



CARE Nepal Partnership Policy 2014 – 2020 (Final Draft)

1. Introduction

This is the CARE Nepal partnership policy updated between December 2013 and January 2014. The policy has been updated in response to a changing context and to reconfirm CARE Nepal's commitment to work towards more equal and mutual partnerships with local civil society in Nepal. Also, there has been an identified need to clarify CARE Nepal's position on partnerships and other relationships.

The CARE Nepal partnership policy has been evolving over the years. The first policy was developed in the 1990s based on a realization of the need to invest in partnerships with local civil society - an agenda also pushed by the Government of Nepal (GoN) who made it a mandatory requirement for INGOs to work with local partners in 2006. The policy was first updated in 2003 to align with the program approach and again in 2007 to reflect the changing political context and to ensure further alignment with a rights-based agenda and the program approach.

The policy contains a brief context analysis, rationale for working with others, clarification on the terms “relationship” and “partnership”, partnership definitions and types as well as partnership principles. The annexes provide detailed guidance on the operationalization of the policy.

2. Context

In the CARE International Vision 2020, CARE International describes itself as part of an “increasingly coherent global movement to fight poverty” and it is stated that “in each country, CARE networks with local activists, social movements, like-minded organizations, private sector, government, and others and identifies opportunities for 'transformational' change. CARE realizes that we must work in collaboration with others to achieve lasting change for impact groups¹ and that we must support the legitimate voices of these groups and identify and support change agents who can drive the change agendas in the countries and contexts where we work. So, CARE Nepal's partnership policy should also support and facilitate this.

In Nepal, the context has shifted dramatically over the past 35 years since we first began working here. Nepal has transitioned from being a kingdom with a highly restricted civil society to a multi-party federal republican state with a vibrant and constantly developing civil society. Development paradigms have likewise undergone significant changes; and there has been a dramatic transformation in the role of the state and civil society organizations (CSOs) where increased emphasis is laid especially on governance, gender, inclusion, transparency and accountability.

¹ CARE Nepal's "Impact groups" are comprised of 1) Marginalised Women and (2) Adolescent Girls; these impact groups are those who are poor, vulnerable and/or socially excluded (PVSE).

According to the Social Welfare Council (SWC) in 2013, there are more than 35,000 NGOs in Nepal. Many of these organizations have become strong and capable over the years, yet the governance of many CSOs still needs improvement. It is our firm belief that CARE Nepal's role should reflect the increased capability of these organizations to take the lead on agendas and interventions, but equally, there is also a need to work systematically to improve their governance, accountability and capacity.

3. Why we work with others

3.1. Why we value relationships with multiple stakeholders

CARE Nepal realizes that sustainable social change will only be brought about through the collective effort of people, organizations, and institutions. Hence, we need to actively join hands with likeminded actors to contribute/complement in achieving Nepal's national development agenda. This includes addressing the root causes of poverty and vulnerability such as marginalization and exclusion by seeking to influence and change power structures which tend to retain the status quo. In Nepal, CARE will work with multiple actors to contribute to sustainable change, including state and government stakeholders at national, district and local level; civil society at international, national, regional and local level; media, academic and research organizations; as well as private sector actors.

Not all relationships are “partnerships”

CARE Nepal distinguishes between *partnerships* with civil society and other *relationships*. This does not imply a hierarchy but avoids confusion and clarifies the terms used by CARE. CARE Nepal is involved in multiple working relationships; however, the term ‘partner’ is often commonly used to describe these relationships. However, not all relationships can be termed ‘partnership’ in the CARE definition. For example, a relationship with an organization or company which delivers a service under terms and conditions set by CARE (a consultancy, construction work, or other) with little scope for negotiation, joint learning or mutual influence would not be termed a ‘partnership’ regardless of the duration or financial magnitude of the task and transaction. It would be a sub-contracting relationship.

Below is an outline of the working relationships CARE might have with civil society, government and private sector actors.

