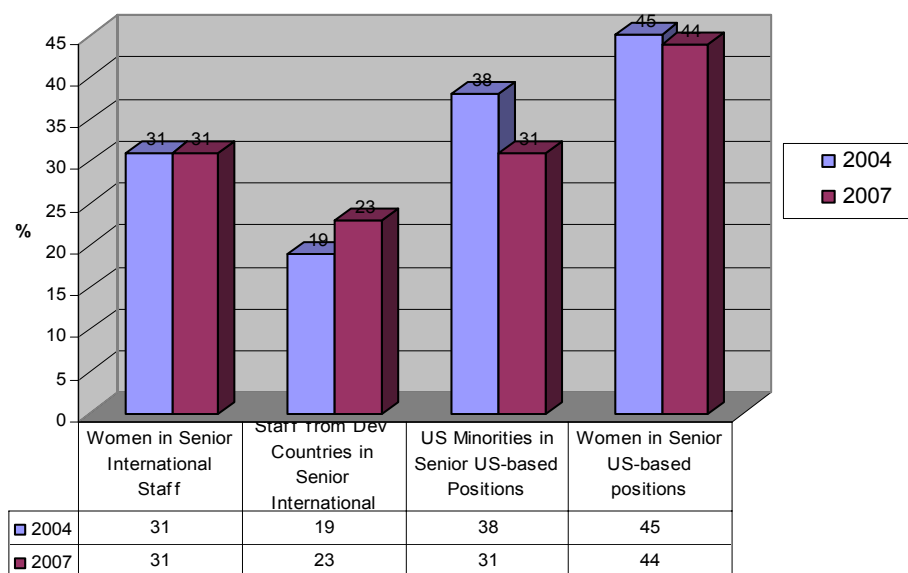


## Advancing Gender Equity and Diversity (GED) Progress Update FY 2006 - 2007



CARE's GED journey is a decade old, and there is much to celebrate<sup>1</sup>. We have more programming today that addresses gender equity and diversity, than we have ever had before. According to the MEGA 2006 Evaluation Report, that analyzed 95 evaluation reports from 26 countries, plus one regional and three global meta-evaluations, that were conducted during CYs 2005 and 2006, the majority of these projects and programs can claim to be addressing one or more Underlying Causes of Poverty: 34% contributing towards gender equity, 40% enhancing the empowerment of poor people through social inclusion, and 27% promoting pro-poor, just governance policies and practices; and 10% of the sample projects addressed the Millennium Development Goal (MDG) on Women's Empowerment. Within the organization, we have sought to increase the diversity of our staff and to build an environment of trust, where people can learn from each other's differences and harness those differences to make our collective work more effective. The comparison of CARE USA staff data from 2004 and 2007 shows that the percentage of women in senior positions (grade D and above), both in international and US-based positions has remained the same. The percentage of staff from developing countries in senior international positions shows a four percent increase while there has been a dip in the percentage of US minorities in senior US-based positions.

**Women and Developing Country Staff in Senior International Positions, and US Minorities and Women in Senior US-based Positions**



It is clear that to sustain the progress we have made and increase GED effectiveness and impact, we must continue to put resources behind our commitment and to learn from our experiences. As with our programming principles, we must hold ourselves accountable to GED, not only in programming but in all that we do.

<sup>1</sup> A GED Historical Timeline is attached, which outlines the key global initiatives and efforts to advance Gender Equity and Diversity over a period of ten years.

At a recently held GED Conference in Bangkok, May 7-10, 2007, forty two participants coming from all regions, some country offices and departments defined new meanings and pathways towards a robust future of GED work in CARE. A key message from the participants was the call for CARE USA's Strategic Plan to explicitly define CARE's commitment to integrating GED in all of its work and recognize that while gender equity is a means to ending poverty, it is also an end itself, worthy of our increased efforts, resources and commitment. Another message was the need for CARE to be more explicit on how it will work with social movements and multiple partners and allies, as a true global force to generate significant impact on social injustice.

In keeping with the spirit of the discussions at the GED Conference, this update is a collation of experiences and stories of change from the country offices and includes a progress update on some global initiatives that are guiding GED work across regions and COs. This update is organized into two main sections:

<p><b>Part A:</b> <b>Update on Global Initiatives that Support GED</b></p>	<p><b>Part B:</b> <b>Experiences from the Country Offices</b></p>
<p><b>A.1 Organizational Initiatives</b> <b>A.2 Programming Initiatives</b></p>	<p><b>B.1 Organizational Change;</b> <b>B.2 Programming Practices;</b> <b>B.3 Personal Transformation</b></p>

## **PART A: Update on Global Initiatives that Support GED**

### **A.1 Organizational Initiatives**

Staff awareness and capacity building activities were continued to be carried out at regular intervals at the Headquarters. GED Advisors facilitated workshops and sessions at the Global Human Resources Conference, Regional Conferences and Human Resource network meetings and at Country Offices such as Ecuador, Bangladesh, Mozambique, and India. Developing and implementing organizational systems to promote measurement and accountability for GED progress continues to be an important area of focus and different complementary processes are underway. In addition to creating staff awareness on GED and making changes to our recruitment policies and practices, succession and talent management is seen as an important strategy to promote diversity and equity within the organization. A structured talent management process helps managers to differentiate between people on the basis of their potential and to expand the talent review beyond senior management. Talent reviews also guide targeted development plans for each employee as per their potential and aspirations.

#### **Succession and Talent Management**

Talent reviews were carried out within each division/region at the most senior levels, and there have been some efforts and shared accountability to actively identify and implement appropriate development opportunities for staff identified as high potential (e.g. stretch assignments, fellowships, new positions, external training and temporary duty assignments). An Access Database has been developed to manage the global talent review data that has been collected thus far. The database also has the capability to perform search functions and provide reports.

A new e-recruitment system has been implemented that provides enhanced capabilities such as targeted database searches and an applicant classification function to assist in retaining and searching on applicants that possess the skills and experiences for future openings. These capabilities will assist CARE to shorten the time to hire for open positions and widen the diversity of candidate pool.

