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Rwanda Partnership Strategy

2024-2030

care®

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Background

CARE RWANDA

Established in September 1984, CARE Rwanda's programming initially focused mostly on direct implementation of projects. In 2010 CARE Rwanda began to work more through local organizations and in 2017 an external review found that CARE Rwanda had made the transition away from the role of an implementer to that of a facilitator. CARE Rwanda's Country Strategy[1] and corresponding business plan are focused on improvements across two pillars: ***gender justice and right to health*** and ***women's economic and climate justice***. More specifically, CARE Rwanda aims to ensure that 1.2 million women and girls from low-income families have access to and control over climate resilient economic resources and opportunities and live a decent life and that 500,000 women and girls enjoy a life free from gender-based violence and exercise their right to health as result of transformed strong negative gender and social norms. Impact groups include women and girls aged 10-59; women and female head of households; young mothers in and out-of-schools; women and girl victims of violence; at risk and victims of GBV; women refugees and/or victims of disasters and internally displaced and women and girls living with disabilities. CARE Rwanda acknowledges that it cannot achieve the scale and impact it seeks without the engagement of its partners.

RWANDA'S ENABLING ENVIRONMENT

Rwanda's development agenda as outlined in Vision 2050 articulates the long-term strategic direction for the Country and provides a clear direction for those engaged in Rwanda's development inclusive of government, private sector, civil society and development partners. This is complemented by the **National Strategy for Transformation** (NST-1) (2017-2024), currently being refreshed for the 2025 - 2029 period and the **Decentralization Policy** (2000) and Strategic Framework (2007), each of which recognize the importance of indigenous knowledge and provide structures and mechanisms which are favorable to supporting locally led and driven development at all administrative levels. This policy framework is also supported by Government structures and mechanisms at each administrative level which facilitate and support development partners to work in a collaborative and coordinated manner to achieve Rwanda's development objectives.

Within this enabling policy environment, civil society is viewed positively by the Government as positive contributors to development goals in social, economic and governance transformation. Civil society organizations (CSOs)[2] are engaged in service delivery, monitor government policies and actions and hold duty bearers accountable, engage in advocacy and defend citizen rights and work to change and uphold social norms and behaviors. Data from the Rwanda Governance Board (RGB) in 2023, outlined there were 2,239 CSOs in Rwanda of which 207 were International NGOs, 582 were FBOs, 11 political organizations and 22 foundations[3] . Despite these positive contributions, Rwandan CSOs also face numerous challenges including donor dependence and declining donor funds; inability to maintain quality and competent staff; focus on short-term service delivery (project based); limited advocacy and influencing capacities; questionable representation of constituents; lack of collaboration and coordination and limited capacity in evidence-based programming and planning.

Any civil society group that wishes to engage in development activities in Rwanda must go through a registration process which begins at the local level and is validated and approved by the regulatory body, the Rwandan Governance Board (RGB). To seek such approval is a relatively easy process with different requirements depending on the category the applicants wish to apply for. Importantly, the draft law governing civil society is currently under revision and while expectations are that it will not negatively affect the operational environment or direction outlined in this strategy, there will be a need to reassess and revise if and as required.

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1. CARE International in Rwanda Country Strategy FY 22- FY 25, 'Her Resilience, Our Focus/ Kwigira Kwe, Intego Yacu'.

2. The Rwanda Governance Board categorizes civil society as national NGOs (inclusive of umbrella organizations and platforms): FBOs; foundations and INGOs.

3. https://www.rgb.rw/1/civil-society-faith-based-and-political-organisations.

Rwanda has been characterized as one of the fastest growing economies in Central Africa with positive trends in economic growth. Private sector has played a key role in this growth[4] and moving forward private sector financing, through both public-private partnerships and pure private investment, are considered essential for Rwanda to achieve its development goals. Opportunities for civil society to collaborate with private sector who share common interests and complementary objectives exist in many sectors including banking, ICT, technology, agriculture and media.

Finally, the Government of Rwanda is open to learning and willing to adopt and scale development solutions which have proved to be successful. This provides a unique opportunity to support evidence-based programming through targeted research and innovation.

PURPOSE OF PARTNERSHIP STRATEGY

The purpose of this document is to outline CARE Rwanda's partnership strategy through 2030. This strategy was developed through extensive consultations across CARE as a confederation and with existing and potential partners in Country. Through consultations, CARE Rwanda hoped to generate ideas and gain insights into current efforts and innovations to support locally led development that could be adapted, replicated or scaled within the Rwandan context.

