

Country Office Transformation: CARE Uganda Example

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1. Introduction

CARE International is changing fundamentally: it has adopted a vision which clearly implies and requires significant change in what we do and how we do it. In a fragmented and decentralised organisation like CI, the locus of much of this change has to be in country offices. The purpose of this paper is to ask where CARE Uganda is in the change process, and to identify factors which have hindered and promoted progress. It is written for CARE's East Africa regional programme strategy workshop in September 2002. The key assumption is that all parts of CI should be working first and foremost to align themselves with the new CI vision, and that progress in this regard is "good", while setbacks are "bad". It is written for readers who are familiar with CI and its vision, by the current CD of CARE Uganda. Colleagues in the CO contributed comments on a first draft. The paper also borrows from a case study written by Jude Rand for CARE's Human Rights Initiative.

2. Where are we in the change process? – some indicators of progress

On the plus side: We have just completed a new long range strategic plan (LRSP). This is clearly informed by and aligned with the CI vision. Annex 1 has a summary of the LRSP. The LRSP was designed and adopted by 20 senior staff in a workshop setting. Almost no fundamental issues caused overt disagreement during the workshop, indicating broad buy-in and a shared understanding of the directions and their conceptual underpinning. Other staff are also thinking along the same lines: e.g. recently a mid-level project employee commented on a draft project design that "human rights issues are not coming out clearly enough in the proposal".

Of around ten concept papers or proposals written by different staff over the past year, the vast majority are explicit attempts to operationalise issues of rights and the structural causes of poverty. During the same period, we have increased our engagement in "non-project" processes such as networking and policy debates at national level. We have established new relationships with civil society and others. Annex 2 has examples.

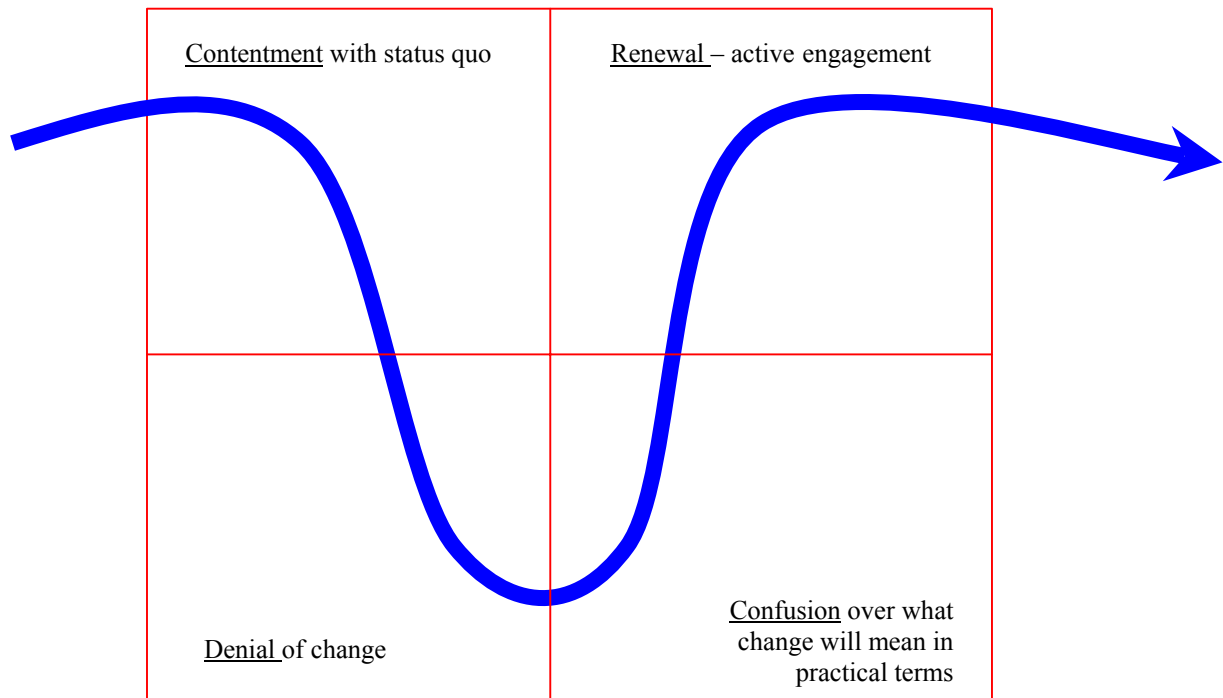
On the downside: Our existing portfolio is not yet well aligned with the vision (annex 3). We are "RBA neophytes", and we lack a critical mass of visible CO activities which clearly operationalise the vision. As one senior colleague put it, "we love the idea, but struggle with its application and translation to reality".

