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1. Executive Summary

For three days in February 2003, a group of thirty inspired and innovative leaders from across CARE met in Bangkok to grapple with the change issues that arise as the organization pursues its vision and mission. This report captures the discussion and reflects the energy of the movement for change in CARE, indicating the strong need for change and why change management is such a pressing concern for CARE staff at every level.

The vibrant conversation over three days focused around three major questions:

- How have we (and others) been changing in response to a new vision?
- How has this experience shaped our understanding of where we are going?
- What do we know now about what it will take to get there?

The group entered its discussions about change in CARE through the window of how the organization has attempted to introduce and implement new integrated programmatic themes with a rights-based approach. The focus quickly moved to the wider significant dimensions of organizational change which are an integral part of this shift. From this angle, the change experience to date was considered in an organic and holistic way. Diverse contexts of change were shared by interrogating compelling country office case studies and an external case study from Oxfam GB. Unpacking experiences of being ‘change agents’ led to further dialogue around management of the change process. Issues, myths and supporting and resisting factors were identified in small group and plenary tasks.

Drawing on these experiences and lessons, the group turned to the CARE vision and mission, testing a set of behaviors seen as key to rights-based approaches to explore concrete changes that might arise as we more fully enact the vision. Thinking critically about behaviors that enact principles helped participants to analyze and evaluate how far they had collectively moved and what changes might be yet be needed, with respect to accountability, ownership, leadership, partnerships, funding, resources, structures and constituencies. A theme implicit in all these discussion is that of the CARE identity. There was agreement that ‘what we are or do’ and ‘how we do it’ are inherently connected.

An organizational behavior change model outlining alignment of programs, resources, relationships and the organization was presented and discussed. The importance of building on field experience and the use and development of new analytical tools were highlighted. Taking the case for organizational change further, the fundamental issues of leadership, trust, communication, empowerment and ownership were explored. Issues, and implications for behavior change in different parts of the organization were mapped.

The need for systemic shift within CARE has been identified and the momentum for change is growing. There is commitment to continue this experimentation, dialogue and learning about change within CARE. The rich and dynamic exchange of ideas in this workshop produced useful tools to aid CARE staff in the management of change. These include a model for managing change, practical tips for change agents, and action plans of issues and implications for all levels within CARE. A companion document offers a more synthesized account of the issues and ideas that this group has raised for organizational discussion.
2. Objectives of the Workshop

This workshop aimed to:

- Build a clear and simple understanding of the essence of CARE's new directions – the unifying principles and behaviors.
- Distill practical guidance on what it takes to put these directions into practice.
- Develop a simple method for explaining and exploring what it means for CARE to be moving in these directions.
- Propose a process by which this conversation can be expanded and consolidated.

3. Workshop Participants and Expectations

Thirty extraordinary 'change leaders' in CARE were invited to participate in this three-day workshop. Selected for their innovative strategies for implementing and managing change, the participants from a range of contexts (CARE country offices and headquarters from around the world, in management, technical roles) brought their rich experience to the discussion tables for dialogue.

Participants promptly expressed a desire to explore why and how CARE is changing and to look at resistance to change at multiple levels – including programmatically and attitudinally.

4. Workshop Methodology

Throughout the three days, participants were given a series of challenges and tasks that focused on identifying the “how”, “what” and “who” of the change process. They delved into the complexities of organizational and programmatic change, exchanged experiences, questioned the status quo and produced outputs in the forms of a model for managing change and recommended action plans with implications.

Workshop discussion sessions were focused around daily objectives which were to:

- Analyze studies to identify significant dimensions of organizational change resulting from the introduction/implementation of (integrated) program themes (Day One)
- Apply an organizational behavior model/principles to understand change directions and implications (Day Two)
- Identify personal roles and actions as change agents: lessons of learning (Day Three)
5. Day One

5.1 Identifying Change Issues and Myths

By introducing the workshop through the window of integrating programmatic change at CARE and eliciting participant expectations of the workshop, this session quickly moved to identifying wider concerns for change within the organization, the issues and myths of facilitating the change process.

Issues centered around leadership, ownership, commitment to change, the struggle to define CARE's role and identity, the dichotomy between 'what we do' and 'how we do it', partnerships and alliances, accountability and the implications of RBA, the spread of constituencies, the need to provide resources, funding and incentives to support change, and the challenges of communication.

That 'change can be incremental rather than fundamental' was identified as a key myth. Other myths raised by participants were that 'space is not needed for change', that 'CARE can adopt RBA' (it exists already so we must fit into it), that 'donors and governments are blocking changes', and that 'it's our organization'.

In this discussion it was established that many of our assumptions about the change process may be myths which need to be tested and that the issues need to be addressed.

[See Appendix B Facilitating Change: Issues]

5.2 Exploring Change Experiences

*CARE Malawi*
Nick Osbourne presented the CARE Malawi case, outlining the 'flexible, fluid and light' approach to the management of this small country office that was established in 1998. Guided by a clear vision of its facilitating role for fundamental changes in Malawi, it uses a creative rotating Program Orbit model, whereby each project represents a unique blend of strategic program elements, which in turn contribute toward and address a number of key shared program themes. CARE Malawi strategically varies its role in networks, often supporting leadership by others e.g. in education and health, and other times galvanizing vision through its leadership, as in the food security crisis. Nick highlighted two challenges faced in the Malawi office; first, the Malawi government's taking offense to the term RBA and the need to manage the Country Office's success, so that staff remains motivated and interconnected, and growth does not undermine dynamism.

[See Appendix C1 CARE Malawi Country Paper and PowerPoint attached]

**CARE Bangladesh**

Steve Wallace presented the CARE Bangladesh case, explaining how in the introduction of programmatic change, the hoped for buy-in from staff and donors did not materialize. Some of the challenges were inherent in the history of the organization, where sector-based structures and relationships had long sustained a “successful” organization, in terms of budget, and stakeholders in and out of CARE resisted change. Others had to do with the process used to promote the change – including the belated recognition that CARE needs to translate the vocabulary of the RBA and to improve the mechanisms used to transfer accurate messages to allay anxiety and misinformation throughout such a large organization. A tactical and operational Transition Management Plan implemented late into the situation has reduced the tension, with staff asking good questions in meetings and not veering into issues of self-interest. A 'Friends of CARE' advisory group (with people from business, academia, research and well-known local personalities) has been established to update the public perception of CARE. CI has been supportive in this case, though there has not been a lot of discussion at this level.

[See Appendix C2 CARE Bangladesh Country Paper and PowerPoint attached]

**Group Reflection on Malawi and Bangladesh Cases**

These two cases reflect significant dimensions of organizational change resulting from the introduction and implementation of integrated program themes. Leaders in the field are developing innovative strategies grounded in their local contexts to weave together these Household Livelihood Security (HLS) themes. Demonstrations of change may be misinterpreted - some see change as exciting while others get nervous and feel threatened. People need to feel that they have a say in the process ownership of the change process. Even if it's about size. We need to use appropriate language about change (include statements about what is continuing, and not just what is changing) in documentation and distribute the information effectively. Word of mouth is powerful.

**Oxfam**

Not everybody agrees that change is needed. The case needs to be compelling.
Heather Grady, Regional Director for East Asia, Great Britain presented Oxfam's strategic changes largely driven by FROSI (Fundamental Review of Strategic Intent) which was carried out in the late 1990s, following a gradual and implicit development of a right-based 'power analysis' and/or political economy approach. Oxfam requires 'double impact' in programming (projects that make a difference on the ground, and also support policy impact). The slogan “no more development behind the bushes” is a reminder of this need to always link grassroots initiative to policy reform. A triangular model is used to support this approach, and to ensure that the third party - the duty bearer – is an integral part of the dialogue between the development agency and the beneficiary/rights-bearer.

