that ‘partners’ cannot be put into one box and that relations will vary, develop, change and differ depending on the shared objective. We need to adapt our attitudes, mentality, policies and procedures so that we can leverage and take to scale this rich diversity of partnerships. We

need to transform and adapt our ways of working to collaborate in harmony, listen to and act upon diverse opinions and work together with mutual respect and tolerance.

Due to the complexity of addressing poverty and social injustice, CARE’s relationships with other organizations will be diverse, evolving and complex.

### TYOLOGY OF RELATIONSHIPS

The relationship between CARE and partners can be **formal or informal** and CARE can have both relationships with the same organization, they are not mutually exclusive. Formal partnerships would be those defined by a signed agreement or Memorandum of Understanding, where roles, resources, operational engagement and contributions from CARE and partners are described, together with a clear definition of the common intent of the partnership. On the other hand, informal partnerships would be those where collaboration does not require a formal agreement, and the roles, resources, operational engagement and contributions from CARE and partners are dynamic and evolve in time.



Photo: Women Friendly Space in Posidonia Camp, Bangladesh, developed and run in partnership with the local organization Prottiyashi ([www.prottiyashi.org](http://www.prottiyashi.org)). A place where women gather for games and an opportunity to share stories of trauma and need. (CARE/Nancy Farese)



Regardless of the type of organization, CARE's relationships with other organizations/institutions and movements (partners) will most likely fall into one or more of the 5 categories below. CARE and a specific organization, structure, institution can have different relationships over time and concurrently. The categories are suggested as a guide to enable us to recognize, explore and understand the different types of relationships we have, rather than limit or confine us.

#### **Design and Implementation:**

This refers to a relationship where the primary focus is a project/initiative/program with a specific logic of intervention and agreed roles of different implementing partners. This might include a CARE or a partner having a contract or providing a service in the implementation of a project; CARE or the partner might be responsible for implementing an objective, a component or specific result in a project/initiative/program; it might be that CARE and the partner have agreed on joint implementation and/or co-designed a project or program together.

#### **Impact Measurement and Learning:**

This is a relationship where learning and reflection are the focus. It might include engaging a partner in a contract for evaluation or another kind of research; it might be that we reach agreement that a partner might take on the research component of a project related to CARE's impact population; it might be joint research related to a specific grant; it could be for joint participatory learning and evaluation exercises, shared learning agendas or joint reflection, action learning or other technical learning events such as GED workshops, Social Analysis and Action, Community Score Card training.

#### **Advocacy/Influencing and Accountability:**

This is a relationship where different entities come together to influence structures and seek change at the level of policy, legal frameworks or social norms. Here CARE and the partner have a shared agenda and seek change through advocacy and influencing; as a result CARE might seek a partner in a project to lead advocacy; CARE might support (or receive support from) a partner to do specific advocacy or work together with a partner in an advocacy project; it might be that CARE works with partners as a member of a coalition or advocacy network or an alliance with like-minded organizations; or it might be that CARE works to engage diverse stakeholders on a specific advocacy issue, or engages on work initiated by others.

#### **Funding or Resource Mobilization:**

This is a relationship which is focused on one partner giving the other member funds; it might be that CARE receives funding from a partner or that CARE provides funding to a partner; it might be that CARE and the partner receive funding together; it could be that CARE provides funds for the implementation of an emergency response or preparedness project; it might be that CARE invests in a partner's solution for long-term development programs and emergency response; or it could be that CARE and its partners invest in technology solutions.

#### **Capacity Strengthening:**

This is a relationship where one partner supports the capacity strengthening of the other (or in some cases it is mutual) in areas such as: design and implementation, impact measurement and learning, advocacy/ influence, governance and accountability and funding or resource mobilization. It might also include capacity strengthening by one partner to the other on grant management, financial management, procurement, logistics or human resources; it might be that CARE works with a partner to strengthen the capacity of others (such as members of a network or alliance). It is important to note that partners may be offering capacity strengthening to CARE as well as the other way around.

