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Welcome to the second edition of CARE USA's Gender Equity and Diversity Newsletter! The newsletter includes information on regional, CO-level and HQ initiatives to promote organizational and programmatic positive change in Gender Equity and Diversity (GED). We welcome contributions. To be included in the next issue, please send your ideas or updates by February 15th, 2011 to Doris Bartel, Director of the Gender Unit in the Program Quality and Impact division at dbartel@care.org or Allison Burden, Senior Advisor for Gender Equity and Diversity in the Global Support Services division at aburden@care.org.

Gender Working Group Gains Momentum

We have received an inspiring response to our invitation to join the Gender Working Group – now with over 200 members globally. Any CARE staff member is invited to join the Gender Working Group. The aim is to act as a global coordination and communication platform for gender. Becoming a member does not mean giving a lot of time but you will receive updates about CARE's work and can raise questions regarding your work to promote GED. To join, please contact Justine Freeman at ifreeman@care.org.

As part of the larger Gender Working Group, there are 5 subgroups for the themes listed in the box. These groups are smaller working teams that will move forward specific aspects of gender. They will play a role in promoting learning around the themes. The leads of these groups are taking forward the invitation process but feel free to contact them if you wish to participate and they will advise you about the level of effort required.

Gender Updates Around the Globe

No Lasting Peace Without Women by Hilde van der Molen, Gender in Emergencies Intern, Cl

On the occasion of the 10th anniversary of UN Security Council Resolution 1325, CARE UK launched the report "From Resolution to Reality: Lessons learned from Afghanistan, Nepal and Uganda on women's participation in peace-building and post-conflict governance". Women rarely have opportunities to participate at the negotiating table and where possible, participation remains rather tokenistic and event-based. The original, innovative spirit of 1325 went astray due to missed opportunities in connecting grassroots activism up to national and regional level political processes. More positively, many thousands of women used SCR 1325 to mobilize attention on root causes and legacies of the violence in their country. Women in Nepal brought issues like Dalit rights and gender-based violence into a new constitution. For the report, please see the Conflict and Emergencies section of the gender wiki at http://gender.care2share.wikispaces.net.

Challenging Patriarchy: Empowering Muslim Women by Sofia Ahmed, Partnership and External Relations Advisor, CARE Ethiopia

I was happy to attend a conference focusing on women's empowerment in an Islamic context on September 24-25 in South Africa. The major take away from the conference is empowerment of women from an Islamic

Gender Working Group Sub-Groups

- I) Coordination of support for gender **impact measures**, led by Maliha Khan (mkahn@care.org) and Leah Berkowitz (lberkowitz@caresa.co.za)
- 2) Coordination of **policy and advocacy and communication** issues on women's empowerment, led by Milkah Kihuna (mkihunah@care.org) to lead on policy; we are still seeking a lead on communication aspects
- 3) Learning and documentation of CARE's work to address and prevent **gender-based violence**, led by Theresa Hwang (thwang@care.org) and Leigh Stefanik (lstefanik@care.org)
- 4) Documentation and learning on how CARE is **engaging men and boys** in our work towards gender equality, led by John Crownover (<u>icrownover@carenwb.org</u>) and Ellen Beate Langenhaug (<u>ellen.beate.langehaug@care.no</u>)
- 5) Coordinating our work in **institutional policies** and support for Gender Equity and Diversity, led by Allison Burden aburden@care.org.

perspective – we discussed how to ensure equality and justice in Muslim laws and practices and how to consider Islam beyond patriarchy. We have also decided to incorporate the learning outcome to our GED dialogue session on the topic of "Women Empowerment from Islamic Perspective: Challenging Patriarchy: Empowering Muslim Women" with CARE Ethiopia staff. The discussions also covered Sexuality and Islam, addressing how to reconcile religion, particularly Islam, with diversity in sexual orientation. I found this to be an important question for CARE, as we seek to improve programming for a wide range of people even in conservative contexts. For notes on the conference, please contact me at SofiaA@care.org.et.