## **Gender Policy Review**

An organizational policy articulates the organizational commitment and is an important tool to promote accountability by providing clarity on staff expectations and roles and needs to be kept relevant in line with changing internal and external contexts. CARE developed its original gender policy statement in 1993 and it was revised in 1999. Since that time CARE has evolved its development strategy, adopting a rights-based approach to programming that supports social justice and works to eliminate the underlying causes of poverty. In 2004, CARE initiated a multi-year Strategic Impact Inquiry into Women's Empowerment. Initial findings from this inquiry showed the need for a revised policy that will facilitate deeper analysis, understanding and innovation, between the diverse contexts in which CARE operates. A policy review process started in August 06 and the process incorporated iterative cycles of drafting and consultation with staff from selected country offices, Regional Management Units, headquarters. A final draft is now ready for consideration for approval.

The aim of the CARE USA Gender Policy is to respect women and men's human rights in equal measure and enable women to participate and benefit equally with men – at the household, community and broader societal level. This is CARE's working application of the term gender equality. In many cases CARE will employ gender equity measures to achieve its aim of equality. Practically, this means adjusting the playing field to account for women's disadvantaged position and status. CARE will use equity measures to support and empower women to be full and equal players: politically, economically and socially. The policy will also be instrumental in addressing underlying causes of poverty, strengthening the fabric of societies and increasing the potential for creative, sustainable solutions to development challenges.

## **Country Office Measures for GED Management Effectiveness**

As CARE works to become a more efficient and effective organization, performance and accountability are becoming more important at all levels. In FY 06 the CARE USA Program Leadership Team (PLT) took up this issue. The team decided that two kinds of co-level performance measures are needed to balance and complement financial ones: measures of program quality and of gender equity and diversity management effectiveness. The team also decided that to be useful, such a set of performance indicators had to be small, manageable, and represent a mix of qualitative and quantitative measures. Starting with work done on this question in different parts of the organization, most importantly the work done in the Latin America and Caribbean Region on organizational performance indicators, the PLT drafted a small set of measures related to program quality and GED effectiveness. In FY 07, the plan was to work with four COs to improve on that small set of draft performance indicators and develop the information systems – and staff skills and capacities – for gathering data in a reliable and sustainable manner. The main goal for this work is to provide a platform for learning and improvement in all COs and to promote good programmatic decision-making and good management practice.

In order to make sure that this PLT work on indicators is fully in line with the new CARE USA Strategic Plan, further work around the piloting the indicators was postponed. Subsequent to the recent Strategic Planning Meeting several task forces have been established to further develop some of the concepts and ideas put forward during that meeting. One of those task forces is focused on "Organizational Performance Management" and part of its mandate is to explore how CARE can better measure its performance. It was agreed that it makes sense to wait until we have a better idea about what is being recommended by this task before taking the PLT work forward. The wait was deemed worth it to increase synergy and reduce any possible redundancy. In FY08, you will be hearing more about the specific plans to measure program quality and GED effectiveness.

## **GED Benchmarking**

During the first quarter of 2007, the Global Operations Improvement Unit in Strategic Support began benchmarking studies on several key aspects of CARE's operations, one of which was its Gender Equity and Diversity initiatives in Human Resources<sup>2</sup>. The first important step was to research non-profit and for profit organizations that were recognized as having advanced programs in gender and diversity and solicit their involvement in the study.

In February, participants were sent an online survey with 41 questions. Questions were designed to provide CARE with general information about their GED initiatives, and to reveal which organizations excelled in aspects of GED that CARE is most interested in improving. After analyzing the survey results, some organizations were selected to follow up with – Booz Allen Hamilton, Price Waterhouse Coopers, Xerox, and the International Center for Research on Women, as well as two additional organizations, UNDP and Starbucks, who had not participated in the survey but who had highly regarded programs that they were willing to share with us in person. In July, the survey responses and the interviews were compiled and analyzed and form the basis of a comprehensive report that will be shared with senior management. This report also includes recommendations on improving our global architecture and measurement systems of GED.

## **Sexual Exploitation and Abuse (SEA)**

This is a topic that continued remain high on the organizational agenda within CARE and we also remained engaged in the inter-agency initiatives. As a result, the implementation of SEA work has gained a new momentum within CARE and CARE USA has also earned a reputation in the CI world and in the external world of being really committed to prevention of SEA.

In FY06, a peer review team, coordinated by the Standing Committee on Humanitarian Response (SCHR), assessed whether actions taken by CARE International to prevent and respond to Sexual Exploitation and Abuse are sufficient. Based on the recommendations of the SCHR peer review and our own self-assessment, CARE USA focused on implementing several activities in FY07. Some of the key efforts and achievements in the last two years have been:

1. Initiating work with the CI secretariat and other Members to formally adopt a common standards/Code of Conduct on the prevention of sexual exploitation. Doing this will ensure that across CI, all Members and CO policies are sufficient and consistent.
2. Building staff competency to prevent and respond to allegations, especially in investigative skills. Because of consistent efforts in creating awareness and widely disseminating the announcements for new courses, over 15 staff participated in the workshops organized by Building Safer Organizations (BSO) this year, including three staff "certified" for SEA investigations by BSO.
3. Testing and piloting strategies to build awareness, capacity and confidence among staff, communities and partners to report and respond to any incident of sexual exploitation. Over \$180,000 allocated to SEA over the last two years were used well to support the work of more than 20 COs across all the geographical regions.
4. Constituting an SEA Advisory Group with a clear mandate and TOR. The overall purpose of this group is to provide guidance and advice to CARE staff on policy, programmatic and organizational issues to create and maintain an environment that prevents sexual exploitation and abuse, applicable to both relief and development contexts. The first meeting was held in May 2007 to bring the all members on board and finalize the TOR to kick-off the Group's work.