**“Too many partnerships are boxed in by ‘formal’ partnership arrangements, and don’t explore opportunities for looser forms of engagement with other actors in pursuit of social justice and gender justice goals, even when to do so is a no-brainer. This reflects the need for those of us working on partnership building to consider how our partnerships are situated in a wider ecosystem for change.”**

Leila Billing<sup>12</sup>

## TYPOLOGY OF ORGANIZATIONS/INSTITUTIONS THAT CARE HAS RELATIONSHIPS WITH:

CARE works with a broad diversity of organizations; the way that organizations define themselves may differ from the way that CARE defines them. Below we have tried to represent the different types of organizations CARE partners with under 8 broad types. In Annex C you will find types of organizations that might fall under these broad types with some descriptions. These organizations and descriptions may shift over time and depending on the context and language. These are provided to help us recognize, explore and reflect on the types of organizations we work with, rather than to confine us.

- **Civil Society Organizations:** this might be individual organizations or organizations of the same type. This might include associations, cooperatives, informal associations, national organizations and non-governmental organizations at local, national and international levels.
- **Civil Society Organization Networks/Platforms:** this might include different types of organizations coming together in alliance, coalitions, federations, networks (at grassroots, national regional or global levels) or platforms.
- **Social Movements:** the definition that CARE uses for social movements is “an organized set of people vested in making a change in their situation by pursuing a common political agenda through collective action” (Srilatha Batliwala).
- **Governmental Organizations:** this might include a government agency, a ministry or local authority.

- **International Agencies/Multi-lateral Institutions:** such as the United Nations, World Bank, or another international agency or institution.

- **Research or Academic Institutions:** this might include a professional association, a research institution or university and a think tank.

- **Media entity:** this would include people or entities that disseminate information to the general public through print, broadcast, digital or social media (e.g. newspaper, magazine, other publication, radio, television, cable television, social media, the internet, other medium of mass communication).

- **Private Sector:** includes for-profit, commercial entities and their affiliated foundations; financial intermediaries; business associations; large, medium and small businesses; national, multinational, regional and local businesses; and for-profit approaches which generate sustainable income (e.g., a venture fund run by an NGO).

Exploring and reflecting on the types of relationships we have with partners and the types of partners we work with enables us to map them.<sup>13</sup> This mapping will be helpful in the future to help us identify and develop appropriate approaches and tools that might facilitate and enable these relationships.

Organizations may also be defined by primary purpose or their identity, for example, those that focus on the rights of specific groups of people or who are representative of them (e.g. women, people living with disabilities, indigenous people); given the centrality of gender equality to CARE’s work, we pay attention to building relationships with women’s rights and women-led organizations.

**‘We embrace “new power” and broaden partnerships in support of civil society: We see our partners as agents of change, particularly youth and social movement actors, feminist and gender-focused organizations, activists and aligned and progressive private sector actors. Recognizing the role feminist organizations have played in gender equality progress, it calls on us to prioritize relationships with feminist organizations and identify opportunities to support their agenda.’**

[CARE Vision 2030](#)

## Section D: Transforming our partnership policies, standards procedures and systems

Our review of partnership in CARE for this paper indicates that CARE has a commitment to partnership and that partnership is an effective way to have impact. We have found that partners appreciate some aspects of working with CARE. However, partners struggle with CARE's policies and procedures particularly during rapid onset emergencies where time is of the essence and CARE's procedures can delay life-saving response. **CARE tends to use a one size fits all approach to partnership** where we assume that CARE has the knowledge, power and resources to 'bring to' the partner. In many cases our policies, behaviors and tools reflect this assumption. In addition, **further attention is needed to reduce the requirements we create for partners to the minimum required by donors**, and to advocate for donor arrangements to be more supportive of partnerships more broadly.

