

Discussion Paper: CIGN's place in CARE Global

Purpose

This discussion paper aims to identify implications for the CARE International Gender Network (CIGN) within the context of CARE Global in order to synchronise and leverage our gender knowledge and capacity, and increase the commitment of CARE senior management to gender equality in our programmatic and organisational work, to succeed in CARE's mission.

CARE 2020: setting the direction

CARE 2020 identifies a vision of CARE becoming a global **network of peers** set up to multiply impact. To do so, CARE needs to become much more connected to and influenced by voices from the Global South, where different parts of CARE contribute in different ways, for greater impact at national, regional and global levels. Externally, our engagement with social movements and like-minded organizations will deepen.

Working **interdependently** will see all parts of CARE working towards common objectives each making contributions that add value in a non-duplicative and coherent manner. Members will still have the space to develop and maintain their own distinct identities. For interdependence to work, it requires effective communication, coordination and planning; incentives and systems to encourage investment; and strong accountability systems.

Initially the CI Board and members focused on exploring a unified line management model to bridge silos across the member model, and decided against proceeding. Instead, the networked model – CARE Global – was identified as the most appropriate for CARE at this stage.

How will CARE Global work?

The CARE Global network is a way of working across CI, rather than a formal management structure. It incorporates a network of **teams** drawn from different parts of the network who provide leadership and drive action on relevant shared priorities, as they see fit (with room for innovation, different approaches, etc).

It is proposed that CARE Global has 4 **Strategic Leadership Teams** (SLT's): Program Quality and Impact, Fundraising/Mobilisation, Operations, Organisational Development & Accountability. SLTs provide a space in CARE for thought leadership, analysis and work activities to drive strategic priorities needed to deliver on CARE 2020. They provide a central point for working groups and other groups advancing core priorities or seeking an avenue for surfacing concerns and ideas. SLTs are a key part of CARE Global, and have direct links in to the Secretariat/CARE Global core via a senior Secretariat staff Chair.

The SLTs will be complemented by program outcome teams, working groups, regional hubs and the newly-formed National Directors Committee. See graphic below.

The **working groups** are focused on improvement, harmonisation, and innovation of CARE's approaches, systems, policies, and capacities in specific functional or technical areas through CI-wide and external collaboration, learning and conduct of activities to drive common priorities. These CARE Global networked groups do not have prescribed reporting lines, terms of tenure, or prescriptive time percentage (except as determined themselves with their manager approval). They have no formal accountabilities except in cases where tasked by a SLT team, the National Directors Committee, or the CEO/Secretary General for specific deliverables. They are expected to align Terms of Reference and work plans with the CARE Global agenda (i.e. CARE 2020), and to coordinate with relevant SLTs.