This strategy is meant to provide strategic guidance and direction to the Country office (CO) team, be reflective of Rwanda's specific and evolving operational context and provide a framework for engagement between CARE Rwanda and the wider CARE network around the changes and resources required to be a partner of choice.

Importantly, CARE Rwanda has outlined a strategy that works to bring changes within CARE's current operational model whilst beginning to influence what the model should look like in the future, and more specifically what the Rwanda CO business model can become with the right combination of locally defined priorities, innovations and investments.

OWNERSHIP OF THE STRATEGY

Responsibility for Implementation of the Country Partnership Strategy lies with all staff within the CARE Rwanda CO team. Delivery of the intended outcomes will require collaboration amongst all management functions and their teams. For accountability purposes, the team have been explicit about process owners at the CO level and within the wider organization to achieve longer term changes. Finally, there is recognition that CARE Rwanda must engage with colleagues across the Federation inclusive of CARE USA teams, CMPs, Country Offices and the Regional Management Unit for targeted support and learning and sharing around best practices and innovation.

Guiding principles

PARTNERSHIP

The preconditions for success, as expressed by CARE Rwanda and its current partners include the following.

Mutual understanding, trust and respect are foundational elements of a healthy relationship. These elements require a level of openness and willingness to view the world through the eyes of others and to acknowledge different realities. Importantly, these elements are not developed automatically but can be fostered and strengthened over time.

DEFINITION OF PARTNERSHIP At the heart of all partnerships for CARE is our goal of addressing poverty and social injustice (particularly 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 engages the complementary strengths of actors involved to collaborate on specific objectives, challenges or opportunities in ways that achieve greater impact than they could achieve alone.

[4.] World Bank, Partnership with Private Sector is Key in Closing Rwanda's Infrastructure Gap, July 21, 2021.

Transparency is required by both parties in a relationship and requires **frequent and honest communication** without fear of retribution.

There is a need for partners to understand one another's **risks** and how these risks affect the overall partnership and corresponding frameworks of partnership.

Joint accountability requires both parties to be clear about roles, responsibilities and expectations. Integral to this is holding one another accountable for what has been agreed.

It is acknowledged that each partner has much to offer and that there must be mechanisms and structures in place to ensure that **joint learning and capacity sharing** take place regularly.

Intentional recognition of existing **power dynamics** is critical to the changes CARE and its partners are seeking. This is matched by an acknowledgement that to shift these norms will require constant reflection and deliberate **behavior change at an individual and institutional level**.

With the recognition that organizations are not static, there is also a need to regularly review partnerships against **evolving needs and expectations** within the operational context.

LOCALLY LED

The partnership strategy is heavily influenced by CARE Rwanda's belief in and support of global commitments related to the grand bargain[5], charter for change[6] and pledge for change[7], which call for the decolonization of aid and a shift in traditional power structures and ways of working in the international development arena. The Country office aims to hold itself accountable for many of the principles being discussed by those trying to put these commitments into practice and are reflected in the framework and priorities outlined below.

CARE'S DEFINITION OF LOCALLY LED

Work that is owned and led by the people most proximate to the communities where we work.

Work which defaults toward partnerships with local actors and community organizations.

Our own teams and leadership represent the places where we work as much as possible.

Types of partnerships and partners

CARE Rwanda classifies its partnerships as *transactional* and *strategic engagement*. As opportunities emerge partners may move between these categories reinforcing the idea that partnerships are constantly evolving and should not be viewed as static. It is also worth highlighting that most of the strategic partnerships are non- financial in nature (strategic) and based on mutual objectives or benefits, synergies and complementarities. Following are categories of partners the Country Office have identified as essential locutors within the Rwandan ecosystem.

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5. An agreement signed in 2016 between some of the largest donors and humanitarian organizations who committed to improve the effectiveness and efficiency of humanitarian action, with the aim of getting more resources into the hands of people in need.

6. The charter for change (2016) outlines 8 commitments for INGO implementation: an increase in humanitarian funding to national and local NGOs; reaffirmation of the UN/NGO principles of partnership; transparency around the amount of funding going to national and local NGOs; address shortfalls in recruiting of local staff; pursuit of equal partnerships;   ensure local and national NGOs are involved in decision making processes; provide capacity strengthening support to local and national NGOs and recognition of the critical role local and national NGOs play in humanitarian response.

7. The Pledge for Change 2030 focuses on 3 core changes: equitable partnerships; authentic storytelling and influencing wider change.

