Remote Partnering Plan (Winter 2018)

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Reincarnate of Partnership

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Version 3

Aim of your Remote Partnering Plan

The main two aims of this course are:

1- to develop the mechanisms and instruments that increase the level of partnership toward peer to peer relationships and make such transparent and honest communications between INGOs and implementing partners

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Transparent relationship

2- Overcome the entire absent from the field and being able to deliver the capacity building to the field team directly and avoid multilayers of communications between field and INGOs to have first hand and raw information from the field directly without filtering the parts that partners think it will affect the partnership.

Capacity Building

Scene setting

What is your partnering context (location and operating environment)?

CARE Syria north hub run three sectorial crossborder programs covering, Food Security and Livelihood, WaSH and Emergency Response, and Protection. CARE started the Syria response from the north hub in mid of 2013 through local implementing partners. CARE north hub based in Gaziantep south of Turkey and managing the operations in the north of Syria in Aleppo, Idleb, and Hama provinces 100% remotely through implementing partners. CARE staff has no access to the field, except through monitoring consultants doing independent verification of the program implementation only, while the programs delivered entirely through local implementing partners.

Cross Border Operations

Before the crisis, The government of Syria strictly monitored the civil society organizations and limited the availability and activities of the third sector to some charity activities only with nonexistent impact on society. At the beginning of 2012, Syrians in diaspora start to play a role in the Civil disobedience in Syria and launched many initiatives, movements, and organization to support people in Syria on different aspects including political and helping vulnerable people. Those initiatives were the cornerstone for the majority of the local NGOs operating in Syria nowadays. Givin the history of civil society and the short time of life of the current available implementing partners, the level of maturity and experience they have is relatively low in comparing to the context level of complexity.

Geographically, border crossing availability is changeable according to the political situation in Turkey, overall, its complicated process and always need particular arrangement which adds another layer of remoteness between partners field team and partners Turkey team. Direct communication between CARE and partners field team is not always available and preferable from partners management to avoid miscommunications through different channels. The distance and between field team and CARE limit the possibility of delivering the capacity building to do over the internet which is not always efficient way especially with the unstable internet connection inside Syria.

The implementation field inside Syria considers the high-risk area, with an active ongoing conflict between different groups and factions. The volatility and dynamics of the context change on a weekly basis with varying impacts on access and ability to deliver programs.

Risky Area

What is your role?

As FSL Program Manager, I am responsible for overseeing the entire FSL portfolio, develop FSL program strategy and set annual plans which fit the context and provide the maximum benefits to the targeted people. The primary focus of the FSL program currently is building resilience and livelihoods for vulnerable people. That requires a high level of understanding the local dynamics and relations between households, local authorities, the private sector and control groups in operations fields. The main pillars of the livelihood program in the north hub are: 1) economy development through value chain approach, 2) Agriculture support following the same method, 3) and livestock support. Economic interventions necessitate understanding the context with a particular focus on war economy to develop conflict sensitive programs and ensure doing no harm to the supported communities.

What are the roles and contributions of others?

My work cross-cutting with four key departments and entities internally in CARE as well as CARE implementing partners which are Partnerships, Monitoring Evaluation Accountability and Learning MEAL, other programs, and partners. Internally, Partnership dept. Play a crucial role in developing partnerships with qualified local partners, completing due diligence process and assessing organizational capacities, identifying gaps and developing capacity building plans for CARE most valuable resource "partners."

In parallel with that, MEAL colleagues play a vital role in ensuring high quality of implementation through continues monitoring, evaluating the results of interventions, building the capacity of our partners in this critical area as well as ensure the minimum standards of accountability implemented on the ground. In addition to that, documenting and sharing lessons learned to improve the value of newly designed programs for CARE, partners, and beneficiaries.

Coordinating with other programs is pivotal as well to guarantee the overlap of services provided to same communities to provide a comprehensive set of services and building resilience, at the same time, coordination with other programs is crucial to ensure not overloading particular partners and distribute the workload in a fair manner between all CARE partners.