Civil society (Networks/Federations/Alliances², local NGOs and people's movements)

2 Definition: An alliance, coalition or network is usually an arrangement where organisations which share common concerns and have similar goals coordinate their activities and efforts to actively seek to complement rather than compete with or duplicate the activities of others. These are often issue based and associated with social mobilisation, a learning agenda, and/or advocacy. The members may contribute and share resources. Alliances, coalition and networks tend to have a well-defined understanding about how they will work together; there may or may not be financial transactions between the members. A consortium is usually an entity created by several organisations, usually for the purpose of increased access to resources and to undertake a specific initiative that requires skill & resources, which are not fully possessed by any of the participants individually; organisations that operate in collaboration according to formally stated agreement, and in recognition of their enhanced ability to

CARE will work with change agents and allies who have the potential to bring transformational and lasting change in the lives of the impact groups and Nepal's CSOs. Examples of such work may include: Joint advocacy and engagement in policy discourse; government expenditure/budget tracking and budget advocacy; broad social mobilization and awareness raising, information sharing and dissemination; contributing to learning agendas, networking and linking organisations to foster synergy; promoting applied research/innovation, technology transfer, demonstrating and up-scaling models; capacity strengthening in the above mentioned areas.

Public institutions (Local governmental institutions such as VDC, DDC and sectoral line agencies, Ministries, National Government and Public bodies)

The government is the key duty bearer responsible for fulfilling the human rights and development aspiration of the citizens of Nepal. The government of Nepal considers international development agencies as 'development partners'. The role of CARE should therefore, be a combination of holding the government accountable as well as supporting it in reaching the impact groups with services and implementing pro-poor/marginalized policies in a transparent and equitable manner. This work may involve: collaboration and capacity building at different levels (national to local) to meet the demands of service delivery to impact groups; influencing and lobbying for pro-poor and equitable policies and implementation (policy dialogue, lobbying, advising, counseling and campaigning); making budgeting, planning and implementation processes at all levels participatory, inclusive, accountable, and environment friendly. Improvement in overall governance of public institutions would be at the core of our collaboration as well as constructive engagement with them.

Private sector (Financial institutions, international and national companies, federation of chamber of commerce and industries)

The private sector can positively or negatively impact the lives of our impact groups through their activities. CARE has the possibility of working with private sector to find solutions to reduce poverty and marginalization as well as also holding them accountable for certain social and environmental standards and encouraging to fulfill the corporate social responsibilities. This work may involve: Economic empowerment and pro-poor markets (value chain, enterprise development, microfinance, pro-poor banking, etc.); influencing their corporate policies; development of social and environmental standards; and collaborating in emergencies. Another area of our engagement with private sector could be facilitating and fostering public-private partnership (collaboration of public institutions and private sector) for enhancing capacity of public institutions for effective service delivery to the impact groups.

3.2. Why we work in partnership with civil society organizations

Partnerships are central to CARE Nepal's theory of change which recognizes the important role of civil society in holding the government accountable and also supporting the progressive realization of human rights and Nepal's national development agenda, thereby contributing to lasting change. CARE understands its role in Nepal as a capacity builder, facilitator and supporter of CSOs who represent or work for CARE's chosen impact groups.

compete for resources as a formal association. Consortia are usually issue-based groupings of three or more organizations which have come together to bring a value-added approach to programs.

This partnership policy emphasizes the position that local civil society must have a major say when it comes to defining and advocating for development agendas in Nepal. CARE Nepal therefore seeks *strategic* partners who are legitimate voices of its impact groups or who have comparative advantages to move a certain rights/development agenda forward and address the underlying causes of poverty and exclusion of the impact groups. CARE identifies organizations that can act as agents of change and supports their efforts to fight for the rights of the impact groups at various levels. CARE will continue to have implementation partnerships in order to make the most effective alliances for tackling a particular problem through targeted interventions.