Oxfam's choices and strategies re funding and advocacy differ from CARE, which has a more decentralized and participatory culture, greater reliance on government contracts and a size-driven dependency. However, shared directions can be found among the experiences of CARE Bangladesh and CARE Malawi, other COs and Oxfam. Common to all in the industry are the needs to make a clear and compelling rationale for the change, establish broad ownership of the change, communicate clear and consistent messages in ongoing dialogue, model principled leadership, provide support and resources for programs that fit together, and foster trust and accountability.

[See Appendix C3 Oxfam Presentation Summary and PowerPoint]

5.3 Synthesis of Day One

In the discussion of the experiences of CARE Malawi, CARE Bangladesh, Oxfam and other COs, shared directions of change were highlighted (see above).

Change can not be embraced before the case is made clearly. It can be proactive or reactive - in places of crisis the change was more successful than countries with credible and respectable reputations (e.g. Bangladesh did not have pressure for change). Leadership must be distributed and leaders must model the change. Showing 'double impact' is important. A triangular model can ensure the duty bearer is held accountable.

[See Appendix D Tips for Using Case Studies and Appendix E Elements of Change]

6. Day Two

6.1 Enacting the Vision and Mission: Applying Core Behaviors

Participants “tried on” the list of behaviors that have evolved as the RBA initiative seeks to clarify the defining characteristics of a rights-based approach to programming. Through the discussion, participants found that this list provides a clearer picture of the kinds of behaviors we expect to see more of as CARE enacts its vision and mission. The behaviors or characteristics are inter-related in nature and were found by participants to be a useful tool, which reflect the core values of CARE. They give direction, clarify what we strive to be, but
don't say how we get there.

As participants informally reviewed the degree to which their offices were enacting the behaviors, several interesting insights were generated, including:

- We should aspire to enact every behavior on the list to the fullest possible extent and make significant changes in order to support that. All the behaviors are critical elements of advancing our vision and mission.

- There is some degree of enactment of every behavior on the list, although CARE is more comfortable and open about some and has greater barriers or blocks with others - we are not talking about black-and-white dichotomies.

- The list of behaviors helped to conceptually integrate many of CARE’s ongoing initiatives. A more holistic approach to capacity-building will help to enact commitments to accountability, anti-discrimination, empowerment and working with others by learning to apply a rights approach to advocacy, GED, HLS, partnerships and the strengthening of civil society.

Behavior 2 [Helping People to Help themselves] received the best rating from the groups. Behaviors 1 [Standing in Solidarity] and 3 [Holding others Accountable] were rated as having made the least progress, due to structural implications. It was felt that work is advancing at CO and program level but does not rollup to the higher levels in the organization. There needs to be more accountability and courage to move out of the 'comfort zone'. The implications need to be more adequately debated at ET and CU levels.

One group undertook to revise the list of behaviors and suggested that Behavior 7 [Working with Others] be placed it as an overriding statement. It was felt organizational responsibility should be highlighted above the list. The list of behaviors was given a more logical order, more action-oriented verbs were selected, the word "opinion" was included, while the RBA language and the narratives (which were considered too 'waffly') were removed. The revision was found by participants to be a 'friendlier' document. The word "empower was felt to be questionable and there was a suggestion that the final note should refer to "rejecting violence and prevention of conflict."

When a vision and mission is created, so is an identity. Commitment and excitement is built around a vision, and yet participants from the field were surprised to find that the CARE vision is not understood or embraced to the same degree by different CI members, let alone Country Offices. Participants felt a need for greater coherence and decisiveness in making the changes needed to enact the vision and mission, for example in following up and updating the 24 recommendations made three years ago to move the Vision and Mission forward (of which 19 were accepted).

[See Appendix F Enacting the CARE Vision and Appendix F1 Implications of Enacting our Vision (draft)]

6.2 Issues and Implications
Through exploring the broad underlying causes which drive the need for change in CARE and then aiming to address these challenges at a more systemic level, participants began to brainstorm specific practical actions that could be undertaken in various parts of the organization; country offices, CI Secretariat members, Atlanta, RMUs.

Supporting and resisting factors (barriers) and the implications of the actions (for the overall organization i.e. programs, internal relationships, resources, etc.) were considered by groups. Discussion featured the key issues of identity and vision, advocacy, constituents, resources, funding, partnerships, and structures and systems.

[See Appendix G Issues and Implications for Enacting the Vision]

6.3 Synthesis of Day Two

To enact CARE’s vision and mission, the 'essence' needs to be understood and practiced at all levels of the organization. We are making some progress, but behaviors such as Standing in Solidarity and Holding others Accountable need to be addressed and upheld, particularly at higher levels in the organization. Moving change in these areas requires courage and decisive practical action by leaders within CARE.

7. Day Three

7.1 Personal Leadership and Organizational Change

The role of the individual as a change agent was explored by participants who were asked to reflect on their lives with CARE, the ways they had grown and what they had learned (from where they sit in the organization) about the way CARE changes. It was generally felt that there are a lot of opportunities for personal growth and it is a rewarding experience being part of CARE, learning as we go along. Changes don't transform us as individuals but the experience builds on what we are. There was a realization that some people are quick to change, they practice change and like it. It is important to accept that there are those who do and those who don't.

[See Appendix H Personal Change – Profile: Josephine Ulimwengo]

7.2 Sustaining Organizational Change: Best Practices

Graeme Storer prompted systematic thinking about change by presenting a set of good practice principles and models for stimulating dialogue, building the case and managing the change process.

In diverse contexts, the case will be made differently, while principled-centered behavior and leadership need to be built at all levels. Ownership looks different from different perspectives so all stakeholders should be involved in the change process. Trust needs to be built up and down the line.
with clear, consistent communication. We need to look for bottlenecks, allocate resources including time and space, build capacity to implement and manage change and promote learning.

Building on field-based experience requires finding out how country offices are integrating the various themes, what choices they are making and how they are managing the transition. Analytical tools (such as contextual analysis, impact assessment, SWOT, comparative advantage, etc.) can help to generate change options, but we need to draw on new frameworks to deepen our analysis. This could include scenario/futures planning, stakeholder analysis, ethics and political economy analysis. By building on field experience, effectively using analytical tools and operating according to guiding behaviors, we can make informed and quality decisions regarding the alignment of programs, resources, relationships and the organization.

Alignment of systems with the CARE vision and mission is fundamental, along with the promotion of accountability (in partnerships and financial systems, performance management and incentives, project management, impact measurement and RFP). Encouragement for advocacy initiatives and the building of internal capacity and constituencies is required to support new behaviors in the future.

[See Appendix I Designing and Facilitating the Change Process, Appendix J Tips on Managing Change, and Appendix K A General Model for Managing Organizational Change]

Graeme presented a simple model for leading change that helps to accelerate and focus change, provides a common language and engages managers in "living the change". In leading change we need to clarify roles and identify the sponsor, the change agent and the change target. It is necessary to negotiate up front and get the expectations clear - build a contract about what will and will not be done. Hold people to this and be clear about expected behaviors. Through framing the shared need for change, describing the desired end state, mobilizing commitment, aligning systems, structures and levers, and tracking progress, a roadmap for change is developed.
In the discussion there was a realization that resistance can be seen as positive - it means that something is going on and people are engaging. Resistance is usually due to the way the change is being managed, not the change itself. For example, in the case of the CARE vision and mission: it's not that we don't want it, it's just that we don't understand it. Recognize resistance and deal with it - it doesn't go away. To implement change, target the adopters, not the innovators or resistors.

[See Appendix L Aligning with the CARE International Vision and Mission and Appendix M A Model for Leading Change (PowerPoint)]

### 7.3 Implementing the Changes

Participants were asked to consider the three most critical issues or barriers that needed to be addressed in the follow-up to this meeting. Groups built on the outputs of Day Two and developed detailed action plans which noted the specific actions, persons involved, a time frames for action and the support required.