Staff's ideas of what our programme could/should actually *look and feel like* under the new strategy are eclectic and diverse. Some of the concept papers and much of the networking referred to in annex 2 have come from individuals' personal interests and opportunism, rather than from a concerted, strategic approach. Also, despite a plethora of new concept papers and proposals, only one has been funded so far.

Because of these issues, and although the strategy is broadly agreed, we do not yet have a shared vision of how it will be operationalised. Thus there is still scepticism, or a kind of agnosticism ("progressive scepticism", as defined by CI's branding survey). On the change curve (figure 1), we are travelling backwards and forwards between quadrant two ("denial") and quadrant four ("active engagement"). **On average** – taking all staff into account – we

are somewhere in quadrant three (“confusion over what change will actually mean in practical terms”).

Figure 1: The change curve



Phase	Characteristics of group	Suggested management response
Contentment	Blissfully unaware; pride in status quo	Facilitate awareness of & confrontation with the factors causing change; information sharing; dialogue
Denial	Resistant; self-justifying	Regulate level of distress; establish a common vision
Confusion	Progressive sceptic; self-doubt; agnostic; seeks practical answers	Keep attention focussed; set goals; process analysis and redesign
Renewal	Eager; energised; productive	Shift responsibility down; provide resources; monitor and advise

Adapted from CARE Senior Management Course, Guatemala 1995

3. Some favouring factors

Some external factors have favoured the process of change. For example, CARE’s funding base in Uganda is dramatically reduced, as donors opt for budget support to government. This contributed to a halving of our budget in 18 months, and *forced* us to ask hard questions about our role. Our largest remaining long-term donor is DANIDA, which is putting strong pressure on CARE to engage more formally with civil society, and take more risks in programming.

Meanwhile, Uganda is a fast evolving working environment. Decentralisation, political liberalisation, free speech, new “cutting edge” policies, and the development of civil society all indicate a need to review the role of international NGOs. “Relative power” and marginalisation issues in Ugandan society are coming to the surface: it would have been hard to miss them, even without the realignment of CI implied by its new vision.

Internal (CARE) factors have also favoured change. The CO leadership – encouraged by the RMU – has taken the approach that although we may not know exactly where this will take us, we *have* to go consciously down the road of change. It was also fortuitous that the regional policy advisor was based in Uganda. This meant we had informal and regular access to advice from a person with experience in grappling with some of the conceptual and practical issues we faced. Participation in the regional civil society working group was also influential.

The previous LRSP and project portfolio highlighted poverty reduction in general terms, emphasising best practice in certain sectors, and CO viability. There was no unifying or overarching conceptual framework. When confronted with the CI vision, the CO could not reject or ignore it on the grounds that “we stand for something else which is equally valid”, because *we had no such alternative*. This factor is important in the CARE culture, which suspects and resists “big changes” coming from above.

There is also a cultural tradition in the CO (and in CARE) of never being satisfied with success. A number of CO staff who were strongly committed to their work nevertheless had an instinctive sense that “our existing approach is not enough” – and thus welcomed the prospect (however vague) that there might be a way to achieve greater and more sustainable impact. Several staff at different levels had inquiring minds, saw the connections, took up the challenge implied by the vision, and began to try out new ideas.

The development of the new LRSP was the main conceptual process through which to develop a shared understanding of how to turn the CI vision into a strategy appropriate for Uganda. To help prepare our minds for this, we held two workshops on “how to operationalise the CI vision” and “what does civil society mean in Uganda?” some months before beginning the LRSP process. We also held some simple training on RBA theory. These exercises were somewhat abstract, and thus non-threatening; they gave us a chance to conceptualise and internalise at our own pace. This allowed us each to conduct “thought experiments” and try out ideas within our own spheres of influence. We used small “windows of opportunity” to try out ideas, rather than aiming to “roll out” a new paradigm. Thus when the LRSP came along we were “primed”, already moving beyond the denial stage and into the 3rd quadrant of the change curve.