Cultivating partnership with CSOs

CARE Nepal is open to partnerships with CSOs which have comparative advantages even if they are less capable. The choice of partnership depends on the nature of the intervention and value addition that partner organizations bring in. For example, for national level advocacy work, CARE would look for a partner with capacity and leverage to undertake this type of work, whereas some partners might have an advantage in local governance and community development work which requires close working relationship with government at village and district level. Further, respecting GoN agenda and taking into account of CARE's strategic vision, CARE Nepal gives priority to building the capacity of CSOs that are smaller, constituency based and accountable to the impact group. The way the partners are selected, including tools for their assessment on different aspects of organization and their strengths and systems are presented in the annexes.

Capacity building of CSOs

CARE Nepal will work in partnership with CSOs. It will prioritize in strengthening the capacity of CSOs to design and deliver development efforts. Therefore, it seeks to work together with CSOs right from the design of the programme to planning, monitoring and evaluation process. Working with CSOs that are closer to the community is one of the sustainable options and CARE's efforts can be continued for longer term even if this organization ceases to work in Nepal. Hence, CARE Nepal will put its energy and resources and make strategic investment to develop the capacity of CSOs and make them responsible and accountable partners of development. The capacity building areas may include (but not limited to) organizational development, CSO strategic planning and policy making including development of strong internal organizational governance, leadership development, innovative development models and programmatic approaches, synergy and collaboration for wider impacts, advocacy and campaigning, financial management, fund raising as well as result based monitoring and evaluation and development communication, among others. The Due Diligence Assessment (DDA) Tool (Annex 3), Partner's Capacity Assessment Tool (P-CAT) (Annex 4) and CARE Nepal Financial Guideline for Partnership Management including Financial Monitoring Checklist (Annex 5), etc. provide significant input to identify areas of capacity building for CSOs/partners.

4. Partnerships: definition and types

CARE Nepal's definition of partnership:

A partnership is a dynamic and evolving institutional relationship between two or more organisations committed to working towards mutually defined and shared development and/or humanitarian goals.
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A partnership requires a high degree of mutual trust and involves shared resources, responsibilities, controls and risks, and a commitment to mutual learning and accountability. A partnership also implies an equitable power balance and scope for mutual influence.

CARE Nepal is committed to striving towards more equitable partnerships and a greater degree of mutuality in its relationships with other CSOs.

CARE Nepal distinguishes between two main types of partnerships in practice:

Strategic partnerships (resourced or non-resourced):

A strategic partnership implies a relationship between two organisations, mutuality and complementarity. The leadership of the organisations will commit to the partnership based on joint vision and shared values. The organisations will influence each other's strategies and plans and will commit to joint learning and sharing. The partnership is beyond project funding and implies a program level commitment with equal power balance in setting the partnership agenda. A breakthrough in the strategic objectives of the partner will represent a breakthrough in the strategic objectives of CARE. Similarly, enhanced capacity of one of the partners will result in enhanced capacity of the other. Strategic partnerships will often be of longer duration as the nature of the joint work will often be long-term, but strategic partnerships can also be shorter term in principle. However, "long-term" does not automatically mean "strategic".

Corresponding CARE formats: Strategic partnerships can be resourced or non-resourced. They will always involve a Memorandum of Understanding (MoU) between two or more organisations. Besides the MoU, CARE and the strategic partner might enter into partnership grant agreements for specific funded interventions or simplified grant agreements for individual activities or events. When there is exchange of resource, the partners will strive towards an equal power balance, and CARE will exhibit flexibility and willingness to align to partner policies, procedures and practices if these are assessed to be living up to donor requirements and applicable government regulations.

The decision to enter into strategic partnerships should be organizational and informed by the program objectives. It cannot be taken by an individual, project or design team; although such partnerships could develop out of projects and design processes.

Implementation partnerships (resourced)

Implementation partnerships are relations which go beyond sub-contracting in the sense that there is a level of shared vision and objectives; mutual capacity building; influence and joint learning. Implementation partnerships will always have defined and agreed results, targets, outputs and budgets and will most often be time-bound to a specific project or funding source. Implementation partnerships can be shorter or longer-term.