Partners playing the essential part of delivering high-quality programs by feeding in the design phase, conduct assessment and provide accurate data about needs inside Syria, and perform the designed program in best fashion.

What is 'remote' about this partnership (in terms of time, geography, language, culture and/or any other factors)?

The main remoteness challenge in the cross-border response from North hub is the disconnection between two groups. First one is the field team whom delivery the programs and beneficiaries while the second team is CARE team and implementing partners team in Turkey. This disconnection resulted by having international borders between two different countries with the insufficient possibility of crossing these border from Syria to Turkey and vise-versa. This limitation of being able to communicate with field team, beneficiaries and observing directly from the field, limit the information flux to what implementing partners share in reports which not give the full understanding of the context, changes occur during the implementation and the impact of these changes on programs delivery.

What is the biggest challenge you face from working remotely?

The most significant challenges faced during the previous period and currently is understanding the very local dynamics on the community level and get accurate information about needs, the possibility of implementation specific activities, relations between various components of community and the power balance between those different groups and entities. Being implementing 100% remotely means fully relay on implementing partners on receiving needed information to design programs and ensure the designed programs are appropriate and match the needs with the possibility of implementation without interference from other prohibited groups.

The second significant challenge is delivering capacity building activities to the field team in an appropriate manner to improve their understanding of humanitarian rules and principles in order to ensure same knowledge and background of how to design, deliver, monitor and evaluate our responses.

What are you already doing to mitigate this challenge?

Currently, CARE is following two different approaches in parallel. The first approach is the informal approach were key staff in CARE are trying to build and develop personal relations with partners staff and try to collect information and acquire a better understanding of the context and dynamics through relations, local news agencies and through personal relations with people inside Syria as well as informal relations with partners. While the second approach is a formal approach that includes the creation of safe spaces to share information and review context updates and changes in semi-formal method were partners are invited officially for such forums, but the documentation and usage of this information remain a bit vague.

Regarding capacity building, CARE and other INGOs develop an informal coordination mechanism to distribute the capacity building efforts between INGOs for mutual partners to ensure the best value of money and relying on some local service providers who have access to the field to deliver training and capacity building activities to the field team directly, in addition to keep providing online training through Skype and other communication means available inside Syria.

Remote partnering considerations

For CARE north hub, working remotely physically from Turkey while all the operations are done on the other border side inside Syria, with no access to the field due to security restrictions. Moreover, crossing the border from Syria to Turkey need sophisticated and long arrangements with Turkish authorities which make it very rare cases when field team can present in Turkey in person. Working remotely is not an option for CARE since we don't have access to the field due to CARE security evaluation and policy.

Security Constrains

CARE nationalization strategy for senior positions reduces the level of cultural differences, having Syrian within the senior management team make it is much easier for the program to overcome the cultural challenges. In terms of timing and language, its no consider real challenges for the remote partnering since Syrian staff speaking Arabic and time difference is only one hour (daylight saving in Syria) in winter and no difference in Summer.

Working in two different countries with no access to the field creates a list of challenges:

1. lack of direct, honest, and transparent communication and building relations with the field team
2. Delivering capacity building to the field team, whom delivery the humanitarian and development programs directly to beneficiaries
3. Having a mutual understanding of the context of operations, as well as the donor requirements and regulation due to the lack of communications
4. Fragile accountability mechanism for CARE due to the lack of access and difficulties in building partners capacities.
5. Involvement of filed team in proposal and program development where they have the best understanding of the context and needs on the ground.

Remoteness in the north hub includes no face-to-face space as well as no access to the field which create a lack of understanding the small details that make difference in understanding.

For CARE north hub, and due to the no access to the field, remoteness of working with partners is mandatory and imposed a constraint. In addition to the imposed challenges, CARE approach globally is to support local partners and build civil

society, however, the remoteness come as an additional barrier for high-quality capacity building and support for the civil society.