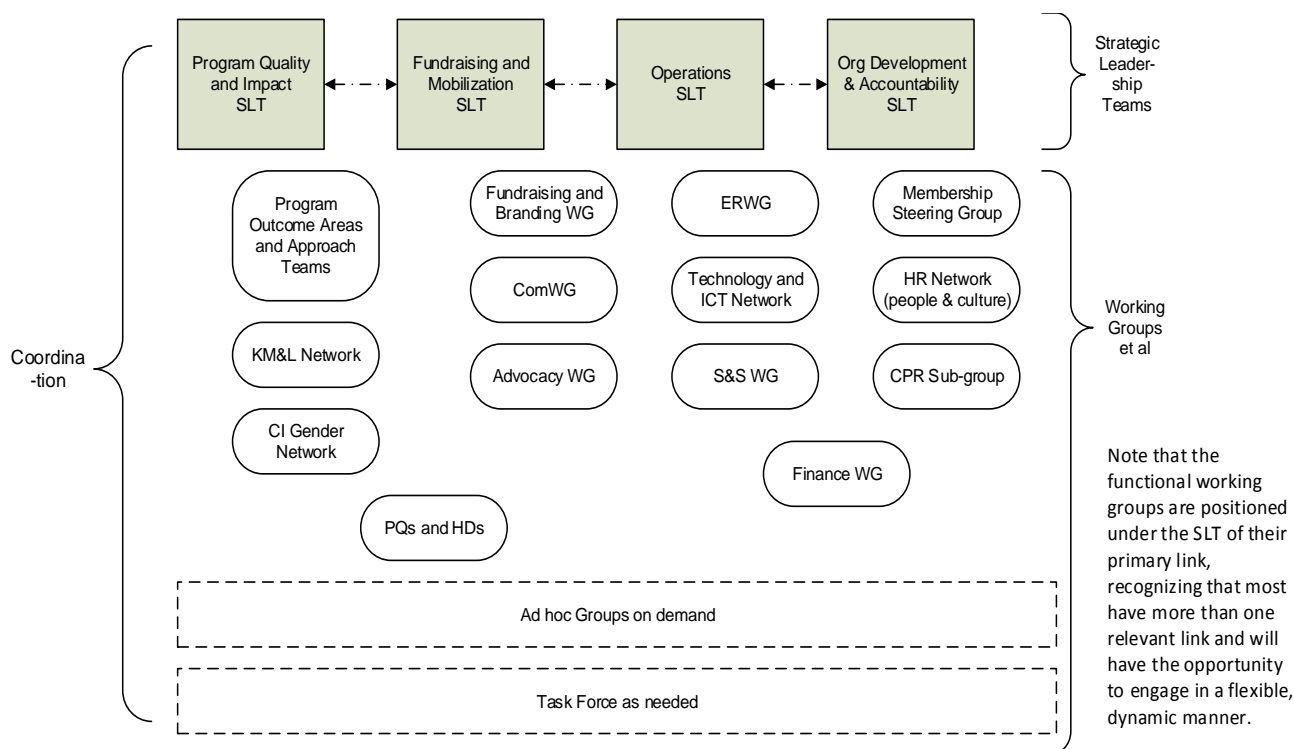


Figure 1: CARE Global

Most Working Groups link to one of the SLTs to coordinate activities and provide an avenue for teams to raise issues, cross functional and cross group alignment and linkages, and/or bring topics to decision. In many cases they will also be linked to other SLTs where appropriate; e.g. CIGN also contributes to the Organisational Development and Accountability SLT and arguably the other two.

These groups are chaired by a senior member of the group and likely a Secretariat/CARE Global functional lead where one exists with global responsibilities. Working Groups can take different forms and their naming does not need to be standardised. Some may be functional or technically specific permanent working groups, which should evolve and ensure regular reflection on role, relevance and composition. Others may be steering groups, such as new membership development group.

CIGN is one of the identified working groups. Each area of the Program Strategy will also have an established team including each of the **outcome areas** (humanitarian, sexual reproductive and maternal health, life free from violence, food and nutrition security with resilience to climate change, women's economic empowerment), and each elements of the **approach** (gender equality & women's voice, inclusive governance, resilience). These teams will strengthen CARE's internal and external connectedness, knowledge management and learning, and our ability to multiply impact.

What does this mean for CIGN?

This provides an opportunity to think about where CIGN should best be placed in the CARE Global network and how to configure ourselves in the change process. The move to CARE Global provides the space to address the issues we faceⁱ, to be more dynamic and responsive without being locked into formal structures that are unhelpful.

The following are critical areas for consideration for CIGN:

1. CIGN will want to **consider linkages to the SLTs**. There will clearly be strong links to the Program Quality and Impact SLT but also connections with the Organisational Development and Accountability SLT and possibly the Operations SLT (depending on clarity on its focus).
2. CIGN is one of the identified working groups. Others include CARE Global program teams based on the Program Strategy including specifically gender equality & women's voice team (GEWV) and life free from violence team (LFFV). Thus, we need to consider whether these **three working groups are separate or folded into one working group** and identify the pros and cons.
3. CIGN currently has a **distributive leadership structure** through a system of rotating co-chairs (3) who are nominated for one year (draft revised TOR suggests this change to two years), who lead and coordinate CIGN and its work streams. However, it is envisaged that working groups are chaired by a Secretariat/CARE Global functional lead where one exists with global responsibilities. The Head of Gender Equality would fit this requirement. CIGN needs to consider how this fits with the distributive leadership model. One suggestion is to retain the co-chair role – possibly with a different name – to head the different work streams or sub-working groups.
4. There is **value in remaining an informal network** that has used its collective power to play a watchdog role. Moving to a more formal part of the organisational structure brings benefits and challenges. External experience points to the advantages of retaining some kind of independent function to call for greater accountability, affect change and push for resource allocation in the new global structures. However CIGN evolves, we need to ensure that **CIGN retains its triple purpose** of providing thought leadership for promoting high quality gender-transformative programming and impact; advancing CARE's organisational structures, policies and practices in line with organisational best practice; and leveraging success for CARE's global Program Strategy and Gender Policy.
5. CIGN has a formal role, mandated in 2009 by the CI Board Executive Committee, to **report annually on implementation of the CI Gender Policy**. With the recent governance changes, a decision is needed if this responsibility remains and to whom CIGN or the Secretariat/Head of Gender Equality reports to. The National Director's Committee is an obvious new home.

Some additional questions

- What do we need to do to inform/support SLTs?
- What do SLTs need to do to inform/support us?
- What opportunities will this bring, and what challenges?
- How can we maximise this opportunity to work more coherently?
- What existing function or purpose of the CIGN might be lost in the CARE Global structure? How can this be mitigated?
- What is the key contribution of our group to CARE Global?
- What do we agree as a working group to prioritise – does anything in our current set-up, work plan etc need to evolve?

Please share any comments or feedback to Laura Taylor (ltaylor@careinternational.org)

ⁱ CIGN identified four major gaps in our collective gender capacity, coherence and structure: [1] Insufficient technical capacity across CI to meet current needs with respect to improving program quality and impact. [2] Insufficient technical capacity across CI to meet current needs with respect to achieving institutional policy and practice changes. [3] Inconsistent leadership commitment across CI to authentically implement the Gender Policy and (following on) weak accountability (compliance) mechanisms impede overall system change. [4] CIGN (as it is currently configured) has limited ability to influence others or to provide coherent guidance to the leadership of the new inter-dependent CARE, as it operates without authority and has no clear governance accountability line. Source: "Key Messages on Gender Entity" prepared by the CIGN Governance and Accountability Working Group, January 2014.