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<sup>2</sup> The GED benchmarking study was carried out by Sarah Ralston in Strategic Support Services and Lisa Smith, Senior GED Advisor within Human Resources from March – July 2007

5. Specifically, the advisory group will advise the identification of annual global priorities and resource requirements for sexual exploitation work and strengthen monitoring and communications systems to ensure accountability at all levels within CARE and to the external community.
6. Continuing regular engagement with Inter Agency forums and discussions on the topic including representation in the high level UN conference on December 4, 2007 and signing a statement of commitment.
7. Developing and integrating a separate section on SEA in the CARE Emergency Manual and Emergency Prepared Plan Guidelines.

***SEA InterAction Working Group: Following very specialized training that was conducted in two phases on steps to be taken when SEA, and potentially other forms of abuse, of women or children is suspected and when that abuse is allegedly perpetrated by a staff member or staff of any United Nations or organizations working in an emergency or development context, InterAction led the establishment of a Working Group on SEA and CARE participates regularly in the group.***

Our experience continues to point out that adoption of an organizational policy is a necessary first step and much more efforts have to be made to build awareness of the issue among staff, partners and community; establish appropriate reporting and investigation mechanisms; and strengthen overall monitoring and accountability within and outside of CARE. For FY08, CARE USA has allocated \$150000 to continue to deepen the SEA work based on lessons learned so far and with the objective of tackling the remaining challenges.

## **A.2 Programming Initiatives**

CARE has been committed to making lasting changes in poverty and social injustice through its programming. Gender Equity and issues of exclusion and working with most marginalized groups, have been critical focus areas, as has been reflected in various programs and innovations across regions and COs. The Strategic Impact Inquiry (SII) was launched as an attempt to gather evidence on how effectively CARE's programs empower women and change gender relations that come in the way of reducing poverty and eliminating social injustice. The early lessons are encouraging and are pointing out to more focused programming on specific gender issues, with gender-based violence receiving increased attention.

### **The CARE Program Information Network (C-PIN) Survey Report 2006 (July 1, 2005 and June 30, 2006), tells us that...**

- 55,401,819 people benefited from CARE projects. Of these, 61 percent of the total beneficiaries were women.
- 248 projects – 28% - stated they are addressing human rights and/or using rights-based approaches.
- Of the 901 projects in FY06, 28 percent, reported addressing gender and diversity.
- 216 projects – 24% of all 901 projects – report they focus on marginalized groups.
- Overall, projects reported 10,386,615 people belonging to marginalized groups with which CARE works. Among projects working with marginalized groups, 59 projects reported being specifically focused on marginalized women and/or girls.

### **Strategic Impact Inquiry on Women's Empowerment**

In February 2006, the Impact Measurement and Learning Team shared the synthesis report of the second phase of SII which drew its insights from nearly 30 research sites and secondary data from nearly 1,000 projects in the CARE International portfolio, all of which make some claim to advancing the rights and well-being of women and girls.



The findings revealed that CARE's work has made real and valuable contributions to women's struggles to overcome the material and social drivers of their poverty – gains which affect more than 20 million men, women and children over the past decade. Programs are expanding women's assets, skills and attitudes, and fostering new modes of social and political relations between women and men in households, communities and social organizations of the state and civil society. CARE and our partners are revealed as adept at basic training, knowledge transfer and skills building of women in all of our work: health, democracy, civil society, organizational management, literacy, human rights and more. In many places, CARE's work to bring local elected officials, customary leaders and women together has led to new spaces for dialogue about women's issues – such as female genital cutting, women's and girls' education, health, dowry, early marriage, work loads and more – where no such space existed in the past. Over and over, in site after site, women said that the skills and confidence they had gained from contact with CARE programs were allowing them to play a stronger and more active role in the household, to talk with their husbands at a more equal level, to participate in public meetings and to enter the public sphere more broadly.



### **Sexual and Gender Based Violence Community of Practice**

Many of CARE's programs address issues of justice through a rights-based approach, with a central focus of women. Increasingly, specific interventions to address gender-based violence (GBV) through both prevention and response are emerging as a priority within CARE's programs. In addition, CARE has begun addressing the prevention and management of gender-based violence within the agency's own policies and structures. Furthermore, a global conference organized by CARE USA on "Women, HIV and AIDS, and Human Rights" held in Entebbe, Uganda on April 19-22, 2006, provided opportunities for discussions, learning and sharing of key

issues pertaining to Women, HIV and AIDS and Human Rights. The issue of gender-based violence emerged as one of the three priority issues for CARE to pursue in light of CARE's program framework and policy initiatives. What can and should be done to most effectively support CARE programs to address GBV? In December 06 a virtual community of practice on GBV was established to support the field-based programs emerging as examples of a rights-based and empowerment approach to programming in an efficient and effective manner. A mapping of CARE's programming on GBV was commissioned and report is to be completed by end July and will be widely shared and used to develop a framework for CARE's GBV work. The mapping report and the development of a framework will be discussed in an up-coming meeting in December 07.

### **CARE International Gender Network (CIGN)**

The CIGN established itself through its first meeting on February 16-17, 2007 in London. At the meeting the CIGN concluded that it will function as a forum for CI members' gender specialists and gender and rights focal persons to share and discuss information on the efforts and programs towards mainstreaming gender issues. The purpose of CIGN is to: (i) strengthen overall CI performance on gender equality by mainstreaming gender into all key policies and programs; (ii) enhance CI coordination by undertaking joint CI initiatives on gender equality (iii) create a venue for regular sharing of information and experience on implementing gender equality (iv) explore as a long-term goal the concept of a "centre of excellence". It is to be noted that the specific purpose and related sets of activities that CIGN will vary considerably. What is crucial is that the purpose is clear, relevant to country offices and consistent with the capacities of the group. The CIGN is currently chaired by CARE Norway, UK and USA.

CARE Austria: Co-facilitated and resourced the development of CARE Austria's development of a framework agreement with Austrian Development Agency for a program in Burundi, Nepal and Uganda on women's empowerment in conflict countries focusing on community support networks and institutions that promote the rights and psychosocial well being of grassroots women affected by conflict. CARE USA provided technical support was provided to the program design in Nepal and Uganda.