Building your remote partnering approach

CARE and partners are both committed to deliver humanitarian assistance to the vulnerable people in the best manners and to overcome all challenges there, one of those challenges is the remote management of the programs from both CARE and partners – even though partners have their own field team but their administration still working remotely from Turkey – the partnership 2020 vision for CARE globally is "To implement 100% through partners globally " which already shared and explained to all CARE partners and make sure that its matched with their own visions. CARE Syria partnership approaches are controlled by the following principles:

Equality
Transparency
Results-Oriented Approach
Responsibility
Complementarity

The remote partnering plan will support the partnership to be more inclusive, equitable and reflect the diversity by developing and adapting tools and mechanisms that tangible, easy to use, affordable and the most important is not adding more workload to partners. Improving equity will provide both partners with the healthy trustful and honest relationship which will allow both to provide more constructive feedback, sharing lessons learned, and create the environment to make decisions together. Having transparent communications will show the value of each partner, including the partner at the least franchised. The remoteness of the partnership could play a decisive role since partners working remotely feel the gap of understanding the field and nitty-gritty details while the partner on the other side has them, this shape and illustrate the value of each of the partners regardless of their locations. Moreover, development of the plan will improve and increase the interaction between partners which will lead to developing of personal relations and informal communications which in return close the cycle and participate again in empowering the official discussions.

Due to the "remote" context CARE and partners working in, relying on communication and technologies is crucial. Within Syria context working in different countries with destroyed communication infrastructure in Syria, interaction with the field is 100% through technology using various software such as Skype, Zoom, webex for meetings and training sessions. For the daily or individual communications, using popular mobile phone applications is usually mor e comfortable for field team. In regular conversation, we use WhatsApp and Viber which are very popular in Syria. Mobile apps give the possibility to share more than text, images, voice notes, videos …etc. Utilization of technology in remote partnering is indeed an added value, especially for the capacity building and sharing information if we followed creative ways such as developing some sound materials for training instead of books or developing mobile applications for interactive capacity building materials that work offline after downloading.

Communications means

Remote partnering plan should be developed mutually between partners since each partner has a different set of inputs and requirements to ensure the remote partnering plan will be useful and applicable. After the plan development, each partner should lead on parts were has the strength to have an equal responsibility and accountability of implementing the

plan.

The Plan (implementation)

Describe the interventions you propose to lead to support effective remote partnering toward achieving your aim. (Example: Summarize how you will organize and/or improve remote sessions for your partners [reviews, meetings, brainstorming, socializing, etc.] that brings together the partners for the purpose of dialogue, decision-making and being social together.)

CARE north hub already has some measure and actions in place to strengthen the remote partnering which includes some official and unofficial actions:

Partnership MoUs describing the mutual understanding of partnerships, CARE partnership principles, and CARE commitments toward building and support civil society.
A partnership department responsible primarily to ensure the healthy relations with partners in place, conducting and monitoring the assessment of partners institutional capacities and gaps and develop the capacity building plan to bridge these gaps.
Partnership orientation for all newcomers
Risk assessment to evaluate the risks and threats associated with remote partnering.
Organizational and Technical capacity assessment for each partner to evaluate partners capacities and ensure building their capacities and fill the gaps, operationally and strategically.

In addition to what CARE have in place, the following proposed actions and intervention will help CARE to develop the remote partnering approach and increase the value added from partnerships.

1. Create safe spaces through semi-official meetings with CARE managements to discuss and update the context inside Syria and the impact of the recent evolvement on CARE and partners presence and programs. Such spaces will build the trust and advance the transparency in communications between CARE and partners. To apply and implement this intervention, CARE should develop clear terms of references that explicitly mentioned the aim of these meetings, roles and responsibilities of each partner, and the level of documentation and usage of the information shared during these meetings. These safe spaces will be conducted through face to face meetings with partners staff based in Turkey, however, it will push and boost up the communications between partners staff in Turkey and field team to get the latest updates and transfer their concerns to CARE. Moreover, it gives a voice for partners to share their challenges in a transparent way and CARE can echo their voices through advocacy to international community where they have no access.