CO leadership made it clear that the LRSP process should be seen as a re-invention strategy, not just tweaking, and that it would be rights-based. In the absence of guidance on the use of RBA in strategic planning, we decided to use underlying causes of poverty (UCPs) as the basis of our LRSP. (The assumption being that UCPs are keeping rights from being fulfilled). This was relatively unsophisticated, and might not have satisfied RBA purists/theorists. But for a CARE CO, with its culture of “tell me what works, not just the theories behind it”, it seems to have been pitched right.

4. Some hindering factors

Among **external factors which hindered change**: our declining budget has meant that we have had to use large amounts of unrestricted funds for gap-filling, contractual “matches”, and especially to fund CARE Kampala costs which donors regard as too high – and yet which are necessary for CARE systems and stewardship. This has limited our ability to implement pilot activities.

USAID is the only large donor in Uganda still providing significant funds directly to NGOs. It is now allocating its funds for the next five years, through a handful of very big RFP/RFAs. We are a member of consortia which bid on three of these. Not only does the nature of this process make it hard to request funds explicitly for RBA; but if we fail in this once-only opportunity, we lose access to a large potential source of programme funds for the next five years. In addition, USAID is somewhat critical of CARE's change in approach – saying we should focus on service delivery. Donors who are more sympathetic to RBA have little or no funds for CARE.

Internal (CARE) factors hindering change: The CO (and CARE) culture and leadership is risk-averse, e.g. very wary of its “professional” reputation being affected; overly sensitive to donors’ programming priorities. This is reinforced by our reliance on external short term funding, and especially by the increasing reliance on RFP-type contracts. An ex-CARE CD who recently became CD in an NGO which has more unrestricted funds than CARE, remarked that he is now much more able to pilot new ideas than when he was with CARE.

The CO and CARE culture appears somewhat confused when it comes to change. Should we move boldly and quickly to operationalise change, led by leaders with clear vision; or should we move more slowly, as more and more staff buy into the new model of CARE? On one hand, there is a feeling of *entitlement* to participation in decision making; on the other, a desire for strong leadership to point the way forward more clearly. This was difficult to navigate for a first-time CD. Neither the CO leadership nor the RMU initiated much dialogue on how best to deal with this in practical terms, and the decentralised structure of CARE provides little space for guidance on finding the right balance between participatory and directive leadership. In this case, the natural tendency of the CD and SMT towards caution strongly influenced the pace of change, but was this the most appropriate way? *It is ironic that an organisation whose core business is the promotion and management of social change has a cadre of leaders unprepared for internal change management...*

The fact that so many of our existing projects are now coming to an end, or have ended during the LRSP process, has sometimes made it hard to solicit staff input on strategic CO questions. Some staff have not surprisingly felt it would be better to develop our strategy more rapidly, and then focus on fundraising.

For structural reasons it seems harder for Ugandan staff to embrace change readily, as compared to transient international staff. Ugandan staff in the field have to confront closely some of the difficult practical consequences of change (e.g. changing partners; explaining the move from concrete service delivery to less tangible outputs; explaining staff reductions to junior colleagues...). As citizens they have a vested interest in real poverty reduction in their own society, thus may initially be more sceptical of reducing our service delivery role. Many also see their employment at risk from the changes.

There are few strong audible or visible examples of bold change leadership emanating from the higher reaches of CI. For example, no news of “big & hairy” international advocacy campaigns. Meanwhile, other NGOs in Uganda *are* taking part in visible campaigns initiated by their international mother organisations. The resulting impression is that it's really up to us to decide whether or not we change: “Business as usual can still get you an FMR”... Are the CARE rewards and sanctions properly aligned?

Our systems and structure do not automatically favour a new approach. E.g. sub grants to partners must be given as advances and the receipts carefully scrutinised, unless the donor gives a waiver; interesting programming ideas coming from the field tend to lack follow up and support in Kampala, thus field staff feel there is no point being creative; we have lacked systems for and habits of sharing ideas amongst ourselves, thus many staff are unaware of many of the activities and ideas represented in annex 2.