16 Days of Activism Against Gender

Violence by Hilde van der Molen, Gender in Emergencies Intern, CI and Leigh Stefanik, Genderbased Violence Program Officer, CARE USA

To commemorate the 16 Days of Activism against GBV, CARE launched a campaign giving expression to 16 stories on different forms of violence against women and girls worldwide. The stories can be found on the gender wiki at http://gender.care2share.wikispaces.net. Members of CARE's Gender-based Violence Working Group shared activities their Country Offices planned for the event. Many of the COs used the event to raise awareness about GBV and to challenge social norms

through women's football games, conferences, public speakers, radio and TV spots, documentaries, street theater, drama and dance events. CARE is launching new support services or facilities for GBV survivors, like the second Gender Recovery Centre in one of the Dadaab refugee camps. For its staff, CARE Egypt organized a discussion about a new study on domestic violence to help raise awareness among colleagues about the challenges women face.

The Women's Empowerment Impact Measurement Initiative (WEIMI) by Leah Burkowitz, Coordinator (WEIMI), CARE USA

I have recently started as coordinator of WEIMI, a means to support an initial set of CARE Country Offices and their partners to deepen their understanding of impact measurement and women's empowerment; develop the systems, tools and processes for impact measurement; and deepen their learning about what it takes to make, track progress toward and measure social change. WEIMI will work with 6 pilot COs and learning partners in all of CARE's operational regions, as

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well as in close collaboration with a number of CI Members and technical units. Some of the questions and lessons that WEIMI is exploring will also be explored in the Gender Working Group on Impact Measurement. information, more contact me: Leah.Berkowitz@co.care.org.

CARE International Gender Network Meets to Discuss the Implementation of the CI Gender Policy by Justine Freeman, Gender Program Officer, CARE USA

The CARE International Gender Network met in Atlanta from November 15-17. Participants regarded the meeting as successful and agreed to a plan for continuing the implementation of the CI Gender Policy including tasks, timelines, and responsibilities. The group clarified key issues surrounding CIGN's mandate, governance, reporting system and working groups. CARE Norway, CARE Austria, and CARE UK were selected as the new co-chairs. To receive a copy of the meeting minutes, please contact me at ifreeman@care.org.

Program Quality Assessment Tool: Are There Any Potatoes in This Potato Field? By Allison Burden - Senior Advisor, Gender Equity and Diversity, CARE USA

In September 2010, a small group of Women's Empowerment and GED enthusiasts took a look at the Program Quality Assessment Tools received from 44 programs in 18 countries. Doris Bartel, Stephanie Hudson, Stephanie Baric, Sarah Ralsten, Sarah Arnason and myself wore a pair of Gender and Women's Empowerment spectacles to review this precious and thoughtful source of information about our work. It was an informative process, here we reflect on the findings.

Picture if you will that you are invited to visit a potato farm. This particular one is well known; it advertises itself as a potato specialist and sends delegates to all the important potato forums. Experts from the farm deliver papers about potato growing, improving taste and yield - in short, this farm positions itself as an industry expert. You arrive at the farm on a warm morning during harvest season excited about looking at the potato fields and seeing how they are harvested and moved through the system to depart for the market. To your surprise, you find very few potatoes.

The Program Quality Assessment Tool is not a gender tool. None of the questions in the PQAT require that respondents refer to women's empowerment or gender; the tool has open questions that have been used by hundreds of people in CARE to reflect very deeply on their program quality. It is not a check list, the responses are open, measured and thoughtful and sometimes, we felt, a little too selfdeprecating. We were struck by the tremendous care that our staff around the world have taken to think through whether their programs are meeting the program characteristics and program principles - which are CARE's expression of what program quality is.

It was also encouraging to see how terminology, such as impact, impact group and accountability were used with comparative consistency and with a real sense of our core values shining through. The respondents highlighted accountability to program participants and impact groups as a priority area of attention, and quite a number reported that they do have systems in place to ensure what is sometimes coined 'downward' accountability. So what did we find out in our GED and women's empowerment analysis of the program PQATs?

