**Volunteers in CARE – A Summary of GED Working Group discussion**

**May 2012**

**Introduction**

During March 2012 the GED Institutional Working Group had a discussion about volunteers in projects. The questions came from CARE Austria and more specifically from a learning group on psycho-social interventions, they asked:

1. What policies/practices does your CO have in relation to volunteers in our project work? Are all volunteers treated the same? What differences are there? Are there noticeable difference in terms of particular sectors or in terms of traditionally ‘male’ roles and ‘female’ roles?
2. Do you have any evidence of negative or positive consequences for project volunteers? Do you track them? How? What are your findings?
3. What kind of approaches are you using to compensate for potential harm that volunteering might cause? Are you using any innovative approaches to negotiate space and adjust workloads in communities in recognition that often women and the most marginalized do much of the work at home and in the community?
4. How do you ensure that volunteerism does not cross the line into exploitation?
5. Do you think CARE could benefit from having a shared approach on this issue?

In all we had 12 contributions from 10 COs/Member Units; we also had contributions from two partners in CARE Pakistan. Here we provide a summary of the discussion which will also appear on the gender wiki at: <http://gender.care2share.wikispaces.net/GED+Institutional+Working+Group>.

**Summary of discussion**

This discussion ended up falling into two areas, first the theme of volunteers in communities where we implement our projects; second the theme of volunteers/interns in our offices. The summary will highlight the two themes separately.

**Project volunteers:**

The discussion was very timely for CARE Zambia and CARE Haiti. Zambia is embarking on a process of learning and their first learning theme is around community based volunteers (to take place in June/July 2012). Zambia has existing documentation on policy and practices (which was later shared by another contributor), but it has not been used – and they have found that projects are in practice divergent in the way they treat volunteers; this can create real operational challenges especially where projects are carried out in the same communities. They feel that they have probably not yet addressed the issue of unequal division of labor and women’s time poverty in Zambia, and how to compensate for this. In Haiti, the Education program is in the early stages of working with parent/teacher associations and they welcomed the opportunity to learn from others. They are proactively exploring how to monitor gender relations at household level and track that there is no positive correlation between volunteering and lower enrollment or retention rates of school aged children in the volunteer households. They hope that this proactive approach will enable them to put in place risk mitigation measures. They are also working in WASH programming and more specifically the Community Led Total Sanitation approach that is heavy on volunteerism; they felt that a shared approach to volunteering would be hugely beneficial to them and they would be happy to be a part of that.

CARE Haiti picked up on the distinction between volunteerism, mandatory volunteerism and participation. This was further picked up by a CARE US Gender and Empowerment team member. She suggested that volunteerism is highly connected to the issue of ownership. She shared the Community Engagement Compendium which provides guidelines on principles and practice in community engagement. It also highlights some common pitfalls. The involvement of communities in planning initiatives seems to be vital, and there is evidence in Liberia that when communities take on the issue of the potential for unbalanced workloads for women, there are ways that they will compensate for this (in this case rotated assistance on farms to enable both men and women to attend school management trainings).

A colleague from Mozambique (with past experience in Rwanda also) underscored how critical the issue of volunteerism is to CARE’s work. In Rwanda they had explored the use of performance based incentives for volunteers, the idea being that incentives (cash, in kind or training) would be provided to improve motivation and retention of volunteers and also to improve the quality of services. In Mozambique, the team is looking at volunteers in several projects particularly in health and agriculture; there they are also working on performance based incentives with Cornell University. Here they want to understand the motivation of volunteers, the enablers and obstacles and differences between men and women. Experience shows that men are not always comfortable discussing sexual and reproductive health with women and that the Community Health Workers policy because of the literacy, training and workload requirements is often excluding women from coming forward. So the research will explore these and provide some ways to adjust the expected profile as well as explore how men might be more comfortable discussion women’s health issues. This sounds like an excellent piece of work to share!

In Agriculture too, the CARE Mozambique team noticed that there are mainly men extension workers and this excludes women from their services. As a result, CARE Mozambique hopes to include gender into training for these extension workers which would include a gender analysis to explore how to promote women’s volunteerism without overburdening them given their traditional care taker roles.

The team there also notes that over ‘incentives’ are not even covering opportunity costs such as travel, time away from productive/care activities, etc. It is therefore vital to do a good estimate of opportunity costs to ensure that these are covered and that incentives are used to improve motivation, retention and quality (through linkage to performance). Finally they feel that succession planning is vital because volunteers move on and it is best to plan for this early on.

Linked this issue of opportunity cost, the facilitator shared the link to a recent address at the AWID forum by Marilyn Waring; it highlighted (at a very macro level) how unpaid work of the ‘care economy’ is defined, prevailing norms and ideas about its’ value in economic terms (i.e. GDP) and some alternatives to these views. (<http://www.forum.awid.org/forum12/daily-plenaries/>).