Corresponding CARE formats: Implementation partnerships will always have a partnership grant agreement (in the case of projects) or a simplified grant agreement (in the case of short terms activities or events) on the contractual basis, depending on the nature of the activities.

Evolving partnerships

Partnerships can evolve from one form to the other, and an implementation partnership can develop into a strategic partnership over time through conscious and continuous efforts. Likewise, a sub-contracting relationship might become an implementation partnership with mutual commitment and if the nature of work and funding modality enable it.

5. Principles of partnerships

Partnerships are guided by the following principles.

Shared vision and values:

Shared vision and values is a precondition for a partnership. These values must include a shared belief in the equal realization of the universal human rights for women, girls, boys and men, and an organizational commitment to gender equality and respect for diversity. The organizational values must not only be committed to in principle but be demonstrated and practiced by the management and the staff of CARE and the partner. Equal commitment to mutually agreed goals to be evident from ongoing work is a precondition for any partnership. Partner Selection Guideline (Annex 2) and Partnership Relationship Assessment Tool (Annex 7) are some tools that will help assess and compare shared vision and values.

Good governance and accountability:

CARE commits to principles of good governance & accountability and expects partners to commit to the same (Annex-6: CARE Nepal Accountability Position Paper). This involves adherence to policies and agreements; transparency in conducting any programme actions; high standards of financial management; and zero tolerance of fraud, misconduct, sexual harassment and discrimination.

CARE and partners have mutual accountabilities to various stakeholders, including donors, but most importantly to the impact groups in whose name we raise funds. CARE will commit to being transparent by adhering to its own accountability policy. This includes sharing financial and non-financial information with partners, and actively seeking and responding to feedback and complaints from partners and impact groups. CARE will support partners in designing systems to do the same.

Respect for each other's unique identity:

CARE Nepal recognizes that in many of our partnerships, especially the ones which involve funding, there are likely differences on systems, policies and management practices among CARE and partners. CARE also understands that this can potentially undermine the autonomy of partners. So, it will address this difference by respecting partners' autonomy and exhibiting flexibility where possible. To ensure this, CARE will listen to partners, respect their views, respond to and incorporate their feedback, and align agreements and working modalities and practices with partner policies, procedures and practices when these are evaluated to live up to donor requirements and government regulations. While respecting unique organizational identity and autonomy of the partners, capacity strengthening measures will be mutually undertaken by

CARE and partners so that partners become vibrant civil society force with new, improved and accountable working models.

Value addition, synergy and complementarity:

CARE will seek to add value by bringing together different actors working on similar issues CARE is interested of, seeking opportunities for synergy and collaboration between them either within the framework of an existing network or by supporting formation of a new one if necessary. In the spirit of the program approach, CARE Nepal is committed to learning in partnerships and sharing this learning across initiatives and partners.

CARE Nepal believes in the principle of complementarity and will specify mutual value addition in the partnership by clearly spelling out the unique roles, responsibilities, mutual benefits and expected contributions to achieve mutually agreed goals. Spelling out the unique roles of CARE and partners will depend on the nature of the intervention and the partnership as well as on the capacity development needs of the partners. However, CARE will demonstrate its role as a facilitator and bring its expertise and values in the development process, documentation of good practices and their dissemination, technical backstopping, and organizational development.

CARE equally believes that partners' knowledge of local context and social dynamics are essentials to the relevancy of our work.

Annexes

- Annex-1: CARE Nepal Operational Guideline in Managing Effective Partnership (working)
- Annex-2: Partner Selection Guideline for Strategic and Implementing Partners and Reporting Template (final draft ready within a month)
- Annex-3: DDA Template (being revised/contextualized; need approval from ARMU/CARE Atlanta)
- Annex-4: P-CAT and Reporting Template (draft ready)
- Annex-5: CARE Nepal Financial Guideline for Partnership Management including Financial Monitoring Checklist (is being drafted by Finance team)
- Annex-6: CARE Nepal Accountability Position Paper (in Place)