Data points from the PQAT review:

- 54% of programs did not mention any gender quality issues that arose in relation to their impact groups, analysis or theory of change
- 54.5% did not mention if gender analysis had taken place
- 72.7% did not mention if power analysis had taken place
- 52.3% did not mention if they work with women's movements
- 40.9% did not mention if they have processes in place to measure impact on women or marginalized groups
- 68.2% did not mention working with men to address gender
- 63.6% did not mention working on gender based violence 72.7% did not mention working on sexual exploitation and
- 65.9% made no mention of the signature programs
- 65.9% did not identify any strengths in gender equity and
- 68.2% did not mention gender equity and diversity as an area for improvement

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- ⇒ The data shows a high level of inclusion of staff in the use of the PQAT. It is amazing to see how many teams of partners, program staff and program support staff around the world have dedicated so much time to reflect deeply on quality.
- ⇒ The data indicates that our women's empowerment programming has a good level of gender analysis (70%); that 65% of those that stated that they work with women's movements are women's empowerment programs and that even non-women's empowerment programs report some level of work with women's movements.
- ⇒ The analysis also surfaced some general challenges; first around capturing impact (systems and processes are not yet in place); second around the definition of 'social movements' and whether we really understand what this characteristic entails.

But perhaps the most important reflection we had of this review is of what we did not see. Now, we hate to imply that women and girls are anything like potatoes, or that our programs are passing them through a system to market. But we were struck by how little Gender and Women's Empowerment featured in the PQAT summaries. After all, over 70% of our programs have women and girls and specifically marginalized groups as impact groups. See the data points in the box above for details.

So, although the PQAT doesn't specifically ask for information about women's empowerment and gender equality, we asked ourselves some questions: Why are these issues not coming through in our program quality assessments? What does it tell us about where our focus is or isn't? What does it tell us about the tool itself? What does it tell us about our organizational focus and how that is translating into who we are and what we think about?

As a final note, the review team wanted to take a moment to recognize and thank all the staff and partners around the world that spent the time reflecting on their programs using this tool; and to recommend to those who are keen to know more about our programs to take the time to review this work. It is truly informative and inspiring.

Promoting Gender Equity and Diversity in CARE Burundi

Jean Nimubona, member of the GED focal point team, CARE Burundi

CARE Burundi staff benefited from a GED training facilitated by a CARE US team (Walter Fordham, Nancy Bryan, and Stephanie Hudson) and we are now working on a GED training module for all staff. CARE Burundi shares its successes and challenges in GED:

- I. Recruitment: In CARE Burundi, men and women are recruited with equity. Recruitment is participatory and recruitment panels are diverse themselves. The recruitment panels prioritize diversity of our staff as long as the competencies are proven to be equal amongst candidates. Statistically, CARE Burundi is more than 40% female and has an ethnic make up of 60/40 (Tutsi/Hutu) with a very small minority of staff reporting that they belong to neither ethnicity. These statistics are exceptional compared to other NGOs in Burundi.
- **2. Performance Management:** A regular evaluation system is in place and human resources analyses the evaluations and shares the report with all staff.
- 3. Capacity Building: Trainings take into account diversity of staff and the advantage the training will bring to units. It is important that training in certain subjects is maintained such as Gender Equity and Diversity, Rights Based Approach, Conflict Resolution and HIV/AIDS.
- **4. GED at work:** Our diversity helps us sustain our commitment to equity. Debates in our offices on issues of equality further strengthen this commitment. One challenge is that community based staff have little access to work tools such as computers and internet access. The status of breastfeeding mothers is taken into account in per diems and other benefits; however the amount

- given for the child (50% of the per diem) is insufficient since the mother usually has to travel with both the baby and a nanny. CARE Burundi gives maternity leave in line with Burundian law. We have a code of conduct that enables staff to know how to better work together and respect each other.
- **4. Decision making structures:** The CARE Burundi Decision Making Unit is made up of the CD, ACD and elected diverse representatives from staff. The unit makes decisions in the interests of staff and the organization.
- **5. Social Environment:** There is a social committee in each office that helps to organize a number of events to improve our social environment. On certain Fridays, staff members play sports together and celebrate birthdays. There is an annual all-staff sports retreat and an annual staff family party.