CARE Bangladesh chimed in with some fantastic practical suggestions based on their experience. The noted that they use Human Resource principles in the selection of volunteers at community level; each project develops a guideline related to their project proposal which covers volunteer selection criteria and role. The project team then works with a CARE administration representative and a community representative to select them. They have both paid and unpaid volunteers working in their own communities, payment is linked to the number of hours worked. Volunteers define their working hours in consultation with the local development committee and project staff; if the workload increases too much, they can adjust the time they give.

Volunteers receive an orientation which covers their role and expectation as well as the Prevention of Sexual Exploitation and Abuse policy, values and accountability. They also track how the volunteers are doing in terms of their needs and performance through regular meetings that bring together senior CARE staff, local government representatives and the volunteers themselves.

Thus far, CARE Bangladesh report that they have a lot of female volunteers (40% of unpaid volunteers are women); and they not seen any negative consequences of their work, but perhaps this is because it has not been looked at systematically. The do note that communities appreciate their volunteers, the drop our ratio is very low and when it occurs the CARE staff always follow closely to find out why.

In short, the mission has a uniform policy for volunteer management which was led by a team headed up by an HR professional, the opportunity to debate and discuss and to be proactive in the definition, management and rights issues of volunteers has enabled the team there to move forward.

In West Bank Gaza, they have had some experience of community based volunteers; in this case they provided transport fees, training, certification and equipment for first aid and emergency training. They are also looking into how to integrate more volunteers into their community based work and how to orient them and reward them.

Partners in CARE Pakistan provided us with great insights into their practices. For one of the partners, volunteering is core to their work – they are considered ‘partners in development’ since this partner believes that change comes when citizens demand, struggle and direct change themselves. They have different strategies for volunteerism depending on the project, time and social context. They tend to include them from planning to implementation and they are the owners and care takers of the work. They have equal numbers of male and female volunteers (which is a big achievement for them). Volunteers tend to be treated the same from the partner perspective, but they find that some may earn more respect and recognition from communities. The partner was quick to cite positive consequences of using volunteers, their knowledge of the local culture, traditions and needs enhance the project. They can work closely with project staff to bring ideas together – a meeting of local reality and development practice that can be beneficial in terms of project outcomes. On the negative side, they gave the example of favoritism and nepotism as well as political wrangling (as local leaders feel threatened by a potential future rival). This partner takes care to ensure that their volunteers are not overburdened and are compensated; and community and project staff monitor them and ensure a feedback and complaint mechanisms. Volunteers are also free to quit if they need to. This partner felt that having a shared approach to volunteerism would be very helpful.

The second partner has a guiding policy for volunteering with them. They have various tiers of volunteer but all are treated the same. They ensure that they have at least 20% youth and 50% female volunteers in all forums. This partner also sees their volunteers as a source of great strength and influence; they ensure that all volunteers share their mission, vision and values and can give of their knowledge, skills and experience in order to make a difference in their community. This partner has a nominal membership subscription for most volunteers and as a result they participate in the democratic functioning of the organization. There are elected volunteer governing bodies who work in partnership with the management. The time given by volunteers varies based on their own availability and the role they undertake. They cover travel costs, but ensure that these are cost effective and that any travel has a clearly defined purpose and intended results. The volunteers are involved in planning, implementation and monitoring of projects. This partner has not seen any negative consequences of volunteer involvement in the projects; they believe in part that this is due to a Code of Conduct policy around ‘conflict of interests’ that all volunteers sign and against which they are monitored. Volunteers also have terms of reference which outline their roles and responsibilities. Specific measures are also in place for the protection of young volunteers and for the safety and security of all volunteers. This partner is happy to share their approaches to volunteerism if CARE would like to learn from them. Core to their work, they believe that involvement in all aspects of the project as well as the partner governance seems to enhance the volunteer experience and contribution.

A staff member from CARE Pakistan also shared their experience following a discussion with Voluntary Services Overseas. Here, she learnt that volunteers need nurturing and support as they are exposed to development work; VSO and Peace Corps provide a good nursery for their learning as well as hugely beneficial to the organization they work with, as they bring in professional expertise. She wondered if CARE could have more formal linkages with such organizations for example in our emergency roster.

**CARE Office Volunteers:**

In West Bank Gaza, CARE has volunteers who help out with office duties; the majority of them are students. CARE provides them with a certificate of volunteering and a recommendation letter which often helps them enter the development sector.

CARE Egypt also takes volunteers and interns in their offices, like West Bank Gaza they provide a recommendation letter at the end of the volunteer period. They shared their policy with the group, because they found that the volunteering was getting out of hand, with many volunteers and no documentation or involvement of HR. The policy that they shared outlines how to manage volunteers from recruitment to departure and this enabled the process to be more formal.

**Conclusion**

Another lively discussion! Thanks to all who participated. If you would like more information about this discussion please contact Allison Burden at [aburden@care.org](mailto:aburden@care.org). Please also feel free to share your learning (Zambia, Haiti and Mozambique) as you move forward your work, I am sure that others will benefit from that learning.