We have also learned that partners and our relationships with them are diverse and changing. As a result, our policies and processes associated with these relationships need to change; **we need to be more adaptable and flexible and build in more reciprocity, a recognition of mutuality of what the parties bring to the relationship, the risks they face and what they will get out of the relationship.**

At present, CARE's approach, policies and procedures focus on minimizing the financial and program quality risks. Our criteria for choosing partners focuses on their ability to implement CARE's approaches, priorities, rules and procedures. In practice, this contradicts our intentions. On one hand, we seek relationships that empower and strengthen local organizations, on the other hand they have to be strong and developed enough to be able to cope with our administrative and financial requirements. CARE's partner identification approaches and tools (including due diligence and social and environmental safeguarding) favor well-established organizations—and thus exclude organizations such as local women's, youth groups, human/women's rights movement actors which are increasingly recognized as being at the forefront of the social change necessary for social justice and poverty alleviation. **In many cases, there is a mismatch between our partnership practices, policies and systems and our ambition of addressing social injustice and poverty at the heart of all partnerships for CARE.**

We are beginning to change, as a result of this review, CARE International's Partner Funding Agreement Policy<sup>14</sup> is better aligned with the definition and principles of partnership covered in this paper. In addition, we have developed a draft Memorandum of Understanding (MOU) template agreement that can be used with the full diversity of partner organizations and in various relationships. The MOU represents a recognition of the need to change the traditional dynamics of a partnership relationship.

However, we recognize that this is not enough, **CARE needs a more nuanced and flexible approach and procedures to different types of partnerships based on the nature and purpose of the relationship and the profile of each organization.** Our review has surfaced examples of Country Offices finding ways to enable more flexibility and reduce bureaucracy, indicating a strong commitment to partnership especially in humanitarian contexts. At present, these approaches are the exception rather than the rule and they require high levels of effort, commitment and leadership to achieve because our systems and culture do not enable them.

Recommendations from all parties consulted during this work highlight the urgency and call for the organization to change and evolve to embrace a wider variety of partners and partnerships. We should define **standards that enable relationships focused on ensuring we adhere to our principles** and we should ensure that our systems and procedures enable a variety of relationships with diverse partners.

**CARE cannot achieve impact on social injustice and poverty alone; we must work in partnership with others. Maintaining the status quo in our existing partnership approach means missed opportunities and constitutes a risk to CARE's relevance, mission, vision and existence.**

Our approach, behaviors, systems and procedures should always **seek a balance between the ultimate purpose of the relationship with compliance requirements**; CARE has to tailor our procedures to the nature and objectives of relationships, capacities and profile of partner organizations; it also implies that CARE should be open to adhering to partners' organizational policies, approaches, procedures including partnership principles and approaches.

Their development should learn from partnership standards used by other organizations and will need to build support and consensus within CARE as part of a process of adopting and achieving the standards. We should also consider how the standards might promote learning, change and accountability.

**THIS REVIEW HAS SURFACED THE FOLLOWING AREAS THAT WOULD NEED TO BE REFLECTED IN CARE PARTNERSHIP STANDARDS:**



**Mutuality and Respect:** ensuring an approach of mutual respect, interdependence and complementarity; ensuring partnerships build trust and transparency and are based on shared and agreed vision, goals, values and/or interests; accountability to existing commitments and mechanisms to reduce the prevalence of narratives that focus on “CARE-led, CARE-owned, CARE-branded” work.



**Identification:** ensuring a mutual approach with balanced attention to shared values, vision, goals and ability to comply with regulations; ensuring consistent reflection of the potential of the partnership to impact on gender justice, social justice and poverty reduction; ensuring the above mutuality is present from the outset, including during the identification and initial partnering stage.



**Risk and Compliance:** A greater tolerance of risk, including recognizing risks faced by our partners as “ours” and moving from transferring to managing risks together, a more flexible approach to compliance requirements ensuring we adhere to the minimum requirements of a donor; proactively influencing donors to reduce the burden of compliance requirements and enable more diversity of partnership.



**Investment:** commitment of resources to achieving more equitable partnerships including the sharing of available unrestricted funding and considerations of human resource time and skills; time and resource investments to build, sustain, improve and assess the partnership relationship.



**Accountability and learning:** ensuring balanced accountability, the purpose and quality of the partnership relationship and financial/administrative management compliance; ensuring accountability to our commitment to localization in humanitarian response; enhancing feedback and reporting processes to promote learning and accountability to our partnership standards; the establishment of learning processes around working differently with diverse groups.