Finally, our expertise in holistic analysis was insufficiently developed – since it had not previously required of staff. This contributed to difficulties in converting the beguiling abstract or theoretical ideas about RBA and UCP into practical, fundable proposals.

5. Conclusion

This review suggests a few overall conclusions for other parts of CI. If we are truly to change, it must be proactive, not merely accidental, since there are so many hindering factors standing in the way: informed change leadership is critical. Strategies should also take account of the fact that CARE's culture is both a catalyst for change and an obstacle to change. Environmental factors that appear to be threats can be harnessed in support of change. Finally, it is worth noting that the process of writing this paper created a useful opportunity formally to take stock of the process of change in CARE Uganda which would otherwise not have taken place. This is also a lesson learned.

As far as CARE Uganda is concerned, it is critical that we move ourselves from the third to the fourth quadrant of the change curve. This implies the need to keep focused on and operationalise the strategy, to delegate as much as possible, and take steps to overcome or modify the factors that are hindering progress. To this end, we are about to conduct a review of our systems and ways of working. Project design and fund raising remains very critical. We also encourage CI's institutional leadership, the CARE Members, to play a more visible change leadership role: this will provide a model and an incentive, and a message that CI's adoption of its new vision is indeed serious and irreversible.

Annex 1: highlights of CARE Uganda's 2002-2007 LRSP

VISION We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. CARE International will be a global force and a partner of choice within a world-wide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people.

**2007
PROGRAM
GOAL**

CARE Uganda will strengthen civil society and support government to meet its obligations in order to achieve, by 2007, a 10% increase in the number of people in Uganda who meet the minimum conditions of living with dignity.

2002 - 2007 STRATEGIC DIRECTIONS (SD):

SD 1 - ECONOMIC RIGHTS:

Promoting the economic rights of poor and marginalised people through piloting and sharing lessons learnt from economic development initiatives, and through advocating for effective policies and practices.

SD 2 - GOVERNANCE & SERVICE DELIVERY:

Promoting and supporting effectiveness and accountability in government, civil society and the private sector in the delivery of services for poor and marginalised people.

SD 3 - CIVIL SOCIETY:

Promoting the emergence of civic expression and strengthening civil society institutions and groups in order for them to fulfil and defend the rights of poor and marginalised people.

SD 4 - ORGANISATIONAL REALIGNMENT:

Realigning CARE's systems & structures and accessing the appropriate skills, to enable us to implement our programming principles, realise the three programme strategic directions, and exhibit a culture reflecting our agreed core values.

<p>HOLISTIC ANALYSIS INNOVATION PARTNERSHIP ADVOCACY SYNERGY CAPACITY BUILDING RESPONSIVENESS GENDER EQUITY</p>	<p>PROGRAMMING APPROACHES</p>
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<p>CORE VALUES</p>	<p>SHARED OWNERSHIP: In planning, implementation & decision-making inside & outside CARE.</p>	<p>ACCOUNTABILITY: Effective use of resources and the fulfilment of agreed-upon roles.</p>
	<p>RESPECT: Uphold dignity, value, rights, contributions and potential of every individual.</p>	<p>INTEGRITY: Work with honesty & transparency, and accept responsibility for our actions.</p>

MISSION CARE works with and supports others to identify and address the underlying causes of poverty in Uganda

Annex 2: CARE Uganda examples of new project designs in line with the CI vision; and of CO engagement in “non-project” networking

Example of underlying cause of poverty/rights issue	Example of strategy in new project designs
<ul style="list-style-type: none"> • Poor households living near national parks are marginalised and lose out to national and international conservation interests; costs of conservation are borne by the poor households, while benefits are felt by the rich. • Rural households are unable to break out of the cycle of seasonal peasant agriculture without access to capital and markets; but providers of capital are not attracted to such clients • Despite the implementation of a decentralised system of government, the institutions remain fragile, and citizens do not yet have much of a voice to influence decision makers • Responsibility for health service provision has been decentralised to the districts and sub-districts, but competencies and systems for making this work are insufficient • Uganda remains a fragmented and sectarian country, in which people’s local, ethnic or religious identity is often stronger than their sense of citizenship 	<ul style="list-style-type: none"> • Working with civil society at local and national level to provide a stronger voice; international advocacy through CI and partners. (New Danida; PRIME) • Work with banks to develop/adapt, test and promote innovative financial products which benefit farmers and banks; and link markets and farmers. (AMI; ISAMI) • Help civil society organisations and local government engage with one another effectively (INPACT; New Danida; Child Survival; PROCEED; PEN) • Help the Ministry of Health operationalise systems for the governance and management of the decentralised strategy (Child survival; SSSP) • Work with national civil society networks to promote debate on this issue, and campaign for a national reconciliation process to allow healing of the wounds of past civil strife (National reconciliation)