LOCAL CIVIL SOCIETY ORGANIZATIONS (CSOS):

The Rwandan legislation divides civil society into the following categories: national NGOs ; foundations (for common benefit); faith-based organizations (FBOs) and INGOs. Women rights and women led organization (WROs/WLOs); umbrella organizations with member partners and platforms with umbrella members fall within the national NGO category. Importantly, the Rwandan Government require all entities that are operational and receive financial transactions to be officially registered.

PRIORITY: Increase the number of partnerships with WROs and WLOs and their networks including specialized organizations such as those focused on youth and people with disabilities, whilst being more intentional about partnerships with long standing national NGO partners.

PRIVATE SECTOR:

CARE Rwanda views private sector as, '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

PRIORITY: Diversify private sector partnerships to scale innovative solutions with particular attention to the gender digital divide and do no harm approaches.

income[8]' . The Country office currently has partnerships with financial service providers (FSPs) who wish to widen their client base and benefit from opportunities that enable them to reduce their risk to work with target populations such as women and youth. Partnerships with social enterprises have also been piloted and offer a promising model for scaling women's economic empowerment. Digital and financial technology partners, and mobile service providers (MTN and Airtel) are also critical partners in the provision of appropriate technology and innovative solutions for target groups outlined in the CO Program Strategy.

GOVERNMENT PARTNERS

CARE Rwanda has a set of strategic partnerships with key government partners at central[9] and district level and works in partnership to support system level change and an enabling environment through the identification, funding and implementation of sustainable solutions.

PRIORITY: Continue to work collaboratively with government to support improved systems and sustainable solutions.

MEDIA PARTNERS:

Media has a strong influence over the general public and can be a very strategic actor to support dissemination of messages related to changes CARE and its partners seek and to increase visibility around the work partners are engaged in.

PRIORITY: Explore relationships with media to support locally led initiatives and visibility.

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8. Partnership in CARE, January 2021.
9. This is inclusive of Ministries and affiliated agencies such as the Gender Monitoring Office.

RESEARCH INSTITUTIONS:

The generation of evidence to inform community and policy dialogue and related advocacy will be made possible through partnering with research institutions, with a strong preference for locally based institutions. Care Rwanda will also continue to commission the services of researchers and consultants to document impact and learning to inform programming.

PRIORITY: Explore potential partnerships with those who can support targeted research or document impact and learning.

PEER INGOS:

Collaboration and coordination with peer INGOs, who share common objectives, will assist in the identification of synergies and ensure efficient use of resources and wider impact.

PRIORITY: Identify and work collaboratively with INGOs for wider impact.

Identification and selection of partners

The Country office has an existing database with partners that have been approved following the release of expressions of interest (EOI) and subsequent selection and approval by the Partner selection committee (PSC) against agreed criteria as per the process outlined in the Partner Selection Committee ToR[10]. CARE will revisit recent applicants to select additional WRO/WLOs, new umbrella organizations and youth and disability focused organizations to add to its existing database. The partnership manager will work with a pre agreed team to conduct this review and any follow-up discussions with applicants and provide recommendations to the PSC for their approval. CARE will also identify and complete a process for pre selection of additional partners from private sector, media and research institutions.

Outside of these processes, CARE is open to receiving information from potential partners (cape statements etc... and contact details) which will be stored for consideration when a new opportunity and EOI can be issued.

Mutual assessment of risks

Only once a partner is recommended and approved for opportunities, which may or may not include funding, will CARE facilitate a mutual due diligence process, at which time they will be entered into the active partnership database. The mutual due diligence serves as a mechanism to jointly identify potential risks and agree on mechanisms for risk mitigation or related management. CARE Rwanda will use tools which have been tailored to the type and size of the partner in question.

Key domains of change

While there is no single agreed framework to guide efforts towards the Global commitments outlined in the grand bargain and corresponding charter and pledge for change, the following framework has been adapted[11] to guide our efforts. While priorities have been identified under

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10. CARE International in Rwanda Terms of Reference Partner Selection Committee, November 2022.

11. S. Patel and K Vanbranbant, 'The Start Fund and Localization: Current Situation and Future Directions ', 2017.

each dimension of change, there is recognition that some actions contribute to change in more than one domain. Under each dimension of change current practices and strategic direction have been summarized. Importantly, there are also distinctions made between those changes within the CO sphere of influence and those which will require concerted effort with others given that they require wider organizational shifts. Finally, CARE Rwanda has been deliberate and realistic in the metrics identified to measure progress under each domain.