## Annex A: Documents reviewed

<a href="#">Grand Bargain Report 2018</a>	CARE
<a href="#">CARE's Local Women's Responder Report</a>	CARE
<a href="#">Turning aspirations into reality: CARE Philippine's Humanitarian Partnership Platform – progress, learning and way forward</a>	CARE Philippines
<a href="#">IGS Review, 2019</a>	CARE USA
<a href="#">CARE Denmark Programme Strategy 2014 - 2017</a>	CARE Denmark
<a href="#">CARE USA 2020 Strategy Highlights</a>	CARE USA
Mid-Term Review of Refugee Response Programme - CARE Bangladesh	CARE - Victoria Palmer, Siobhán Foran, Shefa Sikder, Hamidur Rahman & Tamara Shukakidze-Demuria
<a href="#">Humanitarian Response and Policy performance 2016-2017 Confederation-wide self-assessment against CHS commitments and indicators</a>	CEG CARE
<a href="#">5 Bold Moves</a>	CARE USA
<a href="#">CI Civil Society Resource</a>	CARE Intl
<a href="#">Think piece - civil society strengthening</a>	CARE Denmark
<a href="#">Sub awards vs partnerships</a>	CARE
<a href="#">C-USA partnerships manual 1997</a>	CARE USA
<a href="#">CARE 2020 Program Strategy / Resource Manual</a>	CARE Intl
<a href="#">CARE 2020 Program Strategy Two-Pager series</a>	CARE Intl
<a href="#">Supporting Consciousness, Solidarity, Collective Action: CARE's role in Social Movements</a>	Doris Bartel
<a href="#">CPR Partnerships Discussion Paper draft</a>	Andrea Rodericks
<a href="#">CARE Denmark Local partnership and capacity development</a>	CARE Denmark
<a href="#">Framework Localization Humanitarian Partnerships</a>	Humanitarian Partnership Reference Group
<a href="#">Partnerships policy 2019</a>	CARE Aus
<a href="#">CIGN position paper - social movements</a>	CARE CIGN
<a href="#">Accelerating-localization-research-summary-global</a>	Christian Aid, CAFOD, Tearfund, CARE, Action Aid, Oxfam
<a href="#">InterAction Study - managing in uncertain times</a>	InterAction
<a href="#">Charter for Change 2018 Progress Report</a>	C4C
<a href="#">Funding movements - narrative framing</a>	CARE USA
<a href="#">Gender &amp; Localizing Aid: The potential of partnerships to deliver</a>	Waleed Raud
<a href="#">Gender Transformative Partnerships in Emergencies</a>	None listed
<a href="#">Briefing to the H&amp;O SLT: Direction of travel on Partnership/Localization &amp; Engagement of H&amp;O SLT</a>	Frédérique Lehoux, CARE Emergency Group
<a href="#">NDC Decision Cover: Call to Action: Delivering on our Commitments to Humanitarian Partnership &amp; Localizing Aid</a>	Frédérique Lehoux, CARE Emergency Group
<a href="#">"A Call to Action: Delivering on our Commitments to Humanitarian Partnership &amp; Localizing Aid Results from Consultations, Emerging Framework, and the Way Forward"</a>	CARE Humanitarian Partnership Reference Group
<a href="#">Localization in Operational Practice: CARE's experience in Sulawesi and beyond</a>	Victoria Palmer, Kevin Dunbar, CARE Indonesia, Pujiono Center
<a href="#">Non-profit alliances</a>	Birdgespan
<a href="#">Partnership toolbox</a>	WWF UK
<a href="#">Guide to Feminist Influencing</a>	Oxfam
<a href="#">Partnership Principles</a>	IWDA

## Annex B: Consultations

This paper is the result of a truly collective work. While we cannot acknowledge everyone who gave inputs and feedbacks, the authors want to thank especially all partners who gave their time and shared their experience.

This paper was mandated by CARE International Program Quality and Impact Strategic Leadership Team and co-led by Claudine Awute and Allison Burden. It was developed by a core working group with Dawn Wadlow, Eric Johnson, Beata Musabyemariya, Mamadou Dieffaga, David Gazashvili, Ada Zambrano, Dennis Amata, Kevin Dunbar and Sébastien Fornerod. Special thanks to Gareth Mace for the fantastic editing work and to Eirik Natlandsmyr for the beautiful layout.