Some examples of networking, non-project activities, etc.

We have:

- Collaborated with the Ministry of Local Government, Uganda Participatory Development Network (UPDNet) and two district councils to develop, test and “roll out” national guidelines for participatory planning by local governments.
- Have participated in the implementation of the latest round of the Ugandan Participatory Poverty Assessment Planning (UPPAP) in which civil society helps the Ministry of Finance, Planning and Economic Development to understand poverty issues as perceived by the poor; co-written an sensitisation/advocacy paper on links between NR management and poverty in Uganda which was published by Oxfam; participated actively in a group within CI which is preparing a related advocacy campaign to coincide with Rio+10.
- Worked with national NGOs to lobby parliament and government fisheries policy to allow more participation in lake management by users.
- Played an active mobilising role in a civil society coalition developing advocacy to try and bring peace and security to northern Uganda; written the core concept paper which the coalition has adopted as the basis for the campaign.
- Worked with other NGOs to initiate a discussion of the role of NGOs in the context of Sector Wide Approaches.
- Advocated actively in meetings with government (in Kampala and Copenhagen) to revise the proposed repressive NGO policy.
- Developed the beginnings of an explicit partnership with CDRN, a local NGO which has an explicit role written into two project proposals.
- Chaired the Uganda Literacy Network which has influenced the social sector strategic investment plan to include the role of civil society in adult education.

Annex 3: Alignment of CARE Uganda’s 2002 projects with key CI mission/vision components, by project (revised, June 2002)

The table is only a guide. There are several projects for which their inclusion in or exclusion from a given column can be argued either way

Project:	Does the project design or strategy explicitly and clearly...									
	... include an analysis of the underlying causes of poverty, and a strategy to deal with these?	... describe the marginalisation of sections of society, and include a strategy to deal with this social injustice?	... promote specific conflict avoidance or mitigation strategies?	... analyse and propose a strategy for dealing with specific unfulfilled human rights?	... include partnerships which reflect the CARE “partnership qualities” to a high degree? ¹	... recognise the role of, and have a strategy for strengthening civil society?	... aim to strengthen a self-help capacity?	... provide economic opportunity to beneficiaries?	... aim to influence policies?	... provide for the delivery of relief in emergencies?
DTC	XX		XX				XX	XX	XX	
CREHP							XX		XX	
JENGA					XX	XX	XX	XX		
EDGE	XX	XX				XX	XX		XX	
ILM	XX		XX		XX		XX	XX	XX	
COBS					XX		XX		XX	
QEPA			XX		XX		XX	XX	XX	
FIP	XX	XX		XX		XX	XX	XX		
FP +					XX	XX	XX		XX	
HACI		XX			XX	XX	XX		XX	
INPACT	XX	XX	XX	XX	XX	XX	XX		XX	

CARE Vision: We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. CARE International will be a global force and a partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakable commitment to the dignity of people.

CARE Mission: CARE International’s mission is to serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility. We facilitate lasting change by strengthening capacity for self-help; providing economic opportunity; delivering relief in emergencies; influencing policy decisions at all levels; addressing discrimination in all its forms. Guided by the aspirations of local communities, we pursue our mission with both excellence and compassion because the people whom we serve deserve nothing less.

¹ I.e. acknowledges the interdependence of the partners; builds trust; seeks shared vision, goals, values, interests; culture of mutual support and respect for differences; mutual accountability; seeks opportunities for creative synergy; addresses relationship difficulties as they occur; treats the partnership as a continuous learning process; weaves a fabric of sustainability.