FUNDING

As early as 2010, CARE Rwanda began its efforts to be locally led, initiating changes that would alter CARE's role in support of civil society organizations and implementing partners. Currently, it is delivering 47% of its program budget through CSOs. CARE envisions to increase this percentage to 60 -70% by 2030, but the target is a bit ambitious and complex, due to funding of personnel, use of consultancy services, donor and government restrictions and local tax requirements. Achievement of this target is also highly dependent upon securing increased levels of flexible funding. CARE is also committed to increasing the percentage of MEAL focused budgets to partners to increase their management of evaluations and program reflection and learning activities. All new opportunities are already designed through a co -creation process with local partners and new opportunities have already increased the level of responsibility taken on by local partners (both management and technical in nature) while limiting CARE to more of technical advisory, capacity building and quality assurance role.

Over the next 6 years, CARE Rwanda will explore new ways to increase overall funding amounts to partners, mainly WRO/WLOs and their networks whilst trying to hold itself accountable to improved business processes in support of its local partners.

Domain of Change: Finance							
Charter and Pledge for Change	Description	Sphere of control/out of control	Metric	Baseline	Target Y6	Process Owners required to achieve metric	Learning buddy (success stories to share/best practices)
Funding	Channeling significant amount of funding through local partners	Out of control	%of funding through local partners	47 % FY 2023	60 -70%	Finance/CMPs	
Funding	Provide insights into contextual factors that affect current metric being used	Control	# of internal events where funding metric is discussed	Ongoing	6	Finance/ CMPs	
Funding	Explore donor flexibility on VAT (Finance/ CMPs)	Control	# of awards where donor flexibility applied	n/a	6	Finance/ CMPs	
Funding	Explore donor flexibility on ICR/OH	Control	# of awards where donor flexibility applied	Existing example of 5% OH allowed for partners through Mastercard/CARE Canada funding	6	Finance/ CMPs	CARE UK CARE Austria

Funding	Increase partner capacities in MEAL related activities to enable an increase in MEAL related budgets	Control	% increase in M&E budget managed by partners	Majority of M&E costs are shared with the exception of baseline, endline and program quality	30 % increase	PQL/CMPs	
Funding	Engage with CMPs to test new models with Donors to ensure increased amounts of ICR provided to transactional partners	Out of control	# of pilots conducted to inform learning	n/a	2	Programs/ CMPs	CARE UK
Funding	Support partners in resource mobilization efforts and ensure partners play a wider/ lead role in new proposals	Control	# of proposals with partners playing a lead role	Recent proposals already aim to ensure partners subsume wider roles with CARE playing a more targeted technical role	3	PQL/IFS & CMPs	
Funding	Test new or revised grant instruments to manage risk with newer partners	Control	# of new grant instruments tested	The partnership funding agreement is mainly used by the CO	2	Finance/ AMS	
Funding	Lead collective Donor mapping exercise to identify and pursue new funding sources	Out of Control	Donor landscape report conducted	Previous donor mapping exercise can use updating with specific attention to new priorities	2	PQL/CMPs	South Sudan Care Austria CARE Canada (WVL funding) IFS- USAID
Funding	Pilot fee-based service provision to generate revenue that can support risk management	Control	# of fee generating contracts issued	n/a	3	Finance/ Programs	CARE Ethiopia

PARTNERSHIPS

CARE Rwanda already has an existing database of current and potential local CSO partners which is a reference point when new opportunities arise. Memorandum of Understandings (MoUs) are in place with strategic non-financial based partners and action plans are developed with government partners outlining areas of collaboration and provision of technical support. Partners have regular interaction with the team, are invited to join training opportunities alongside CARE staff (eg: safeguarding, security, emergency response planning. etc.) and are prioritized to attend networking and learning opportunities.

In the coming five years, the team would like to increase the number of partnerships it has with smaller WRO/WLOs and their networks[12] in the recognition of their shared objectives to promote and enforce gender justice. These smaller organizations may require a more intensive approach to capacity sharing dependent upon the combined outcomes of

12. In the Rwandan context this is an umbrella organization.

the DD process and the self-assessment process (see below under capacities for more detail). At the same time, it will deepen its relationship with existing larger local partners (who also share common objectives) with the aim of linking them to direct funding. Importantly, the majority of CARE Rwanda's CSO partners have been characterized as, 'large' based on higher levels of funding, the size and diversity of their portfolios, existing capacities (both OD and technical) and the length of partnership. It is recognized that this group of partners require a more intentional yet less intensive approach to the provision of targeted demand driven support and agreement about the timeframe. Equally important is the continued systems level work with Government partners at both national and local levels which contributes to sustainable outcomes. Additionally, CARE would like to diversify its partnerships to include strategic relationships with private sector, media and research institutions) who can assist in achieving intended reach and scale whilst contributing to the existing evidence base required for policy influence. Finally, CARE Rwanda aims to document and disseminate learning around different types of partnerships.