### **Integration of GED and SEA in CARE Emergency Guidelines**

GED Team provided contributed to the integration of gender and sexual exploitation prevention in the Guidelines for developing on Emergency Preparedness Plan. Separate sections on gender and prevention of sexual exploitation have also been included in the CARE Emergency Manual.

**CARE as member of United Nations Inter-Agency Standing Committee (IASC) Working Group on Gender:** For more than a decade, the international community has recognized that an effective humanitarian response must address the needs and concerns of women, girls, boys and men equally. Recent humanitarian evaluations (Tsunami, Pakistan Earthquake and Darfur) have determined that gender equality issues were neglected, to the detriment of the recovery effort. While individual humanitarian actors have made major strides on policy development and operational strategies on gender equality, a coordinated inter-agency effort has been limited. The IASC worked on a Handbook "**Women, Girls, Boys and Men: Different Needs, Equal Opportunities**" to strengthen gender mainstreaming and improve advocacy in emergencies and humanitarian actions. CARE actively engaged in the development of this handbook. The handbook has been published and copies have been sent to country offices in April 2007. Other tasks of the Group include training on the handbook and work to establish a roster of gender experts to support humanitarian work.

## Part B: Experiences from the Country Offices

### B.1. Organizational Change

The GED gap analysis framework was introduced in 2001 in recognition of the reality that integration of GED in the organizational culture, systems and structures is critical if our programming is to effectively address gender inequities. For many countries therefore, gap analysis was a critical milestone that brought to the fore, issues that were by and large hidden. Since then, a number of efforts have been undertaken globally and by COs to address the identified gaps<sup>3</sup>.

Emerging experiences and lessons from across regions and Country Offices (COs) are showing that the situation is changing, and that a culture of questioning is being encouraged with specific actions and follow-ups to improve the diversity and inclusiveness within the organization. .

#### **A Multi-pronged Approach to Advancing GED: CARE Burundi**

CARE Burundi's experience presents a multi-pronged and courageous approach for promoting GED. It brings to the fore the inter-dependence of the various organizational processes and the centrality of the leader's role in breaking age-old practices and motivating staff across levels to be part of the change process.



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<sup>3</sup> A summary report on the key gaps that emerged consistently across COs is available on request from [madhuri@care.org](mailto:madhuri@care.org).



Some of its specific actions were:

- Establishing representative decision making structures- one national decision making team comprising Country Directors, Assistant Country Directors and two staff representatives from each project office and other teams at the project office levels.
- Redefining competencies to no longer use educational qualifications as a criteria for recruitment, but rather look for specific abilities amongst women and minority ethnic groups
- Revisiting the grading system for employees by evaluating key job responsibilities and identifying positions that needed to be regarded to qualify for higher grades given the workload, geographical locations, risks and responsibilities involved
- De-linking salary increments from annual performance appraisal process and exploring other ways of recognizing the high performers and institutionalizing uniform annual increments for all staff
- Providing capacity building opportunities to include all staff if possible, else ensuring participating of women and ethnic minorities.
- Promoting GED integration in all new policy development and revising existing ones
  - Introducing HIV/AIDS workplace policy/ Catastrophic Illness policy
  - Exploring development of a policy to address the psychosocial needs of staff and families in particular those victims of domestic violence.
- Evolving a staff code of conduct to prevent sexual harassment and exploitation relevant to the local context
- Involving partners and communities in the strategic planning process of the CO
- Promoting a friendly work culture through social gatherings and celebrations

Such changes are allowing staff to promote GED in programming through use of innovative strategies such as theatre and story telling for spreading awareness on gender, sexual violence and exploitation.

#### **Early lessons/outcomes**

- ◆ Strong committed leadership is key to making internal changes, especially in case of altering decision making structures and breaking traditional organizational practices.
- ◆ Staff need to be engaged in the change processes at all stages
- ◆ Change must be transparent
- ◆ Change can bring about fear of loss of power, position and legitimacy

### **Experiences of promoting specific aspects of GED**

#### **1. Recruiting and Retaining Women**

This is an area receiving attention in the organization as CARE moves towards becoming a more diverse workforce. Almost everywhere, the gap analysis process has highlighted increasing and retaining women as an area where CARE needs to improve, if it is to move towards a more inclusive and diverse organization. However, a positive sign is that recruiting women is being seen as a starting point only, for the COs realize that many more concerted efforts are needed to retain women, and thus are focusing on promoting policies and culture and staff participation and voice in decision making processes.

#### **Promising Practice 1: Promoting work life balance**

After the GED gap analysis, **CARE Mali** realized that in spite of significant efforts made to hire more women, there are fewer ways that allow the CO to retain them. Women's posting away

from the family, demands of travel to the field for long periods, poor representation in decision making bodies are some situations which prove challenging and demanding, resulting in many women quitting. In order to retain women, some drastic efforts had to be made.

CARE Mali set an important target for itself, of developing policies that would help retain women employees by allowing them to balance their work and family lives. Some unique policies included-


- Sponsoring round trips for the husband and children to the woman's place of service and vice versa (trip of the woman to join her husband) and attempting to post female staff in areas where their husband is working as soon as there is an opportunity.
- Provision of car transportation for pregnant women employees, paying for the cost of baby-sitters for nursing women during official trips within the country and even for trips abroad if possible.
- Introducing an internship program focusing mainly on graduate women to groom them for future employment.
- Investing in a succession management plan for women with the aim of grooming female staff across levels for new responsibilities and leadership positions.

### **Early lessons/outcomes**

An evident change is the emergence of female staff as confident professionals ready to take on leadership roles and be more open and vocal in giving their ideas and views on important decisions. The internal changes are affecting the work with communities too as staff are finding ways to address these issues in their routine work. In the community organizations, women have started gaining awareness/confidence in self management and management of community activities. However, cultural barriers and clichés still prevail. A major challenge is to continue to reinforce policies and procedures put in place so that they become part of how the staff think and behave.