These priority actions recommended by the groups highlight the need to create wider understanding and ownership of the CARE identity, vision and mission; encourage principled leadership and advocacy; promote accountability, realign systems and structures, and facilitate engagement and better communication.

[See Appendix N Matrices of Priority Actions]

### 7.4 Learning about Learning

As a forum for dialogue, this workshop successfully generated passionate and probing discussion throughout the three days. Participants felt that the case studies presented at the beginning of the workshop could have been built on more - the dialogue moved too quickly onto integration and broader management issues before exploiting the richness of the cases. To generate depth of analysis, more time is needed for feedback. There was felt to be a vagueness of workshop objectives which may have hindered learning, but the flexible facilitation of the workshop design allowed the group freedom to navigate their own 'change' workshop around the issues of real concern. The opportunity for groups to discuss programmatic and organizational change via an exploration of the vision and mission characteristics and to share experiences on managing the change process was found by the participants to be satisfying and effective learning. The opportunity to speak out about change in CARE was welcomed and some of these voices are captured in Appendix Q.

[See Appendix O Voices of Change]

### 7.5 Going Forward

Participants expressed concern that this should not just be 'another event' - that it is important to build on this opportunity and keep
this movement for change alive. Rather than become a steering committee or a more formal entity, the workshop coordination group invited the participants to take this movement forward in their own ways. Participants suggested more forums for dialogue on change, such as this groundbreaking workshop, to support the movement.

Linking and further inter-regional communication by email was proposed as a way to get a baseline of where the countries are (not all at the same level), find why they are behind, what support is needed and how to move forward.

John Ambler's inspired wrap-up speech sent participants off with 'fire in their bellies and change in their hearts'.

[See Appendix P Going Forward (John Ambler’s wrap-up speech)]
Appendix A Workshop Agenda and Daily Objectives

**Day One Objective:** To analyze studies to identify significant dimensions of organizational change resulting from the introduction/ implementation of (integrated) program themes.

**Sessions:**
- Welcome Introduction and Logistics
- Program Overview, Expectations and Concerns
- Facilitating Change: Issues and Myths (plenary)
- Malawi Case (presentation)
- Bangladesh Case (presentation)
- Q&A on Case Studies
- Exploring Change Experiences (group work)
- Synthesis of group discussions (gallery walk and discussion)
- Other Experiences of Facilitating Change: Oxfam (presentation and discussion)
- Synthesis of Day One

**Day Two Objective:** To apply an organizational behavior model and principles to understand change directions and implications

**Sessions:**
- Unpacking Experiences of Change (review and reflections of Day One)
- Principles for Guiding Change - Do They Help? (group work)
- Do the Principles and the Learning from Experiences Fit Well? (plenary discussion)
- Applying Principles to Generate Options for Change (group work)
- Do New/Useful Options Emerge from Applying the Principles? (plenary discussion)
- Implications of Change (plenary discussion)
- Synthesis of Day Two

**Day Three Objective:** To identify personal roles and actions as change agents: lessons of learning

**Sessions:**
- Summary of Implications (presentation and discussion)
- Personal Leadership and Organizational Change - Tips on being Effective Change Leaders (group work)
- Sustaining Organizational Change: Best Practices (plenary discussion)
- Implementing the Changes Needed - How will we Hold Ourselves Accountable? (group work)
- What do other colleagues need to hear? (plenary)
- Learning about learning: Is this a useful process for expanding about facilitating/leading change? (plenary)
- Evaluation, wrap-up and closure
Appendix B Facilitating Change: Issues

- Ownership of change
- Lack of principled leadership and commitment to change
- Struggle about identity – redefining our role
- The Vision and Mission – is it on offer or a mandate?
- Realigning programming to operationalize Mission and Vision – implications of RBA to our work
- The dichotomy between “what we do” and “how we do it”
- We are already changing, so parts of the organization are out of line – discontinuities e.g. funding environment
- Loss of momentum and communication
- Spread of CI constituencies
- The struggle between the desire to move forward and meeting everyday demands – time and resources are limited
- Lack of support for leaders of change is demoralizing – need for inspiration, incentive and reward (recognition) system
- Accountability - to the people we serve to carry out change - includes holding powerful groups, e.g. donors, to account
- Tension to stay the same and maintain funding
- Reactive change versus proactive change - change in relation to outside forces
- Partnerships and alliances – need horizontal, equal and trust – relates to systems and beliefs, linking, host country constituency
- CO structures – costs
Appendix C1

CARE Malawi

[Country Paper and PowerPoint attached]

Appendix C2

CARE Bangladesh

[Country Paper and PowerPoint attached]
Appendix C3 Oxfam Presentation Summary and PowerPoint

[Presentation by Heather Grady]

Oxfam currently focuses on advocacy work and has adopted an entirely new framework for planning, implementation and M&E with five aims organized around rights (Sustainable Livelihoods, Basic Services, Life and Security, 'Voices Being Heard' and Equity of Identity - Gender and Diversity). Each of these aims has strategic change objectives (SCO) in clear language. This has resulted in alignment of policies, practices, ideas and beliefs within Oxfam. Oxfam staff and partners realize that the 'development paradigm' has failed and there is now an explicit commitment to becoming a 'global campaigning force. The new strategy includes automatically incorporating advocacy targets and interventions into 'program' and a rights-base approach into planning.

In all Oxfam's work "double impact" (at least two levels) is sought - "No more development behind the bush" (projects with only local impact which are not aligned to broader policy and practice changes). Outputs have to show how the action is influencing e.g. by replicating - linking the change on the ground with a change somewhere else. There are ways to recognize that RBA is having double impact - to make a difference and to make it more sustainable. In identifying interventions, it's important to establish who are the rights holders, whose rights are being denied and who is the duty bearer. RBA shifts to a triangle with the third participant s the duty-bearer.

Creating ownership of the RBA was not that difficult - getting the regional directors and advisors and senior country managers on board with the changes was important. New project applications have to indicate which strategic change the project addresses and discuss which global campaigns it develops. An SCO-scale up fund was created and country teams who want to do something extra and submit a good proposal may get some extra budget. The change process has involved educating donors, the public, trustees and a reassessment of partner organizations. A major point of resistance is the tension between the dual mandate of humanitarian and development. It's harder to see pay-off in advocacy.

Current focus is on clarifying the components and strengthening accountability mechanisms. M&E is still a struggle. In the annual impact reporting to monitor changes in programs, Oxfam realized it was better to do this by program and policy than by project. It's important to measure with confidence that it's having a positive impact - not just assume. It requires a leap of faith.

Oxfam had a dip in income in the late 1990s but generally the income was growing. It gets good flexible income form the training division (800 shops across UK) and does not take much money from the private sector. It is looking for good private-sector performers. There are divisions between the program people and the rest of the organization (marketing, finance administration and support) - it's important to get everybody on board. Frequent discussion and good relationship creates trust up and down the line. There was no context of job losses associate with the change.

The senior management team includes all eight regional directors (who reflect voices of staff and partners around the world) and priorities are agreed jointly. There is real tension and hot debates among the 12 executive directors and the policy department in deciding the next campaign.

[Powerpoint attached]
Appendix D Tips for Using Case Studies

- Document experiences (individual, country offices, other organizations) in user-friendly language
- Use analysis in writing case studies (e.g. the Harvard system)
- Get good facts and credible information
- Engage in discussion of successes and failures. Engage around the issues that case studies bring out
- Use case studies to open discussion - interrogate - create questions rather than answers
- Interact with experts
- Allow space and time for providing feedback
- Highlight key points
- Disseminate information effectively. Produce case studies in multiple languages
- Develop a clear and simple training module on RBA and let staff discover how to incorporate it
- Case studies can be powerful tools for learning
Appendix E Elements of Change

Change requires...