Domain of Change: Partnership							
Charter and Pledge for Change	Description	Sphere of control/out of control	Metric	Baseline	Target Y6	Process owners to achieve metric	Learning buddy (success stories to share/best practices)
Local engagement	Revisit recent applicants to select additional WRO/WLOs, new umbrella organizations and youth and disability focused organizations to add to its existing database	Control	Increase in # of partnerships with WRO/WLOs, umbrella and youth or disability focused organizations	2	7	Partnership Manager/ Procurement	
Partnerships	Define and complete a process for preselection of private sector, research and media partners	Control	# of new partners pre identified for inclusion in CARE Rwanda's partner database (by type of partner)	Recently done with launch of program strategy will need to build off of this process to expand and diversify partnerships	3	Partnership Manager / Procurement	CARE Ethiopia (research institutions)
Partnership	Revise and simplify strategic partner MoU template and follow up process	Control	MoU template standardized and simplified for strategic partners (govt and private sector)	Templates already exist but require standardization and simplification whilst allowing flexibility (mutuality)	1	Partnership Manager/ Programs	

Partnership	Provide input into revised DD tools and apply for different types of partners	Control	# of tailored DD tools for different types and sizes of partners	CARE USA currently working on revised templates for WRO/WLOs and private sector which will be shared in the coming month. Media and research institutions are not yet on their radar as new types of partnerships which require tailored processes	4	Finance /AMS	CARE Uganda
Partnership	Improve turnaround time for partners between signing grants and transfer of funds	Out of control	# of new partners who report timely receipt of funds	Ongoing	6	Finance/AMS	
Authentic story telling	Develop case study about CSO/private sector engagement	Control	# of case studies developed	None focused on private sector partnerships	1	PQL/Comms specialist/WEJ	CARE Partnership COP
Funding	Use case study to obtain funding to support further private sector /CSO practical learning (through facilitation of 3rd parties)	Control	# of funding opportunities realized due to case study	n/a	2	PQL /CMPs	CARE UK CARE USA WEJ CARE Partnership platform COP
Partnerships	Develop and utilize partner feedback mechanism (online and in person)	Control	% of partners who feel partnership principles adhered to (semiannual survey) # of all partner meetings facilitated (in person annual meeting)	Currently do this for global level but want to focus in on country level partners and have more frequent feedback	95% 6	Partnership Manager/	CARE Turkey (online feedback mechanism) ALSO linked to canvas priorities

CAPACITIES

In addition to the due diligence (DD) process required prior to entering into a partnership agreement, CARE Rwanda approaches capacity transfers through different approaches depending on resource availability. For example, CARE Rwanda facilitates a process to identify skills and knowledge transfer requirements through a self-assessment process and subsequent development of institutional support plans in those projects where resources allow[13] . However, in those projects where capacity strengthening resources are not available the identification of support is somewhat

13. See GEWEPIII Partnership Capacity Assessment Tool, Care Norway

limited and linked to the due diligence process which focuses solely on risk and does not cover the full spectrum of areas the CO would like to effect change through its partnerships. Additionally, as mentioned above, MoUs are developed with government partners and subsequent action plans are developed. The CO does its best to resource these plans by budgeting for government support in proposals through a set percentage and devoted budget line and tapping into its unrestricted funds which to respond to a combination of technical and resource support requests at national and local levels.

Moving forward, CARE Rwanda will facilitate a self-assessment process for all local partners using organizational capacity assessment (OCA) tools[14] tailored to the unique needs of each category of partners (eg; small WROs/WLOs and their networks and larger local NGO partners). Partners will be able to share the outcomes from these processes with others. Along the same lines, if this has been done with other institutions, CARE will forgo the process and discuss already identified priorities with partners. Based on the outcomes of this process each year, the team will identify what training, mentoring or system improvement requirements exist and what can be provided by CARE (drawing upon CARE's existing material and trying as much as possible to provide online options) or by other entities (including partners). Importantly, this process also allows for an acknowledgement of partner strengths and agreement on how to provide opportunities for partners to lead the transfer of skills and knowledge to wider civil society. Linked to this will be the establishment of a virtual learning and sharing platform (platform of excellence) where partners can provide technical support services based on their unique competencies. A review of the ISP will be repeated annually allowing for refinement along with an honest reflection about progress and joint performance. While time intensive, it is felt that this process will result in quality outcomes.