### **Promising Practice 2: Nursery for Child Care**

CARE Egypt has started a nursery. What started off as a dream for Mona, Dina and Fatima, three CARE employees, has now become a matter of pride for the entire CO. The initial reactions to the idea of a nursery were mixed since there were issues of space, resources, acceptability of other employees requiring attention and action by HR, finance and administrative units. The nursery built on CARE's roof, includes a nursing room, toilette, air conditioner, a cabinet and water cooler, all provided by CARE. The guiding factor was helping female staff with young children work effectively, without worrying about their children and minimize chances of losing talented female staff due to their responsibilities of child care.



*"As a development organization that cares about the rights of women and children, it was important that we support breast feeding and support women to continue working."*

*-Scott Faiia, Country Director*

### **Early lessons/outcomes**

The nursery establishment has generated positive feelings among working mothers and staff in general as a proof that "CARE does what it preaches" as per one CARE employee. An important enabling factor and lesson has been the flexible management and policies of the organization which helped accommodate the needs of its employees, especially since Egyptian law does not oblige an employer to establish a nursery unless it employs at least 50 mothers. Yet, this is just one of the initiatives of CARE Egypt as it is trying other ways of making the organizational

culture more inclusive as well as trying to use the ongoing programs as well as new programs to more explicitly integrate gender and diversity.

In the past, several other countries have also tried efforts to promote breastfeeding by women employees with young children<sup>4</sup>.

## **2. More inclusive governance and decision-making structures and processes**

The Senior Management Team in most COs was the main or the only decision-making body, with membership restricted to Directors of programs or other departments. A global survey on Country Office Senior Management Teams and decision-making structures and processes in 2005, highlighted the status of diversity and inclusiveness and made specific recommendations for improvement<sup>5</sup>. Since then, some country offices have adapted the tools or applied their own approaches to review and revamp their leadership teams and decision-making processes.

### **Promising Practice 1: Multiple Bodies and Supporting Processes**

CARE Uganda decided to make its internal structure more inclusive, by focusing on the critical area of decision making.

- CARE Uganda established several decision-making bodies, two main being the Staff Forum and a Decision Team. The Staff Forum, comprises two staff from each sub-office of the CO and two staff from the main office and provides feedback to the decision team. The Decision Team develops and monitors CARE Uganda's Annual Operating Plan. The Senior Management Team has expanded to include more female and sub-office staff.
- A female mentoring group has also been initiated to counsel women and guide them through their experiences of handling new responsibilities and leadership positions.
- CARE Uganda also seeks input from an advisory board of local partners, with the aim of soliciting diverse perspectives from poor communities when making decisions and of becoming more accountable to those poor communities.

### **Emerging lessons/outcomes**

Some changes are evident. While managers still make management and operational decisions, they inform and take suggestions from the various decision-making bodies. Staff express deep appreciation of these efforts that have helped break down barriers between departments and offices; and welcome the 'committee/task force' approach to decision making since this has made them feel valued and provided them an opportunity to engage in processes that go beyond their job descriptions.

### **Promising Practice 2 - Inclusion of women and sub-office staff in decision making**

The SMT in CARE Mozambique was heavily dominated by expatriates, including only the Country Director and Assistant Country Directors. Gradually, the CO has tried to change this.

CARE Mozambique created a Country Office Leadership Team (COLT) and Sub-Office Coordination Teams to widen the internal decision making structures. The COLT comprises a core team of CD, ACD Programs and Program Support, Human Resource and Sub-Office Administrators. In addition it also includes three elected members from Nampula/Cabo Delgado, two from Northern Inhambane and two rotating Coordinators. The Sub-Office Coordination Teams include Program Managers, head of program support units and one staff representative.

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<sup>4</sup> A compilation of some practices that support Breastfeeding of children is available from [madhuri@care.org](mailto:madhuri@care.org)

<sup>5</sup> A Summary Report of CO SMT Survey and Recommendations is available with [madhuri@care.org](mailto:madhuri@care.org)

### **Early lessons/outcomes**

The new changes have come in effect, and the CO has already started investing in ensuring that these teams meet regularly for better coordination and decision making. This has meant investing time and money, but the CO feels it is worth it and is drawing money from their UNR reserve as they feel that this is critical for the CO.

### **3. Creating specific institutional mechanisms and bodies to advance GED**

Often, GED efforts are led by a few passionate and committed staff. Processes start and end with them. An increasing reality has been the fact that it is critical to make GED an organizational priority, backed with specific mechanisms point persons or task forces/committees to anchor GED work and take it forward by engaging with all programs and staff.

#### **Promising Practice: Social Equity and Diversity Team, with clear mandate and budget**

CARE Ecuador realized that to advance GED, it is essential to support personal transformation of staff, build their capacities as well generate ownership and accountability amongst staff across levels for more concerted action. A Social Equity Team was created comprising members selected by each program/ organizational area and from all levels. This team has a Team Leader and a Deputy Team Leader, both elected and rotated periodically. The purpose is to guide the CO in its GED and related work, coordinate or lead specific organizational processes, identify areas for improvement and monitor progress.



### **Early lessons/outcomes**

This team looks into all critical initiatives of the CO and ensures that GED is reflected and prioritized. Over time, this team has evolved and has a budget and a clear mandate. Some specific achievements include changes introduced to HR policies in the areas of Recruitment, talent retention, and implementation of a Management Development Program. However, this team still has few challenges that need to be addressed- the CO is still struggling to recruit women, indigenous groups and the disabled, there is still a sense that not all agreements and recommendations made by the team are acted upon.

### **Organization change: Some conclusions and challenges ahead**

The Country Offices attempting to make their decision-making processes more diverse, inclusive, transparent, effective and consistent with CARE International's programming principles have taken a risk in order to achieve breakthroughs and define new pathways. These efforts are paying off and have led to positive changes in staff motivation and a sense of inclusion. However, these changes have not been easy and are exposing several issues that still need attention. For instance, some staff have expressed frustration over the ambiguities of where line management responsibility begins and ends, of where decision-making authority lies and for what types of decisions, and of how best to ensure that staff, particularly those likely to be affected by decisions, are consulted in the decision-making process. There is still a strong need for trust building processes if these changes are to have the envisaged impact and we have much to learn and many roadblocks to overcome as we experiment with new models of decision-making and governance.