- Ownership - involving all stakeholders, internal and external
- Empowerment - teamwork and champions (SMT plus others)
- Leadership and trust up and down the line
- Communication - a suitable vocabulary, understanding, and consistency of message over time
- Motivation - incentives ("carrot is better than stick")
- Understanding the context
- A rationale for change which is relevant, compelling and clear about impact
- Linking the new to existing
- Resources
- Consideration of time, rate of change and capacity (size and scope implications)
Appendix F: Enacting CARE’s Vision

Enacting CARE’s Vision

**CARE’s 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 unshakable commitment to the dignity of people.

To enact this vision we work in concert with others to:

- **STAND IN SOLIDARITY**
  - Stand alongside poor and marginalized people whose rights are denied, adding our voice to theirs, and seeking ways to be held accountable by them.

- **PROMOTE EMPOWERMENT**
  - Support poor and marginalized people’s efforts to take control of their own lives to fulfill their rights, responsibilities and aspirations.

- **ADDRESS ROOT CAUSES**
  - Examine the underlying causes of poverty and rights denial, and address them at all levels.

- **ADVOCATE RESPONSIBILITY**
  - Identify those with an obligation toward poor and marginalized people, and support their efforts to fulfill their responsibilities.

- **OPPOSE DISCRIMINATION**
  - Oppose the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.

- **PROMOTE NON-VIOLENCE**
  - Promote just and non-violent means for the prevention and resolution of conflicts which contribute to poverty and rights denial.

To enact our vision, we hold ourselves accountable for these behaviors, and ask others to help us do so.
Appendix F1 Implications of Enacting CARE’s Vision (draft, needs streamlining)

_The following are some important implications that may flow, in different contexts and over time, from a decision to more fully enact the behaviors implied in CARE’s vision_

**Standing in solidarity** implies that:
- We have the courage to take a stand in the face of opposition, confronting, in a spirit of principled engagement, those responsible for the denial of rights.
- To those we serve, we systematically provide all important program information and opportunities to orient, assess and reorient our programs.
- We ensure that poor and marginalized people take the lead in determining an acceptable pace of change and level of risk.
- We do not accept funding where a significant portion of the poor and marginalized people we intend to support feel that such funding will impede the realization of their rights.

**Promoting empowerment** implies that:
- We cede power in our programs to the people we serve, ensuring they are increasingly represented and heard in program decisions.
- We support the development of poor and marginalized people’s capacities to fulfill their rights and responsibilities.
- We support and promote the right of poor and marginalized people and their organizations to participate in governance and decisions affecting their lives.
- We assist poor and marginalized people to recognize and manage the risks associated with social change.

**Addressing root causes** implies that:
- We look closely and systematically at social, political and economic structures, especially power relations, at all levels.
- We work with others to identify those responsible of rights denial.
- Our analyses include the active and meaningful participation of poor and marginalized people.
- We are committed to acting at local, regional, national, and international levels, as necessary, to address these root causes.

**Advocating responsibility** implies that:
- We advocate in public spheres with, and/or on behalf of, poor and marginalized people.
- We create and/or facilitate opportunities for poor and marginalized people to safely confront and interact with responsible actors, including CARE itself.
- We help to transform power relations in favor of poor and marginalized people.
- We join forces with others to promote and pursue the adoption and implementation of pro-poor, pro-rights policies.

**Opposing discrimination** implies that:
- We exemplify non-discrimination across all our operations and promote open dialogue about any such form of discrimination.
- We work with poor and marginalized people to overcome discrimination.
- We do not partner with any organization that practices discrimination without openly confronting and seeking to redress it.
- We differentiate and disaggregate social information so as to uncover and address hidden discrimination.

**Promoting non-violence** implies that:
- We continually assess our programs to ensure that our actions neither create nor sustain violent conflicts.
- We include conflict management (recognition, prevention, resolution) plans in our programs.
- We oppose the promotion or practice of violence, whether against or by the people we serve.
Appendix G1 Issues and Implications for Enacting the Vision

*What needs to happen if we are to more fully enact the vision?*

**CARE International (including CARE USA)**

- Build a case for change – openly debate our identity (culture)
- Leadership to demonstrate that we must change our modes of operation (including HR, ER, Finance)
- Talk honestly about how RBA changes us (initiative vehicles used)
- Develop internal discussion papers (RMU, RBA, REF group)
- Document our and others’ innovations and depth of the work in synthesized learning (CO, individuals, PAD)
- Try to marry business case for change with ethical case for change
- Advocacy
- Programming
- M&E for learning not just for accounting – systems, indicators, approaches
- Leadership at all levels demonstrates full commitment to change
  - realign resources (money, time, space, personnel)
  - reward movement towards new identity
  - reorganize PAD
  - realign programming (forms of strategic planning, moving away from project mode, developing programs across regions, COs, etc.)

**Funding**

- Be prepared to say ‘no’ sometimes (using criteria) and get smaller
- Look at new models/structures – do we need COs in all cases?
- Clear criteria for accepting funding consistent with our vision – different criteria should be weighed in decision making (COs and CI members, including Atlanta and RMU)
- Strategic/proactive reduction of the number of countries we work in - in order to invest unrestricted funds more strategically and avoid over-dependence on restricted (CI and Atlanta)
- Or change the way we work in countries – new models

**Partnership, Structures/systems**

- Clarity and commitment to consistent interpretation of CI vision among members

**Constituencies**

- Board/membership should be committed to a shared understanding of CI vision (7 characteristics) and represent our real constituencies
- Engage domestic constituencies around issues – based around CI vision (not just on funding)
- Host country constituencies have a more substantial role in influencing the dimensions of CARE (COs)
• Be a constituent in global debates – join global movement

Vision
• Come to closure on RBA
• Create a space to discuss and get comfortable with an “X” BA
• Common understanding of program implications
• Advance RBA and its program implications in concert with CI members that are now on board – need a Machiavellian strategy
• What happens when CI and C/USA are in conflict over an advocacy issue?

Resources
• Engage the donors (bi and multi-lateral) on CARE’s new directions more systematically - explore new donors
• Use rigorous scientific methods and take findings forward
• Many CI are sole-source government implementations (frame agreements)

Standing in Solidarity
• Reform CI Advocacy working groups to give them a voice and authority to identify issues on which CARE should take a public stand - identify & address a global issue
• Specific/formal endorsement of the RBA characteristics
• CI Program Working Group consider these characteristics as we finalize the program principles
• Build ownership and use of characteristics as a filter for making decisions (helped by making these the principles)
• Create accountability mechanisms with incentives and rewards
CARE Facilitating Change Workshop

Appendix G2 Issues and Implications for Enacting the Vision

*What needs to happen if we are to more fully enact the vision?*

**CARE USA / Atlanta (including RMUs)**

- Build a case for change – openly debate our identity (culture)
- Leadership demonstrates that we must change our modes of operation (including HR, ER, Finance)
- Talk honestly about how RBA changes us (initiative vehicles used)
- Developing internal discussion papers (RMU, RBA, REF group)
- Document our and others’ innovations and depth of the work in synthesized learnings (CO, individuals, PAD)
- Try to marry business case for change with ethical case for change
- Advocacy
- Programming
- M&E for learning not just for accounting – systems, indicators, approaches
- Leadership at all levels demonstrates full commitment to change
  - realign resources (money, time, space, personnel)
  - reward movement towards new identity
  - reorganize PAD
  - realign programming (forms of strategic planning, moving away from project mode, developing programs across regions, COs, etc.)