6. Benefits for staff

The end-of-year gift to staff, medical cost coverage, and transport of staff are all given equitably.

7. Medical coverage: Staff (and their families) suffering from certain incurable illnesses and psychological problems are covered, yet cases of chronic metabolic illnesses (such as diabetes) that require continuous medical treatment are not included in this support.

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- **8. Communication:** Staff share information about the organization each morning and on the internet. At the same time, we are concerned that staff based in the community cannot participate in these exchanges.
- **9. GED** in the community: We value community expertise and build on prior successes to promote sustainable change. The targeting of men in the Women's Empowerment Program has had significant impact. Community members are trained to promote equality; this enables them to fight all forms of discrimination.

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10. GED in partnership: Choosing the partners who work with CARE is carried out through an organizational audit, during which we ensure that the organization promotes equity.

In conclusion, CARE Burundi is on the right path in its application of GED. The Burundian government has recognized that CARE has done a lot of work to improve staff diversity. Additionally, CARE Burundi won the Pat Carey Award for Gender and Diversity in 2008.

Developments in CARE's Gender Resources

GBV Mapping Report Now Available by Leigh

Stefanik, GBV Program Officer, CARE USA

An internal draft of the global mapping of CARE's GBV projects is now available. The report includes analysis of funding, settings, multi-sector integration, types of GBV addressed, strategies used to prevent and respond to

GBV, implementation challenges, as well as summaries of 71 out of CARE's 77 GBV projects around the world. A capacity statement for CARE's GBV work will be produced, along with an external version of the report that can be circulated outside of CARE. Please contact me at Lstefanik@care.org to obtain a copy.

Regional Letters: "Female Leadership in Asia – So Why the Big Deal?" By Nick Osborne – Regional Director for ARMU

A female accountant in a Country Office in the Asia region who is consistently a star performer, is asked, "Why don't you apply for a finance controller position?" She replies, "Oh, I have to focus on my family." She pauses, "My husband would never let me stay at work until the middle of the night. And the finance controller has to do that every month." This is a typical story from our Country Offices in the Asia region. In fact, CARE does not have one single female Finance Controller across the region.

The gender differentials across CARE USA's Country Offices in the Asia region are stark: So what are we doing to address this challenge? At the recent Regional Leadership Team meeting, we identified actions to move the region forward in developing female leadership through the establishment of a Female Leadership Program (FLP). The actions included; i)

identify a cohort of potential female leaders from within our midst, and ii) invest in the development of female leaders (using diverse approaches and learning from others – such as mentoring, training and Experiential Learning Opportunities).

Working with all CO's in the region, the overall goal of the FLP will be to develop opportunities to promote female leadership in the region, and in doing so, increase the percentage of women in all levels of management and leadership. Within this there are a number of objectives, namely; i) increasing the representation of women in senior positions, ii) providing opportunities for women to grow and develop into positions of leadership, iii) establishing a greater percentage of women in senior leadership positions in the region who

- Across Asia, only 26% of staff in Country Offices are female.
- Only 27% of members of leadership teams are female.
- The length of time that a female staff member stays in her position with CARE is approximately 30% shorter than that of her male counterpart.

have a greater say and influence in decision making processes, iv) providing opportunities for women to achieve greater solidarity and learning, and break through the barriers that hold back their professional development. The results and lessons from this program will be captured by the Regional Leadership Team, as well as through the tracking of results provided by UBORA.

The program brings together some 30 current or emerging female leaders from each CO in the region to participate in a workshop over the coming months. At this workshop, a key question for the female leaders to explore will be how the organization could best support, mentor and develop female leadership. The workshop will take an experiential approach in which the participants themselves play the key role in leading the process. The intention is to use the collective energy of the participants themselves to identify opportunities and to be as creative as possible.

Finally, and importantly, the initiative will also be seeking to identify the nature of change that the organization will need to take in the future if it is to be true to its commitment to advancing female leadership at all levels. This, we hope, will be through the female leaders themselves as they take on the role of "Agents of Change".