## **B.2 Programming Practices**

There are many projects that address gender inequities by with women to expand their skills and capabilities and increase their influence in decision-making in the family and in their communities. There is increasing in number of projects that address underlying structural causes for inequality based on gender or other social factors and violence against women in collaboration with others. The SII on women's empowerment has identified many promising programming practices and a few are included below:

### **Promising Practice: Intercultural, bilingual education**

CARE Peru recognized that language becomes a source of discrimination and leads to loss of opportunities for education for some minority groups and evolved ways to advocate for intercultural bilingual education in its project for girl child education. Some of its actions were: development of integral models/methodologies for effective intercultural bilingual education (IBE), promotion of ownership over the issue through integration in local/regional development processes, advocacy to influence national/regional policy to increase access of girls to education, and tackling discrimination and gender inequity. Specific efforts were also made to adapt the curriculum to identify how it can break gender stereotypes and provide trainings for teachers on gender equity.





**Early lessons/outcomes**

The program has noticed greater assertiveness amongst girls in their classrooms. Women's literacy groups clearly show improved relations with children and partners, a departure from otherwise distant and more disciple-based relations, and are no longer ashamed to speak their mother tongue (not Spanish).

CARE Peru has learnt that intercultural education needs to be understood as a political proposal, as well as an educational one. Education is also influenced by the socio-cultural context and therefore there is a need to generate impact beyond the schools with which we work directly.

**Increased Focus on Gender-Based Violence in Programming****Promising Practice 1: Regional Advocacy Initiative**

Supported by ECARMU, CARE's offices in Burundi, Democratic Republic of Congo, Rwanda and Uganda have together formed the Great Lakes Advocacy Group (GLAG), which helps communities to reduce violence against women. Particular emphasis is placed on empowering women's groups to advocate on their own behalf at local, national and regional levels. The Great Lakes Advocacy Group works with country offices to develop staff training to help grassroots women's associations articulate the steps they think necessary for addressing gender-based violence on a local level and then support these associations as they engage local officials. A large part of this work involves strategies for engaging men within the communities as potential drivers of change.

**Early lessons/outcomes**

GLAG has also started working with U.N. agencies, civil society networks and other international organizations to coordinate advocacy on the national level in these countries around an international protocol on sexual and gender-based violence. All four countries signed the protocol as part of the recently concluded International Conference on the Great Lakes Region. The protocol itself contains draft legislation to help ensure that national laws are responsive to gender-based violence. At the same time, CARE is advocating for the U.S. Congress to pass the International Violence Against Women Act, which would help ensure that the United States is doing all it can to address gender-based violence in places like the Congo. Over 7,000 CARE supporters have contacted their members of Congress, urging them to pass this crucial legislation.

**Promising Practice 2: Consortium Approach to addressing Sexual and Gender Based Violence**

CARE Zambia together with five partners has formed a consortium to respond to and prevent Sexual and Gender Based Violence cases through a strategy that provides a coordinated response to SGBV. The SGBV Project is a partnership between CARE Zambia, the Victim Support Unit of the Zambia Police Service, the Child Justice Forum (part of the Judiciary), Women and Law in Southern Africa, Young Women's Christian Association of Zambia and Zambia Society for Prevention of Child Abuse and Neglect. The SGBV Project is a two year pilot project is co-funded by the European Union and CARE UK.

The objective of the project is to ensure that rights of women and children to live without fear of sexual and gender based violence are recognized and upheld through establishing a mechanism for coordinating the direct support services for victims of violence.

Two coordinated response centers were opened providing supportive counseling, assisting survivors with medical services, providing legal education and literacy, making referrals to other



partners, following up on cases and re-integrating survivors into the family and community. The SGBV project also provides training for professionals and volunteers to enable them to respond effectively to cases of SGBV. All these have been trained in SGBV case management. The project has also harmonized a training manual for use when training SGBV service providers and standardized protocols related to SGBV case management have been developed. A database for capturing SGBV cases and survivor and perpetrator information has also been designed and is being managed by CARE-Zambia for easy data capturing and analysis. The project has also linked with other service providers who are not part of the SGBV consortium to ensure more organizations dealing with SGBV are also on board.

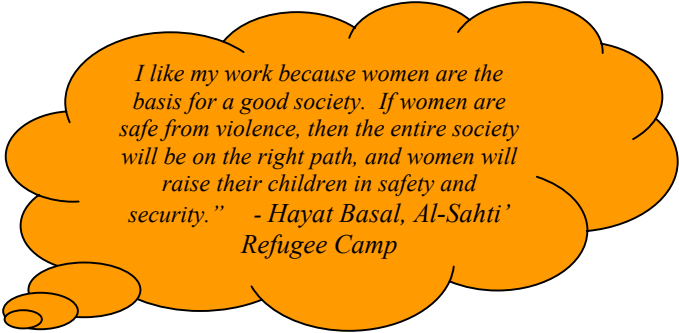
#### **Early lessons/ outcomes**

- Since inception the two centers have handled 694 SGBV cases ranging from rape, child defilement, wife battery and property grabbing. To date, 41 cases have been brought before the courts.
- A total of 720 professional have so far been trained. Out of these, 100 are Police Officers, 60 are Health personnel, 60 are Psycho-social counselors, 52 are Paralegals and 488 are Police recruits.
- The SGBV project is also advocating for better services for women and children affected by SGBV through lobbying for policy change and conducting community sensitization activities, including radio and television programs.

#### **Promising Practice 3: Mass communications for prevention and response to violence against women**

CARE in West Bank Gaza, has formed an alliance of three NGOs on gender-based violence, which is a volunteer coalition. The Palestinian Center for Democracy and Conflict Resolution, in Gaza City, is serving as focal point for the initiative. Thirty five women are working as community trainers in the field of advocacy campaign management, communication skills, societal mobilization, and report writing.