**Standing in Solidarity:**
- Reform CI Advocacy working groups to give them a voice and authority to identify issues on which CARE should take a public stand. i.e. identify & address a global issue
- Specific/formal endorsement of the RBA Characteristics
- CI Program Working Group consider these characteristics as we finalize the program principles
- Build ownership and use of characteristics as a filter for making decisions (helped by making these the principles)
- Create accountability mechanisms with incentives and rewards
- Be more selective in ways and means of participating in RFAs that better suit CARE’s ability to be more strategic
- Explore different partnerships to help up explore how to do better analysis
- Deeper understanding by finance for adaptive management e.g. budget revisions to support program changes
- Use upcoming advocacy review to define the role of USA advocacy group vis-à-vis CI
- Identify times in CARE where public profile resulted in increased resources, to dispel myth/fear of less resources
- Work with CI and CO and regions to identify a global issue
- Advocacy should come from systemic reasons people are poor or from CARE’s experience base
- Specific formal endorsement of RBA characteristics
- Contribute to, develop, advocate, improved “authorizing environment” for pro-poor policies – identify other groups to join with and learn from
  - consider part of advocacy review
- Analyze and develop position vis-à-vis Farm Bill – pro poor policy – links to RBA characteristics – highlights contradiction in our resource base and RBA characteristics will test our will to ‘take the heat’

Funding
- Be prepared to say ‘no’ sometimes (using criteria) and get smaller
- Look at new models/structures – do we need COs in all cases?
- Clear criteria for accepting funding consistent with our vision – different criteria should be weighed in decision making (COs and CI members, including Atlanta and RMU)
- Strategic/proactive reduction the number of countries we work in, in order to invest unrestricted funds more strategically and avoid over-dependence on restricted (CI and Atlanta)
- Or change the way we work in countries – new models

Partnership, Structures/systems
- A considered review of GAAP accounting standards with a view to making exceptions for CARE’s application in grassroots partnership settings (Atlanta, executive team)
- CARE needs to be a facilitator of development processes rather than an implementer of projects – requires mindset change (COs)
- Clarity and commitment to consistent interpretation of CI vision among members

Constituencies
- Board/membership should be committed to a shared understanding of CI vision (7 characteristics) and represent our real constituencies
- Engage domestic constituencies around issues – based around CI vision, not just on funding
- Host country constituencies have a more substantial role in influencing the dimensions of CARE (COs)
- Be a constituent in global debates – join global movement

Vision
- Junk the term RBA (but keep the content): Find a way to reduce the tension related to “rights”
- Create a space to discuss and get comfortable with an “X” BA
- Advance RBA and its program implications in concert with CI members that are now on board – need a Machiavellian strategy
- Capacity issues – analysis, systems, partnerships, etc.
- Implications: reduction in resources, temptation to expand HQ functions
Resources

- Engage donors (bi and multi-lateral) on CARE’s new directions more systematically - explore new donors
- Limit levels of institutional funding (no group consensus)
- Test hypothesis: “RBA programming gives more” using scientific methods - take findings to the board
- Change incentives on program size versus impact
- Review/restructure CO/HQ core costs, systems and functions
- Implications: job security, RBA program may result in smaller budget: ratio
Appendix G3 Issues and Implications for Enacting the Vision

*What needs to happen if we are to more fully enact the vision?*

**Country Offices**

- Build a case for change – openly debate our identity (culture)
- Leadership demonstrates that we must change our modes of operation (including HR, ER, Finance)
- Talk honestly about how RBA changes us (initiative vehicles used)
- Developing internal discussion papers (RMU, RBA, REF group)
- Document our and others’ innovations and depth of the work in synthesized learnings (COs, individuals, PAD)
- Try to marry business case for change with ethical case for change
- Advocacy
- Programming
- M&E for learning not just for accounting – systems, indicators, approaches
- Leadership at all levels demonstrates full commitment to change
  - realign resources (money, time, space, personnel)
  - reward movement towards new identity
  - reorganize PAD
  - realign programming (forms of strategic planning, moving away from project mode, developing programs across regions, COs, etc.)

**Funding**

- Be prepared to say ‘no’ sometimes (using criteria) and get smaller
- Look at new models/structures – do we need COs in all cases?
- Clear criteria for accepting funding consistent with our vision – different criteria should be weighed in decision making (COs and CI members, including Atlanta and RMU)
- Or change the way we work in countries – new models

**Partnership, Structures/systems**

- CARE needs to be a facilitator of development processes rather than an implementer of projects – requires mindset change (COs)
- Clarity and commitment to consistent interpretation of CI vision among members

**Constituencies**

- Host country constituencies have a more substantial role in influencing the dimensions of CARE (COs)
- Be a constituent in global debates – join global movement

**Vision**

- Model RBA and show CI it works without cutting or opening new funding
- Create a space to discuss and get comfortable with an “X”BA
• Jack up the level of RBA activity to all CARE USA COs - to be held accountable through RMUs
• Implications: Dealing with our out-moded cash-cows (Phase II - do we retire Coca-Cola?)
  Identify transformable cash-cows

Resources
• Engage the donors (bi and multi-laterally) more systematically on CARE’s new directions
  - Explore new donors
• Test hypothesis: “RBA programming gives more” using rigorous scientific methods. Aim
  for different levels of impact. Take findings to the board
• Implications: job security, need UNR to run the test?
Appendix H Personal Change - Profile: Josephine Ulimwengo

I was involved in this experience of leading change at CARE Tanzania - one of three on the LRSP team, along with the Country Director and Assistant Country Director. Senior Tanzanian staff members were chosen to lead this LRSP. I have a deep commitment to CARE Tanzania and a commitment to the broader CARE vision and mission.

It was time to do a new LRSP. The LRSP moved in the (successful) direction it did because of sound analysis in at all levels - from communities to national and international trends. As well, it was aligned, so we were making sure the CO moved in the direction of the CI vision and mission (both top down and bottom up).

To stay motivated, I kept believing in where we were heading. Also there was strong support and encouragement from senior management, and links to the greater CARE priorities.

My key tactic is doing strong analysis at all levels - this includes the use of outside consultants and CARE staff. In this case, the consultant went back and forth with our staff, gathering and synthesizing ideas, and offering them back for affirmation and buy-in. I also believe in offering opportunities for input into this process from staff at all levels - not only senior staff or program staff.

Once the LRSP was drafted, we created and used a very detailed implementation plan, fostering understanding and buy-in. Strategic directions were discussed individually, to ensure deep understanding.

The workload is a real issue. LRSP was on top of my normal job and I found my family life suffered. It’s also a challenge adapting to different environments. Some areas more conservative (e.g. Zanzibar) so I found I needed to adjust things like vocabulary accordingly.

Senior CARE management was committed and even gave money to the process. There was also support, encouragement and involvement from the RMU. It was useful to have the CI Vision and Mission to tie the CO LRSP to - it gave credibility.