Title	Date	Place
Programme Directors	November 2019	Oslo
Operations Directors	November 2019	Paris
CARE France	November 2019	Email
CARE India / UK / Chrysalis	November 2019	Zoom facilitated discussion
CARE France / Canada / UK	November 2019	Zoom facilitated discussion
CI Sub Award Harmonization	June – September 2020	Facilitated discussions
Broad consultation	September 2020	Email

### TYPOLOGY INTERVIEWS:

Sincere thanks to all our volunteers and to Kassie McIlvaine for summarizing their analysis.

The following table summarizes which partners were consulted, by whom and who carried out the analysis of the interview notes:

Partner	Interviewer	Analyst
Communal Innovation Platform (Niger)	Hanane Kalouj (CARE Maroc)	Sandra George (CARE Cameroun)
ONG Leadership Challenges (Niger)	Moirra Eknes (CARE Norway)	Laurent Martial (CARE UK)
Reseau Dèyè Teren (Haiti)	Beata Musabyemariya (CARE Mali)	Karen Knipp-Rentrop (CARE Austria)
Conseil des Jeunes de l'Entente (Ivory Coast)	Elizabeth Noznesky (CARE USA)	Tirza Brown (CARE USA)
Centro de Capacitación y Apoyo a las Empleadas del Hogar (Regional based in Mexico City)	Veronica Olarte (CARE France)	Pranati Mohanraj (CARE India)
Centro de Justicia y Paz (Venezuela)	Veronica Olarte (CARE France)	Savannah Fox (CARE USA)
Community Initiative Development Organization	Jenny Orgle (CARE USA)	Christina Wegs (CARE USA)
Platform of Humanitarian Partners	Salaam Kanaan (CARE Palestine)	Joe Read (CARE USA)

## Annex C: Types of organizations and descriptions

The following table provides us with a list of example types of organizations we work with along with some descriptions. Some of these organizations might fit under more than one category and descriptions may differ. This list is illustrative and simply intended to help us explore the different types of organizations we work with. We expect the list to change, adapt and grow over time.

Category	Name	Description
Civil Society Organization	Association	An informal structure where a group of people have come together around a shared set of rules, agreements and goals. Such as farmers association or savings association
	Cooperative	An autonomous association of persons united voluntarily to meet their common economic, social, and cultural needs and aspirations through a jointly-owned enterprise.
	Informal youth/women association	Youth or women led, lightly structured association to address issues of youth, women, or any other interest group.
	Workers union/Trade Union	An organization that represents the collective interests of workers, according to the branch, sector or even corporation its membership belongs to.
	International INGO	A non-governmental organization that is not for profit and works across multiple countries.
	Local NGO	A non-profit organization that is registered with the government of the country it operates in.
	Local NGO member based	A non-profit organization that has a membership base for funding and governance structure.
Network/ Platform	Federation	A group of organizations that have come together to form a larger, more powerful single formalized and sustainable organization.
	Alliance/ Coalition	A group of organizations or entities that have come together around one or several specific goals to build their collective leverage. Usually not very formal and limited in time.
	Grassroots network	Voluntary group of individuals working together around a shared issue they use collective action from the local level to affect change at the local, regional, national, or international level.
	Network	A group of individuals or of other entities (groups, organizations, etc.) that are connected through shared values or focus.
	Platform	A (virtual or actual) meeting space for different actors working on common issues or a common theme to come together. It could bring together different types of organizations from government, civil society, NGOs, etc.
	Professional association	Official body of professionals such as Association of Lawyers.
Social Movement	Social movement	An organized set of people vested in making a change in their situation by pursuing a common political agenda through collective action