- A major breakthrough has been the creation of a hotline for battered women who began to speak up for the first time and to ask for appointments with counselors
- Conducting several workshops in rural areas and marginalized locations in the Gaza Strip. Counseling is offered as follow-up after the workshops are conducted.
- Posters were prepared and posted on nine billboards in strategic locations Gaza City and the southern parts of the Gaza Strip. One of the posters saying “Yes to a future without violence” has been placed in various locations in the Gaza City.



*I like my work because women are the basis for a good society. If women are safe from violence, then the entire society will be on the right path, and women will raise their children in safety and security.” - Hayat Basal, Al-Sahti’ Refugee Camp*

#### **Early lessons/outcomes**

The program is making positive change in the lives of individual women, especially their courage to speak up against violence and most importantly seek help. Today more women are coming to the Center, and they are speaking up and demanding safe living conditions. In order to meet the tremendous demand, the Center asked the women trainers to work as volunteers because funds are not available to meet all the need in Gaza.

### **Promising Practice 3: Working with religious leaders**

CARE Bangladesh works closely with religious leaders, from both the majority Muslim and minority Hindu communities, to raise awareness about violence against women. There have been sustained efforts to ensure that the traditional local arbitrators known as *shalish* also play an important role.

#### **Early lessons/outcomes**

“Physical abuse of women is not acceptable in Islam,” says Maulana Adbul Wadud, a retired schoolteacher and imam, who leads prayer in Dakchai mosque. “People use the cloak of religion to justify their behavior. I try to educate my congregation during Friday prayers that the Koran does not approve of violence.” Azizul Haque, a local mediator and elected leader in the village of Khanpur, says that many male leaders like him have changed their attitudes. “We have an ethical duty to promote equality between the sexes. It is the village's responsibility to address the problem, with CARE's assistance.”

### **Promising Practice 4: Investing in studies and analysis**

CARE Mozambique has been investing in understanding the situation around violence against women in its communities. A large study in the North of the country (Nampula Province) and southern Mozambique (northern Inhambane) was completed that studied the inter-household power dynamics. The hypothesis was that the North's matrilineal system would contribute to different power dynamics than the south's patrilineal system. However, the results of the participatory rural appraisal and research indicated that war and HIV/AIDS had destroyed much of the traditional culture around families, meaning more separations, more female headed households and more burdens for the women in the family. CARE was congratulated for its work with women's groups as economic and social support for women, especially female-headed households, but that there was a low understanding of gender. In addition, the biggest issue facing women in Mozambique was the loss of property when their husbands died despite the Family Law which guaranteed them inheritance rights. The study was very interesting to the country office's leadership team and program staff in outlining the challenges faced by women, especially land grabbing and losing assets. However, there was one question that was not answered: Was CARE Mozambique's programming contributing to increased domestic violence? The Women in Law in Southern African consultancy team did not feel comfortable in answering that question. Therefore, the country office - with funding from the Irish Aid embassy and CARE Oesterreich has conducted another study to review gender-based violence within Mozambique.

At the request of CARE Mozambique, a Gender Assessment was conducted by the senior advisor for gender and women's empowerment during November 13-22, 2006. The primary aim of the assessment was to conduct a stocktaking and analysis on how gender has been integrated in the organization and its programming and suggest how the findings can be harnessed into framing future strategies on gender.

#### **Early lessons/outcomes**

CARE Mozambique has developed gender strategy based on the findings of the studies and the recommendations from the gender assessment. This strategy will guide their work to promote GED in FY08 and beyond.

### **Improved Programming: Some Conclusions and Challenges Ahead**

There are several positive trends. Programs are increasingly focusing on underlying issues that perpetuate gender inequities, and some issues that challenge power equations and cultural sanctions such as violence against women. An important shift has been that of CARE reaching out to peer organizations, and forming alliances with like-minded organizations for greater impact.

However, we know we still have a long way to go. The SII, for instance while allowing us to look at evidence on how we empower women, is also telling us that since CARE's accountability for producing benefits is more clearly articulated than its accountability for minimizing harms, we remain alarmingly unresponsive to signs of gender inequity rearing up in our work, even as we seek to combat certain of its narrower effects.

There is now more clear evidence to suggest that there is increased violence against women participating in CARE projects in many sites, across many continents. Moreover, gender work's focus on agency-based strategies makes women solely responsible for their own empowerment, ignoring or excluding men – the powerful – from our programs. It is, of course, always easier to urge the less powerful to expand their capabilities than it is to persuade the more powerful to curb their own abuses of power. These areas and gaps demand attention and commitment across the organization if CARE is to see the change it envisages through its vision.

While the SII is proving us important insights about our programming, we must also remember that the SII remains a separate initiative more often than not focusing on qualitative evidence. The real challenge is integrate such processes on the routine monitoring and evaluation plans of programs to collect more convincing data for influencing donors and sharpening current program design and implementation.

## **B.3 Personal Transformation**

People drive change. While efforts towards institutionalizing GED components in CARE's work culture and systems are playing a critical role in ensuring leaders and staff are becoming more accountable to advancing GED, powerful capacity building processes are enabling staff to challenge their own beliefs and biases and developing deeper sensitivities to their work with communities and partners. Through our work, we are also igniting change amongst women and men in communities, who are challenging rigid norms and stereotypes to realize well-being goals for themselves, their families and communities.

### **Stories of personal change from staff**

**Michael Kleinman, Regional Advocacy Advisor, East and Central Africa – “Occasionally I realize that I've changed”**

“Occasionally I realize that I've changed. The sights and stories that once would have left me unable to sleep now pass almost without comment - the suffering caused by conflict in Darfur or elsewhere in the region almost never strikes a personal chord any more; it's simply part of the job. It's a sense of detachment that serves a purpose, a way of protecting oneself. But sometimes it's impossible to keep that reserve, to maintain that sense of detachment. Six women gathered in a room in a small village in the Democratic Republic of Congo - all survivors of rape. They described how their lives had changed after being raped, the lack of services and the lack of support. One of the women, in tears, described how her husband forced her from their home after

she was raped, separating her from her children. It's a moment I cannot stop thinking about, even a year later - a moment that I can't begin to assimilate or forget."