Given the sheer number of government strategic partners[15], CARE Rwanda would like to streamline its approach by simplifying and standardizing the current MoU format utilized and ensuring that action plans and follow up lie with program staff who have current staff and financial resources to support system strengthening activities. Each time a new project starts or ends, there will be a need to revisit the action plan and revise accordingly. Meanwhile, CARE Rwanda remains interested in securing funding to provide short term technical secondments to and with government and local partners to support systems strengthening efforts where possible. Finally, CARE will ensure that new opportunities consider capacity sharing resources for community level organizations and networks (eg; village agent networks and farmer promoters).

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14. While a number of examples have been collected from other CARE COs, it is recommended for the team to use one of the tools it is currently using and familiar with as a starting point for this tailoring exercise. The dimensions should be completed with input from local partners under each category. The upcoming process of refining the GEWEP tool planned for Autumn of 2024) will provide the opportunity to do this.

15. The current list of strategic government partners currently outnumbers current local NGO partners.

Domain of Change: Participation and Coordination							
Charter and Pledge for change	Description	Sphere of control/out of control	Metric	Baseline	Target Y6	Process owners to achieve metric	Learning buddy (success stories to share/best practices)
Local engagement	Promote and facilitate active and meaningful participation of partners and other actors in relevant (existing and new) coordination fora and platforms (national regional and international)	Control	# of local CSOs (dissagregated by type) who report increased participation in decision making fora and related processes due to CARE's support	Already prioritize local NGO representation over CARE team	11	Programs	CARE Norway GEWEP program provides a unique opportunity for WLO/WRO participation in the steering committee
Local engagement	Support partner-ship platforms (in a technical advisory role) around specific tools/ approaches that can be repli-cated and scaled by others (eg; VSLA; FFBS; CSC; Indeshi-kwa)	Out of Control	# of coordination platforms, events or groups facilitated or supported by CARE	n/a	2	CD/ Programs	Impact at Scale team
Local engagement	Contribute to Grand Bargain Rwandan specific discussions with relevant stakeholders	Out of Control	# of coordination platforms, events or groups facilitated or supported by CARE	n/a	2	CD, Partnership Transformation Project Managers	CARE USA program quality & locally led

CARE DRC

CARE USA / Senior Manager Locally Led or Senior Director Program Quality & Partnerships

CARE SS (HPP) |
| Local engagement | Support Local partners to ensure input from communities and their representatives at grassroots level (including district government) prior to or during proposal design process | Control | # of partners who report having integrated local voice into proposal design | Assume this is happening but want to ensure partners take this role. | 8 | PQL/Local partners | |

PARTICIPATION AND COORDINATION

CARE and its partners currently engage in several national and local coordination platforms (NiNGO, Technical WGs, joint action development forums) to ensure synergist collaboration and coordination of efforts with other actors at all operational levels. In the past, CARE has also explored the possibility of piloting additional mechanisms to promote locally driven solutions, such as through the formation of an advisory committee, but wanted to make sure that what it supports is organic in nature and responds to real needs identified by partners.

Moving forward, CARE will be more intentional in ensuring that local NGO partners occupy space in the existing coordination mechanisms and structures utilized in Rwandan development efforts. CARE Rwanda also aims to identify new ways of working, along with identification of mechanisms, structures and/ or platforms that better support local representation, leadership and decision making. It will support or contribute towards new efforts to facilitate diverse stakeholders around a mutual agenda in a technical advisory role and will support discussions to learn and share best practices in support of locally led development practices.