2. Developing a clear communication strategy between field team and CARE program team is crucial intervention to improve and build the trust and involvement of partners field team. The intervention proposes to develop clear ToR explaining the frequency of communications, the minimum level of involvement of field team in design, implementation and evaluation phase of projects, …etc. such mechanism enables CARE and partners to breach the gap in communication and raise the voice of field team and increase their involvement as well as improve the relations and elevate the equality in remote partnering. To develop such mechanism, CARE should invest in technology and ensure fund for stable internet connections inside Syria as well as have communication platform such as Webex, GoToTraining …etc.
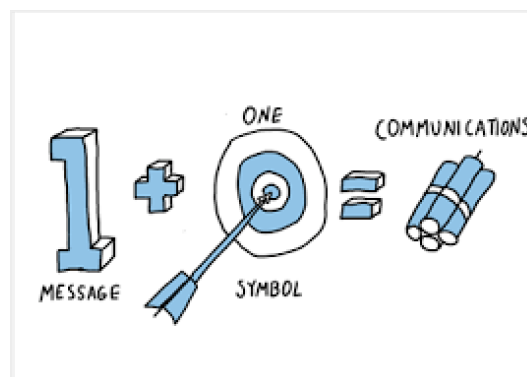
1. Third intervention is about developing a sort of complain and feedback channel for partners to ensur e having a confidential communication channel for partners to be able to report any misconduct from CARE staff or any violation to partnership principles. The intervention could be done using the CARE Complain Response Management CRM to beneficiaries to expand the system and develop a separated section for partners. This system and partners section should be managed by a third-party person out of the northern hub, proposed to be managed by the partnerships and MEAL adviser in CARE Whole of Syria WoS management to give the freedom and ensure partners that complain will not end up with the complained person from CARE north hub.

2. Develop a framework for partners budgets to ensure consistency in having capacity building budget lines in all new budgets and ensure having the necessary financial resources for all partners equally as well as ensure that all partners have financial resources for the coming period. Partnership dept. should maintain a matrix that includes all figures and tracking the progress on a quarterly basis about having the needed financial resources.

Budgeting

1. Develop innovative approaches and methods of developing and deliver capacity building activities such as e xtend the access to CARE online academy that includes various types of training as well as developing training programs that repeated periodically on mobile apps that work offline and accessible for partners field team.

CARE Academy

· **How will the proposed interventions (and your role in them) help potential partners to get 'unstuck' when**

working together and getting to a breakthrough in ways of working and/or decision-making?

From my role, I will take the responsibility and ownership of the above plan and work to get the following:

1. Get the senior management team buy-in and approval for the plan to make it official through the north hub
2. Working closely with partnership dept. to get partners inputs and adapt the plan accordingly
3. Conduct an orientation session to CARE and partners staff about the plan and explain the aims and goals of it
4. Keep tracking the progress and evaluate progress every so often and take necessary corrective actions needed.

Having an impact (evaluation)

· **What is the potential of your remote partnering plan in making a serious difference to the partnership and its goals?**

CARE is highly valuing partnership and any new initiative in this regard. Syria country office is working through four different hubs, which give the potential to replicate the plan impact in other hubs. This plan will be presented to SMT and get their official approval on it as well as shared with partners to get their inputs.

· **How will you assess its effectiveness?**

· The plan will be an official plan for the north hub after present it for the senior management team and get their endorsement for it, after that, a periodical review for the progress will take place to evaluate it and take corrective actions.

· **Is the aim you have defined realistic, feasible, and achievable? Why?**

The aims and interventions are fairly reasonable, tackling real challenges that face program and program support teams in CARE north hub and make it official plan and get the official approval from SMT will make part of everyone daily job.

· **What will constitute evidence that is compelling to partners and other key stakeholders?**

Getting official approval from SMT and share the plan with our partners, taking their inputs and adapt it accordingly will hold all depts. In CARE as well as partners accountable for accomplishing the plan.

· **How will you measure progress in terms of your remote partnering aspirations?**

A clear key performance Indicators KPIs will be developed for the plan with a breakdown of each intervention to evaluate the progress and make sure about the impact

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