However, a hindrance is CARE’s large size and static, conservative policies and procedures. These were seen as a blockage to the changes CARE Tanzania was trying to promote. Partners and even staff were skeptical that CARE could make these changes, based on past experience.
Appendix I Designing and Facilitating the Change Process

Managing the change process
(Process Design & Facilitation)

- Demonstrate and promote principled leadership at all levels
- Build the case – one that is contextualized in both our experience and our operating realities
- Build ownership and commitment
- Communicate consistently and clearly with both internal and external stakeholders
- Align and allocate resources
- Build internal capacity to implement and manage change

Aligning with the CI vision

- Make the case/take the case; understand; resource implications; build ownership and commitment; model the way through principle-centered leadership; stakeholder analysis etc)
- Promote accountability: align incentives and performance management; ensure financial systems support partnership strategies; adoptive project management practice; demonstrate impact)
- Build internal capacity
- Support through CB and Advocacy strategies

Building trust ‘down the line’
Voice, Representation, Trust and Learning
Appendix J Tips on Managing Change

- Create and recognize opportunities for change and build on those. Build on experience
- Identify which changes can be incremental and which are fundamental
- Understand the behavior changes and model this behavior in leadership
- Connect personal change with organizational change
- Build collective ownership from the start via teams.
- Understand the culture and existing conditions
- Develop an understanding of the stakeholders’ different expectations
- Weave together the different peoples’ ideas and expectations - bring in others to help us change - link with centers of excellence
- Take account of the actual motivation of staff/shareholders for their work
- Build a group of champions
- Identify the link between “the new” and “the existing”
- Build on the communication strategy - communication is never enough. Allow time and continually discuss underlying values and principles. Tailor messages to different stakeholders e.g. donors, staff, partners - but be consistent. Watch the vocabulary (“Rights” language can be confrontational. Focus on the content and share the definitions. Build time for reflection into the process
- Take a principled stand and remain engaged in the issue (via research and advocacy)
- Create “add-on” positions to de-emphasize the integration of RBA into our existing mission
- Identify concrete changes and then build incentives and rewards. Understand how to create and exploit external incentives for change
- Don't move too quickly to the ‘implications’ without understanding the changes in approach. The process of change follows a sequence, starting with the need for change - objectives - process and structure
- Don't get caught in a mentality of “projects” – don't expect results too fast
- Don't sponsor too many initiatives at one time
- Beware of prescriptive operational plans for change - they can kill buy-in
- Beware of misinterpretation/miscommunication of the new changes
Appendix K A General Model for Managing Organizational Change

(Adapted from Bangkok Facilitating Change Workshop, February 2003, G.J. Myszkowski (2000), and Boyett & Boyett (2002))

[Note: This is a post-workshop product which may be helpful to systematize the Tips for Managing Change]

<table>
<thead>
<tr>
<th>Step</th>
<th>Recognize the Change Imperative</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Identify and discuss anticipated future industry/NGO trends</td>
</tr>
<tr>
<td></td>
<td>• Identify inadequacies of current vision, mission, and operational approach to address future trends</td>
</tr>
<tr>
<td></td>
<td>• Involve outsiders and outsider perspectives</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Step</th>
<th>Make the Case for Change</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Articulate dissatisfaction with the current state and the need to change</td>
</tr>
<tr>
<td></td>
<td>• Engage Others in Developing a Desired Future State: Develop and describe the differences between the current and future state and the first key steps toward the future</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Step</th>
<th>Develop a Critical Mass of Sponsors for Change</th>
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<tbody>
<tr>
<td></td>
<td>• Address ownership from the start</td>
</tr>
<tr>
<td></td>
<td>• Legitimize the change effort by Demonstrating Committed Leadership: Key leaders/executives must be involved in signaling their commitment to the change effort; they must demonstrate public support for the change.</td>
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<tr>
<td></td>
<td>• Coalition of Key Leaders: Identify a set of sponsors who believe the current state is unsatisfactory and have enough power and authority to change it.</td>
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<tr>
<td></td>
<td>• Team of Change Agents: develop a team of change agents who believe in the desired end state and are committed to facilitating the necessary changes</td>
</tr>
<tr>
<td></td>
<td>• Commit Key Resources (time, money, &amp; people) that will be necessary for the change effort.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step</th>
<th>Develop a Shared Direction of the Desired Future State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Ensure appropriate involvement; People don’t resist their own ideas</td>
</tr>
<tr>
<td></td>
<td>• Develop an understanding of the different stakeholder segment's expectations</td>
</tr>
<tr>
<td></td>
<td>• Develop multiple probability scenarios and strategies to win each scenario</td>
</tr>
<tr>
<td></td>
<td>• Develop indicators of emergence and success of each scenario</td>
</tr>
<tr>
<td></td>
<td>• Identify which changes can be incremental and which are fundamental</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step</th>
<th>Communicate the Direction and Engage Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Provide honest and valid information to make informed choices</td>
</tr>
<tr>
<td></td>
<td>• Develop communication messages/take-aways for each stakeholder segment; Package the message in different ways - memos, large group meeting, posters, one-page key points sheets</td>
</tr>
<tr>
<td></td>
<td>• Use metaphors, analogies, and stories to communicate change.</td>
</tr>
<tr>
<td></td>
<td>• Coach the Change Models: Ensure that leadership and change agents model desired behavior in the midst of change and “walk the talk”</td>
</tr>
<tr>
<td></td>
<td>• Beware of willful miscommunication of the change process</td>
</tr>
</tbody>
</table>
### Step 6

**Build Momentum through Empowered Action for Implementing the Change**
- Provide forums for staff to celebrate the past and then begin to let go
- **Tap Staff Local Expertise**: Engage multiple levels of staff in designing the actions and follow-on steps necessary to reach desired end state
- **Remove Obstacles**: Provide the means to eliminate the organizational processes, structures, systems, or individuals that become barriers to the change process

### Step 7

**Generate and Reward Early Successes**
- **Visibly Reward Desired Behavior**: Reward innovators and change champions to create an environment of trust for the change process
- Use Early Success as a platform to develop momentum and stimulate the spread of experimentation
- **Create Opportunities**: Design opportunities for visible change and performance improvement at all levels

### Step 8

**Expand the Change Efforts**
- Ensure that all key executives and managers are planning and accountable for aligned and appropriately aggressive change plans
- Enable shared learning and create opportunities for sharing new insights across boundaries
- Eliminate antiquated forms of work; find ways to take things off the plate
- **Ensure Leadership Toward the Future**: Promote, select and reward the people who are capable of leading the necessary changes and new ways of performing

### Step 9

**Sustaining Change and Stabilizing the Organization**
- Give people the opportunity to change through education, coaching, training, performance appraisal, 360 feedback, etc.
- **Allow Some to Leave Gracefully**: Treat those who choose to leave with dignity. The treatment of those leaving also sends messages about the culture to those who remain.
- **Slay the Ancient Sacred Cows**: Send clear symbols of the end of the old ways of working and the beginning of new ways of working.
- **Develop Ongoing Reflection**: Develop monitoring and evaluation mechanisms, feedback loops, and other processes for the organization to enable it to reflect on whether it is fulfilling the intended vision and culture.

### Step 10

**Cultivate a Culture of Change**
- Encourage experimentation, innovation, and learning
- Create space for risk-taking
- Reward innovators
- Monitor future trends
- Involve outsiders and outsider perspectives
- Search for ways to improve on current state and processes
Appendix L Aligning with the CARE International Vision and Mission

We need to continually assess our relevance as an organization and how the choices we make align with the CI Vision. We can do this in several ways:

**Through constant analysis of the operating environment and our contribution to the global movement against poverty.**
- Continue to use familiar methods, e.g. Contextual Analysis, Impact Assessment, SWOT, Comparative Advantage, etc.
- Integrate ‘new’ frameworks to deepen our analysis e.g. scenario/futures planning, stakeholder analysis & gender differentiation, ethics & political economy analysis, causal-responsibility analysis

**By building on field-based experience**
- How are country offices integrating the vision and its program themes?
- What choices are they making?
- How are they managing the transition?