The stories these women told me are not unique. The overlapping conflicts in Central Africa - in Burundi, Democratic Republic of Congo, Rwanda and Uganda - have produced a well-known parade of horrors, including the use of sexual violence as a weapon of war. The statistics are jarring. For instance, a 2006 CARE study in Burundi found that 27 per cent of the men surveyed admitted to having committed sexual assault. Recent research by CARE in the Congo found that 70 per cent of victims of sexual violence know other women who have undergone similar experiences. In one town, a health worker estimated that between 70 and 80 per cent of the female population had experienced some form of sexual violence. The situation is no better in northern Uganda, where sexual abuse by both rebels and government soldiers is all too frequent. A 2007 study by CARE, looking at women's participation in the Ugandan peace process, quoted one woman as saying: "When they [the government] brought us to the camps, they killed many, and raped." There's a long way to go. But it's worth all our effort and more, if, at some point in the not-too-distant future, a woman in Congo can return home, her head held high."

**Kumar Bikram, Inner Spaces Outer Faces Initiative (ISOFI), India – "I saw how many biases I had. This was not easy."**

"I simply hated concepts of gender, feminism and women's empowerment and felt that these were western concepts meant to destroy culture and tradition. Then ISOFI came to us and capacity building processes started unfolding. I was challenged beyond belief. I saw how many biases I had. It was not easy. Then began the reflective dialogue sessions at the state and district levels. These sessions were transformative. We began making connections of concepts to reality - in our families, workplace and in the communities. There was sensitive and non-judgmental facilitation, which was a strong motivating factor to open up around all inhibitions and fears we as a team had even after the initial trainings. We saw our ongoing program, in a new light and started recognizing how we could use ISOFI to build on existing interventions to explore gender and sexuality issues with communities. Reflective dialogue sessions were held quarterly. But we felt the need for more and would look forward to our next RD. We applied the methodology with our partners and were excited at how effective it was proving. We started brainstorming on ways to take these learnings at the community level through innovative strategies since we were also beginning to realize that none of the existing strategies were focused on gender and sexuality. ...Empowerment within is important as we work towards empowerment of communities."

**Stories of change from community**

**Challenging stereotypes: Benedicta maintains the water system in her community**

Benedicta Súbelsa is just 26 years old. Benedicta's community is located 90 kilometers from the colonial city of Potosi. With a soft, yet firm voice she explains, "*We did not have water in our community and we had to bring it ourselves from a nearby river, where animals also drank from its waters. We requested the town council and CARE-Bolivia that a water system be constructed*".

Benedicta's leadership skills resulted in her being named as the person responsible for the maintenance of the waters system. A fact that stands out is that she was one of the few women to be trained at the Community Development workshops (DESCOM in Spanish). This is worth mentioning because these workshops are typically attended mostly by men, who hold the same responsibilities in their own communities.

*“Water represents life and health for our children, and as a woman I feel happy for being the person responsible for the maintenance of the water system in my community.” She concludes by saying, “This is the reason why I will remain in this post as long as I am able to, and if one day I have to leave, I will train someone else such that he or she can take care of it.”*

Proud of the work she accomplished, Benedicta personally carries out the flushing and cleaning of the distribution tanks, inspects the water inlet and visits the homes in order to verify the correct functioning, as well as to detect any break downs. Benedicta enjoys the change in her life and the lives of all in her community. She is already thinking of transferring her skills to other women in the community and creating more leaders like her!

### **Making her way into local governance: Ehsan Banu**

CARE Bangladesh’s Rural Maintenance Program found Ehsan Banu. After her husband’s death, she was left to fend for herself. With no savings or skills for her to find some work, she began begging till she was contacted by CARE. Ehsan Banu repaired rural roads from 1985 to 1997, while also picking up skills such as business management, midwifery and cattle rearing. She soon became a popular midwife and began earning more, enough for her to start saving.

“I delivered most neighborhood children and got close to the people, who one day urged me to contest for the Union Parishad election,” she said proudly. Support for preparing poster, renting microphones for meetings, and paying for tea and biscuits to voters came from all corners, and finally she was elected.

“I can’t believe it! A beggar seeking alms from neighbors for survival 24 years ago, I sit today in the Union Parishad (local governance institution), plan my neighbor’s future, and speak on their behalf”, smiles Ehsan Banu of Amin Bazar. “I will never forget the applause from people when I was declared a member,” Banu beamed.

Today, Banu spends hours at meetings at the UP office, arbitrating local disputes, or attending meetings of different social organizations, where she is the voice of poor and destitute. A former beggar, Banu now possesses a color TV, electric fan, show-case, and of course, her own house. A UP member though she may be, Banu has not given up midwifery the job that brought her close to people and gave her much popularity

### **Finally...**

Such efforts if sustained have the potential of getting us ever closer to our vision of a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. However, CARE has to continue to provide spaces for staff, partners and communities to enter into new and open dialogues around gender relations, sexuality and power relations. We must demonstrate to ourselves and to our donors that our focus on gender equity and diversity is helping improve gender equity and equality in people’s lives and reducing poverty. Processes such as reflective dialogue sessions, sensitive capacity building processes coupled with trust-building processes all levels will help a great deal as GED journey is about transformational changes in our practices in programming, within the organization and in personal lives.



*We do this  
work in CARE  
because we*

**Late Geoffrey Chege: He was the Regional Director for East and Central Africa before we lost him tragically on January 27, 2007**

We look forward to working with all of you in implementing the recommendations from the global GED conference held last May and to integrate gender equity and diversity efforts with the operational processes of the implementation of the new strategic plan. In the mean time, if you need more information or have GED stories – successes and challenges - to share with your colleagues, please send them in to us.

***Let's make Geoffrey's statement a reality for CARE***

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