Domain of Change: Participation and Coordination							
Charter and Pledge for change	Description	Sphere of control/ out of control	Metric	Baseline	Target Y6	Process owners to achieve metric	Learning buddy (success stories to share/best practices)
Local Engagement	Promote and facilitate active and meaningful participation of partners and other actors in relevant (existing and new) coordination fora and platforms (national regional and international)	Control	# of local CSOs ssagregated by type) who report increased articipation in decision making fora and related processes due to CARE's support	Already prioritize local NGO epresentation over CARE team	11	Programs	CARE Norway GEWEP program provides a unique opportunity for WLO/ WRO participation in the steering committee

Local engagement	Support partnership platforms (in a technical advisory role) around specific tools/approaches that can be replicated and scaled by others (eg; VSLA; FFBS; CSC; Indashyikirwa)	Out of Control	# of oordination platforms, events or groups facilitated or supported by CARE	n/a	2	CD/Programs	Impact at Scale team
Local engagement	Contribute to Grand Bargain Rwandan specific discussions with relevant stake-holders	Out of Control	# of oordination platforms, events or groups facilitated or supported by CARE	n/a	2	CD, Partnership nsformation Project Managers	CARE USA program quality & locally led CARE DRC CARE USA / Senior Manager Locally Led or Senior Director Program Quality & Partnerships CARE SS (HPP)
Local engagement	Support Local partners to ensure input from communities and their representatives at grassroots level (including district government) prior to or during proposal design process	Control	# of partners who report having integrated local voice into proposal design	Assume this is happening but want to ensure partners take this role.	8	PQL/Local partners	

VISIBILITY

CARE Rwanda currently strives to ensure that local partners are recognized for the work that they carry out and that they are provided with every opportunity to showcase their work. The Country Office is committed to exploring different ways to raise the visibility of local partners. This includes intentionally raising awareness about partners work through media, social media, publications, promotional material or events, which will require agreement with partners about when to strategically raise their profiles. It also includes exploration of strategic partnerships with media to increase both local voice of communities and partners. The team will also convene industry days where learning and sharing and ideation can take place across different thematic areas without the pressure and parameters of Donor reporting or a funding opportunity.[1]

Domain of Change: Visibility							
Charter and Pledge for change	Description	Sphere of control/ out of control	Metric	Baseline	Target Y6	Process owners to achieve metric	Learning buddy (success stories to share/best practices)
Local engagement	Maintain engagement with NINGO platform for policy influence	Control	# of NINGO forums used for policy influence	Meets quarterly for general assemblies	26	CD	
Local engagement	Engage the media strategically to be the voice of the most vulnerable and to highlight the work of partners	Out of Control	# of MoUs signed with media partners	n/a	2	Partnership Manager/ Comms specialist	
Story Telling	Documentation of how nationally driven programs are achieving impact	Control	# of learning briefs developed	This is already being done through ocumentation of partners work and will just require reframing.	4	PQL/Comms Specialist	Story Telling WG under Partnership COP

16. It is recommended to link to local level annual plans and priorities as a starting point for district level discussions.

Story Telling	Visibility of partners work increased through media, social media, publications, promotional material or events	Control	# of instances where partners work is promoted (by mode of semination)	n/a	22	Comms Specialist
Local engagement	Facilitate and or contribute towards learning and sharing events through 6 monthly industry days (organized around a theme, evidence-based models and approaches and innovation)	Control	# of industry days facilitated	Currently hold learning events for specific projects the aim here is to do this outside of projects	12	PQL

POLICY INFLUENCE

The Country office works in partnership with government at all administrative levels to support the implementation of plans which align with current policies and strategies. Additionally, staff often serve in an advisory role to government, providing technical input into key strategy documents creating unique opportunities to help shape strategic priorities and direction. Any advocacy efforts should therefore be shaped with this context in mind.

Moving forward, the team intends to work with local NGO partners to identify agreed areas for policy influence based on their advocacy priorities and to link them to national, regional and international stakeholders who share the same concerns. CARE will also integrate funding for collective action in new proposals where feasible and is also committed to exploring new strategic partnerships with research institutions with the aim of supporting the evidence base to inform ongoing debates or development challenges specific to the Rwandan context.

Domain of Change: Policy Influence							
Charter for change	Description	Sphere of control/ out of control	Metric	Baseline	Target Y6	Process owners to achieve metric	Learning buddy (success stories to share/best practices)
Local engagement	Maintain engagement with NINGO platform for policy influence	Control	# of NINGO forums used for policy influence	NINGO meets quarterly. Each general assembly provides a space for policy influence inclusive of but not limited to the grand bargain commitments	26	CD	
Local engagement	Conduct joint mapping with partners on advocacy priorities	Control	# of partners with agreed advocacy priorities	n/a	11	Partnership Manager/ Programs	
Local engagement	Support partner led collective action efforts	Outside of Control	# of proposals with grant pools for collective action funded	Racheal	3	PQL/ Programs	