**By operating through our guiding principles** – a behavioral framework for how we will ‘be’ when we enact the vision e.g. working in concert with others we:
- Stand in solidarity
- Promote empowerment
- Address root causes
- Advocate responsibility
- Oppose discrimination
- Promote non-violence
Appendix M A Model for Leading Change

[Powerpoint attached]
## Appendix N1 Matrix of Priority Actions

### Atlanta

<table>
<thead>
<tr>
<th>Change Needed</th>
<th>Actions</th>
<th>When</th>
<th>Who</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wider ownership of characteristics and implications, and better communication of principled rationales behind public positions and funding sources</td>
<td>Present program SMT</td>
<td>April or Sept 03</td>
<td>Susan, Isam, Elisa</td>
</tr>
<tr>
<td></td>
<td>Present and dialogue with PAD PMT</td>
<td>April</td>
<td>Isam</td>
</tr>
<tr>
<td></td>
<td>Present and dialogue with ET members</td>
<td>Next ___ months</td>
<td>David, Joy, Graeme, Isam, Sofia, Elisa</td>
</tr>
<tr>
<td></td>
<td>Half day ET off-site</td>
<td>Within next year</td>
<td>David, Joy, Graeme, Isam, Sofia, Elisa</td>
</tr>
<tr>
<td></td>
<td>Presentation/dialogue with senior staff</td>
<td>Sept/Jan</td>
<td>Eric, Susan, Isam</td>
</tr>
<tr>
<td></td>
<td>Material development</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- facilitation guide</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 1-page cliff note</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- translate Spanish, French, Portuguese</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Incorporate into upcoming forums - orientation, regional conferences, workweek, leadership curricula, blockout, HR Reflection Friday meetings</td>
<td></td>
<td>Joy, Graeme</td>
</tr>
<tr>
<td>2. Better align Program Division to support Vision and mission work</td>
<td>Develop and implement integration approaches and strategies (analysis tools, DME processes)</td>
<td>December</td>
<td>Kathy, Michael, Elisa, Sofia, Isam, Michael, Madhuri</td>
</tr>
<tr>
<td></td>
<td>Consolidate the various functions in support integration – RMU, Advocacy, floaters, RBARG, DME, UCPs. Consistency building</td>
<td>Discussion paper – April meeting Next steps &amp; budget implic’s</td>
<td>Susan, Isam</td>
</tr>
<tr>
<td></td>
<td>Identify/develop resource strategy for integrated approaches</td>
<td>June</td>
<td>Isam, Susan, Elisa, Michael, Kathy</td>
</tr>
<tr>
<td></td>
<td>Accelerate alignment of UNR with program approaches</td>
<td>March/April</td>
<td>Susan, Isam, Jon, John A, Madhuri, Elisa</td>
</tr>
<tr>
<td>3. Connect education/identity/constituency with our Vision and Mission</td>
<td>• Produce docs that help to clarify our new direction e.g. Characteristics, Cliff Notes</td>
<td>Now and 04-05 throughout</td>
<td>Michel, Kathy, Graeme, Elisa, Sophia (see p 1)</td>
</tr>
<tr>
<td></td>
<td>• USAID/implement relationship matrix with consistent message</td>
<td>Ongoing</td>
<td>PAD, P/MT, Susan and Laura, Isam and Kevin</td>
</tr>
<tr>
<td></td>
<td>- Identify high-leverage contacts</td>
<td>By April, ongoing</td>
<td>Susan, Karen Robbins Program staff (Elisa, Isam, Susan)</td>
</tr>
<tr>
<td></td>
<td>- Influence design of RFPs at various levels</td>
<td>ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Work with ER – Private Donors</td>
<td>ongoing</td>
<td>Isam, Susan, Kathy, Elisa, John A, Jon M,</td>
</tr>
<tr>
<td></td>
<td>• Identify strategy + agreement + resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Meeting with donors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Understanding/shared concepts with field officers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• IOPs in Program Division have specific action – linked to strategy</td>
<td>by Aug 03</td>
<td></td>
</tr>
<tr>
<td>4. Advocacy aligned with V&amp;M</td>
<td>• Engage with advocacy review on ideas from FCM BKK 021903</td>
<td>now</td>
<td>All at workshop, David R, Susan</td>
</tr>
</tbody>
</table>
Appendix N2 Matrix of Priority Actions

**Country Offices**

1. **Realigning programming to operationalize Mission and Vision**

What needs to change?
- Do stronger and deeper analysis of UCP – economic, power structures
- Be more strategic in selecting what programs and projects to implement
- Move from project impact to program impact
- Allocate resources – time, money, space, staffing structure
- Decision making - consider power issues – where are the decisions made? The centralized structure may not be the way to go

<table>
<thead>
<tr>
<th>Action</th>
<th>By Whom</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop buy-in to the change and establish commitment</td>
<td>CO</td>
<td>Donors, governments, partners, CI members</td>
</tr>
<tr>
<td>2. Review existing projects and act on them and establish criteria for new ones, phase out or modify</td>
<td>CO</td>
<td></td>
</tr>
<tr>
<td>3. Realign skills to the new realigned program (competency mapping, hiring, re-deploying)</td>
<td>CO</td>
<td>NR Atlanta (provide tools)</td>
</tr>
<tr>
<td>Explain the need for change (to donors, partners, government, staff)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be participatory (note the need to sell this new thing to a number of constituents in a participatory way that leads to ownership)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Develop analytical skills</td>
<td>CO</td>
<td>Partners, other institutions, CARE Atlanta</td>
</tr>
<tr>
<td>Select staff with practical/experiential skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Look for these skills in our staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reward the right skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Review periodically - hold ourselves accountable (include duty bearers)</td>
<td>CO</td>
<td>Partners</td>
</tr>
<tr>
<td>6. Measure impact</td>
<td>CO</td>
<td>Partners (for tools)</td>
</tr>
<tr>
<td>Develop new ways of measuring and showing impact.</td>
<td></td>
<td>Integration Group</td>
</tr>
<tr>
<td>Improve monitoring, documentation and dissemination</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Country Offices (cont’d)**

2. *Strengthening the Quality of Alliances and Partnering to become Partner of choice*

What needs to change?
- Move from subcontracting to be more of an equal partner
- Become part of a process without “calling the shots”
- Accept partnership as a process of mutual learning
- Have partnerships based on shared value

<table>
<thead>
<tr>
<th>Action</th>
<th>By Whom</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop and apply more rigorous criteria for selection of partners</td>
<td>CO</td>
<td></td>
</tr>
<tr>
<td>2. Develop organizational culture (space, money, time) for networking and hold people accountable to do those things</td>
<td>CO</td>
<td>RMU (regional networks)</td>
</tr>
<tr>
<td>3. Open up CARE organizational and programming systems to scrutiny by partners – seek and apply their feedback</td>
<td>CO</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix N3 Matrix of Priority Actions

### RMUs

<table>
<thead>
<tr>
<th>Change Needed</th>
<th>Action</th>
<th>Linkages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understanding of and appreciation for new directions/identity</td>
<td>- Synthesize and share planning of different units in CARE (audiences)</td>
<td>COs, CI members and HQ</td>
</tr>
<tr>
<td></td>
<td>- Generate evidence in different forms of communication, documentation of innovations, champions of change, CO exchanges</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Promote sharing and learning process and mechanisms (forums, meetings, conferences) across regions (RMUs) and CI members</td>
<td></td>
</tr>
<tr>
<td>2. Incentive systems</td>
<td>- Allocate UNR for experimentation, risk-taking, etc</td>
<td>Program SMT</td>
</tr>
<tr>
<td></td>
<td>- Performance management systems which include reward in promoting new identity i.e. include in IOPs for CDs and in</td>
<td>HR</td>
</tr>
<tr>
<td></td>
<td>- Also in ADPs for COs</td>
<td>CI, Program, RMUs, units, CI</td>
</tr>
<tr>
<td></td>
<td>- Promote stronger links with CI members</td>
<td></td>
</tr>
<tr>
<td>3. Realignment of structures and systems</td>
<td>- Support appropriate alternative structures/forms of governance in countries e.g. RTF, Brazil, Philippines</td>
<td>CI, Executive Teams</td>
</tr>
<tr>
<td></td>
<td>- Partnerships, advisory boards</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Cost-Benefit analysis of alternative county management structures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- External realignment - help CO re-align relationships and forms of engagement (provide technical assistance, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Help COs identify new sources of funding</td>
<td></td>
</tr>
<tr>
<td>4. Transition to a different way of programming</td>
<td>- Develop more capacity</td>
<td>Program</td>
</tr>
<tr>
<td>- Change in CO “modus operandus”</td>
<td>- Accountability for quality control at RMU and CO level</td>
<td>HR</td>
</tr>
<tr>
<td></td>
<td>- Guide strategic planning process</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Recruit “right” people with relevant skills</td>
<td></td>
</tr>
<tr>
<td>5. Realignment of leadership</td>
<td>- RMUs model the leadership in their own activities and behaviors</td>
<td>HR</td>
</tr>
<tr>
<td></td>
<td>- Recruit appropriate senior managers</td>
<td>P3</td>
</tr>
<tr>
<td></td>
<td>- Identify areas to monitor for CO visits (matrix) systematically</td>
<td>ROC - MERMU</td>
</tr>
</tbody>
</table>
# Appendix N4 Matrix of Priority Actions