*(The table continues on the next page)*

Category	Name	Description
Governmental Organization	Government agency	A government department, ministry or registered unit
	National organization	A government affiliated structure that represents a specific sector or group – such as National Youth Association often affiliated with Ministry of Youth
	GONGO	Government-Organized Non-Governmental Organization: an unofficial name to describe entities set up or sponsored by a government in order to further its political interests and mimic the civic groups and civil society at home, or promote its international or geopolitical interests abroad.
International Agency/ Multi-lateral Institutions	International alliances	Typically defined as a collaborative arrangement between organizations headquartered in different countries such as Asian Development Bank, G8, SADC
	UN agencies	UN (specialized) agencies and UN (related) organizations are autonomous organizations working with the United Nations and each other through the co-ordinating machinery of the Economic and Social Council, integrated in the UN system by different types of arrangements. They include UNICEF, UNHCR, UNOCHA, UN Women, WFP etc.
	International Organization	An organization established by an instrument governed by international law such as UN, WHO, NATO or ICRC
Research/ academic institution	Research institution/ University	An academic affiliated institution that's primary business is research, education and learning
	Think Tanks	A group of experts brought together to develop ideas on a particular subject and to make suggestions for action. In some cases, a Think Tank may have ideological agendas at their roots which they try to promote through research as a basis for advocacy. Some think tanks are non-governmental; some are semi-autonomous and some are associated with particular political parties or businesses.
Media	Media entity	A person or entity engaged in disseminating information to the general public through print, broadcast, digital or social media (e.g. newspaper, magazine, other publication, radio, television, cable television, social media, the internet other medium of mass communication).
Private Sector	International contractor	Large structured for-profit organization operating in several countries
	Private sector business	Private sector businesses are owned by individuals. These businesses are driven by profit. The profit from private sector organizations benefits the owners, shareholders and investors.



## Annex D: Relationship mapping

The following table could be used as a tool to reflect on partnership typology by organization and relationship:

Name	Formal/ Informal	Design & Implementation	Impact Measurement & Learning	Advocacy/ Influencing & Accountability Partnership	Funding or Resource Mobilization	Capacity Strengthening
Association						
Cooperative						
Federation						
Government agency						
Grassroots network						
Informal youth association						
International alliances						
International contractor						
International NGO						
Local NGO						
Local NGO member based						
Women's rights organization						
Women led organization						
National organization						
Network						
Platform						
Professional association						
Research institution/ University						
Social movement						
Think Tanks						
UN agencies						
Workers union						

## References and notes

- 1 CARE enshrines partnership as a [core Program principle](#) and endorses the [Principles of Partnership](#) (2007), the [Charter4Change](#) and the [Grand Bargain](#) (2016). It's a [standalone goal](#) in the SDGs.
- 2 [CARE 2020 Programme Strategy](#)
- 3 [What does it Take to Unblock Women's and Youth Leadership in Advocacy; Turning Aspirations into Reality: CARE Philippines' Humanitarian Partnership Platform](#)
- 4 Carried out by a Partnership Team at the request of the Senior Leadership Team for Programme Quality and Impact (SLT PQI). See Annex A and B for more details
- 5 Since 2017, COs self-reporting as 'poor' against partnership commitments in the CI Standards of Country Presence has been commonplace
- 6 PIIRS data, 2015-2019. Social movements, Women's Rights Organizations and Universities/Research Institutes are all less than 2.1% each of our total partnerships, despite our understanding that these actors play critical roles in social change
- 7 [CARE International Gender Network Position Paper and Guidance Note on Supporting Women's Social Movements and Collective Actions](#)
- 8 Consistently highlighted in Country Presence Reviews is the need for a shift in mindset in this regard.
- 9 According to PIIRS, 2018-2020 data, 17% mean average better on multiplying impact metrics, 7.5% more transformational or excellent on gender, governance and resilience core approaches, and ~19% better at addressing climate change, addressing GBV, and strengthening civil society.
- 10 Programming Principle 3
- 11 See Annex B for a list of these partnerships; those who carried out interviews with the partners, the CARE office and those who did the analysis of these interviews
- 12 [Leila Billing, 2020, What's the problem with partnerships in international development? We need a feminist approach...](#)
- 13 See Annex D for a suggested tool that could be used to map partner typology and relationships
- 14 The Partner Funding Policy (and the MoU template) are being finalized as this Partnership Paper is being disseminated. Final version will be made available and linked to on the [Global Partnership site on CARE Shares](#).

Cover photo: Prtic /CARE



**care**

[care.org](http://care.org)