Local engagement	Map and link partners to national, regional and international counterparts that share their concerns and advocacy focused agendas	Outside of Control	# of advocacy related events or platforms attended by local partners	n/a	11	Partnership Manager/ RMU
Story Telling	Co- author research with partners to feed locally driven and formulated advocacy plans or policy debates	Outside of Control	# of Publi-cations or documents produced and issemi-nated for influence	Dependent upon partners and will vary considerably across partners	3	Partnership Manager/ Programs, CMPs
Story Telling	Support the development of material joint statements, guidance etc..) and documenta-tion of learning specific to the operationaliza-tion of the grand bargain, charter and pledge for change commit-ments in Rwanda	Control	# of products seminated for wider learning	n/a	2	CD/Programs

Resource Requirements

As CARE Rwanda evolves and plays more of a role as a facilitator, convener and catalyst for change, the following shifts and focus are required and should take place parallel to one another.

The priorities outlined in this strategy require ownership and action by all management functions and their teams within the Country office. Process owners and their respective leads have been identified in the strategy document against each domain of change and in the corresponding implementation plan to support operationalization of the strategy. There will be a need to realign individual workplans in consideration of tasks outlined to manage already heavy work loads and competing priorities. In addition to Country Office commitments human and financial investments will be required from key stakeholders across the organization (especially in those tasks that lie outside of CARE Rwanda's sphere of influence) and have been identified as resource requirements under each domain of change.

Fundamental to the success of the strategy will be behavior change, beginning with each individual reflecting on their own behaviors and inherent biases related to ways of working. Similar to CARE's social analysis and action (SAA) tool, it is proposed to take staff and partners through a new training[17] as a starting point for challenging established norms and hierarchies that affect the ability to deliver on partnership commitments [18].

There is also an immediate need to identify the competencies required for existing staff to deliver on prioritized activities and to provide targeted capacity enhancement support in the agreed areas. As a starting point this includes advocacy and policy influence and specialized skills in facilitating or convening spaces for dialogue and collective action. There is also a recognition that the experience of facilitating self-assessment processes and developing subsequent institutional support plans as is suggested with adapted tools is not a widely held skill within the program team or within the wider CARE family. Those who have this experience will need to support one another and peer INGOs have expressed a willingness to share their experience as industry leaders in the facilitation of OCAs and approaches to capacity sharing. Learning will be documented and shared with the wider CARE confederation (eg; through the CI partnership COP). Additionally, for longer term NGO partners, the measurement of performance using an organizational performance index (OPI) will be necessary and is relatively new to CARE, requiring very specific technical support. Finally, as CARE Rwanda begins to implement some of the proposed activities, there will undoubtedly be additional capacity support requirements identified, which will need resourced through technical or financial support.

Finally, CARE will need to continue to reduce its traditional footprint, allowing space and opportunities for partners to play an increased and intensified role in development programming efforts. Alongside these shifts will be the need to continuously assess and align the Country Office structure against a deliberate intention of transitioning to a largely technical role with a corresponding structure. This will require becoming leaner overall and building a team of highly qualified and specialized staff who can provide advisory services for a fee.

Process Highlights

The development of this strategy and its corresponding implementation plan were highly participatory. It is worth highlighting that prior experience, position and appetite for risk greatly influenced the recommendations of each individual and while consensus was reached some tensions remain and will require due attention moving forward. Firstly, it was difficult to balance the demand for clarity and guidance against the unknown. It was agreed that while these documents provide a framework, they should not provide all solutions nor detail required for operationalization. Rather, this will come through CARE and its partners as they collectively work through the priorities outlined under each domain of change. Additionally, current competing priorities and staff workload influenced debates over agreed activities and related processes and are likely to continue to do so moving forward. Finally, there was some tension around the categorization of CSO partners, the level of effort and the corresponding resources required for engagement with different levels of organizations (eg; small vs large organizations). Moving forward, it will be critical for senior management to monitor and assess how these tensions are addressed as operationalization of the strategy proceeds.

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17. The impact team is engaged in a number of transformation projects, one of which is the Partner of Choice which is looking at compliance and culture. Under the Culture strand, there are efforts to revise the REDI training to explore issues related to locally led development. See Lisbet Ilkjaer (CARE Denmark) and Shan Mhuktar (Diversity, Equity and Inclusion) for more details.

18. Similar trainings are available from others such as The Partnering Initiative, Intrac and Partnership Brokers Association at a cost.

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