## CARE International

<table>
<thead>
<tr>
<th>Action</th>
<th>By Whom</th>
<th>Linkages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Identity and Vision</strong>&lt;br&gt;• Lobby/engage key CI leaders in getting a shared interpretation of CARE’s identity and vision discussed and adopted by all of CI&lt;br&gt;• Request CI secretariat update on implementation of the 20 action points approved by the CI board in association with the Vision &amp; mission</td>
<td>Denis Caillaux → David Ray et al&lt;br&gt;Lydia Marshall → Promboon&lt;br&gt;Will Day → Andrea &amp; David R&lt;br&gt;Peter Bell → Atlanta group discuss informally and formally with ET&lt;br&gt;Pat Carey → Susan &amp; Isam&lt;br&gt;Thandika Mkandwiri →?&lt;br&gt;Gunnar (Norge) → Jon M &amp; others&lt;br&gt;Phil V to discuss with Secretariat</td>
<td>Needs application throughout all levels of CARE; CI members and COs are consulted in its development</td>
</tr>
<tr>
<td><strong>2. Business, Ethics &amp; Choices</strong>&lt;br&gt;• Define drivers of our funding decisions and develop criteria to be used in funding decision-making e.g. Accepting food, not upsetting domestic constituencies, financial viability (short-term), the “Enacting the Vision” statement.&lt;br&gt;• Get development of this onto the CI Program Working Group and thereafter to CI ND/Board approval</td>
<td>Isam → onto Working Group agenda&lt;br&gt;David/Promboon → lobby Denis and other CI&lt;br&gt;Invite Denis to India → Steve H and other CI</td>
<td>Needs application at all levels of CARE&lt;br&gt;Needs monitoring and enforcement&lt;br&gt;Each CI member gets engaged in the process&lt;br&gt;COs provide input</td>
</tr>
<tr>
<td><strong>3. Constituencies</strong>&lt;br&gt;• CARE must be more representative of our real constituencies and must strengthen their engagement in forwarding our vision. Therefore CI must strengthen its commitment to the CB strategic direction and its implementation with members’ and host countries’ constituents.&lt;br&gt;• CI Board/NDC renew their commitment to the CB case&lt;br&gt;• CI members allocate resources to CI plan to implement CB strategic direction</td>
<td>David R &amp; Howard B make a clear case in next CI meetings&lt;br&gt;Lobby members:&lt;br&gt;David R, Graeme, Isam &amp; Susan → C/USA ET&lt;br&gt;Andrea → C/UK Will&lt;br&gt;Promboon → NDC</td>
<td></td>
</tr>
<tr>
<td><strong>4. Advocacy</strong>&lt;br&gt;• Identify and take on global issues&lt;br&gt;• C/USA cedes power to set advocacy agenda to CI&lt;br&gt;• Build CI capacity to lead on advocacy&lt;br&gt;• Make case to CARE USA</td>
<td>Participating CDs (during advocacy review)&lt;br&gt;Denis (Steve H, Phil V, Marcy, Doug, Steve W, Geoffrey) through joint letter and requesting participation in review</td>
<td>CARE strategic realignment process and advocacy review&lt;br&gt;CI planning and budgeting</td>
</tr>
</tbody>
</table>
Appendix O Voices of Change

- The lack of a shared vision is at the heart
- Organization is not just programmatic - it's identity, history, legacy
- Our governance reflects our being - boards are changing 'complexion'
- Ask ET to go off and work on this for half a day - get them to endorse this process
- We are making a passionate case for change. This is a conversation that needs to be heard and heard in the organization. Make the case and take the case
- We need a paradigm shift: the absolute discomfort that senior managers have is about the impact on resources. The only leverage is to develop a convincing case to show there is no or low risk on resources
- We are working on a 'business-as-usual' funding model. Conviction sells
- We have the personal commitment and are making the call for change
- People see how this connects to our real lives
- Press Release: "Shock Horror CARE International not yet understood by CARE"
- We don’t have power - what we can do is help and stand in solidarity
- There's a lot of risk and innovation in CARE but we don't talk about it in the open - we need to share experiences
- There is a tendency to look inwards - we don't even know, ask or try to find out
- We need to learn how to analyze change - that's a complex set of skills. How do you learn that and mentor it?
- CARE is very good at talking about change, rather than doing - quickly
Appendix P Going Forward (John Ambler's wrap-up speech)

This group has been a brain trust, whether informal or formal, and a major engine of change and innovation in the organization.

**How did we get here?**

We got here from a realization and a frustration. We are changing but not quickly or creatively enough. The environment that we work in is changing quickly. There is also a realization that we need to take principled stands and that we are not doing that powerfully enough.

**What did we accomplish?**

Commitment to a process of:

- Investigating **identity** - continuing to examine who we are, who we will become
- Practicing **vision** - turning principles into programs
- Encouraging **courage** - experimenting and taking risks as part of our regular work
- Delivering in **diversity** - showing how there are “many roads to Rome”
- Embracing **ambiguity** - many ways to grow
- Yearning for **learning** - we are becoming a learning organization. We already are, but we want recognize it systemize or celebrate

**What will we produce?**

There will be documents, perhaps “The Recommendations of the Working Group on Facilitating Change”... alternative titles could include: “True Confessions of a Change Junkie”; “Subterranean Studies in Change in CARE”; “Fear and Loathing on the Change Management Trail”; “The Bangkok Manifesto on Changing CARE”, “The Thirty Comrades in Bangkok” ...

But more importantly, we are joined by 12,000 other potentials and millions of other allies. We are a group, a force, let’s go forth and ask irreverent questions and propose unusual solutions.

Go forward with commitment...
Appendix Q Workshop Participants (and work location)

- John Ambler (Thailand)
- Nina Bowen (South Africa)
- Geoffrey Chege (Tanzania)
- Gustavo D'Angelo (Peru)
- Michael Drinkwater (South Africa)
- Susan Farnsworth (USA)
- Isam Ghanim (USA)
- Marisol Hartley (USA)
- Steve Hollingsworth (India)
- N. Madhuri (India)
- Elisa Martinez (USA)
- Kathy McCaston (USA)
- Jon Mitchell (Kenya)
- Nick Osbourne (Malawi)
- Promboon Panitchpakdi (Thailand)
- Mary Picard (Egypt)
- Vasanthi Ramaiah (India)
- David Ray (USA)
- Andrea Rodericks (Thailand)
- Michael Rewald (USA)
- Jumbe Sebunya (Kenya)
- Joy Shiferaw (USA)
- Sofia Sprechmann (Nicaragua)
- Doug Steinberg (Angola)
- Graeme Storer (USA)
- Josephine Ulimwengo (Tanzania)
- Phil Vernon (Uganda)
- Marcy Vigoda (Ethiopia)
- Steve Wallace (Bangladesh)

- Alan Fowler (facilitator/South Africa)
- Virginia Henderson (documenter/Thailand)