



Emergency Capacity Building Project 'Case study of good practice'

Standard Case study

CARE – Gender Equity and Diversity

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1. Introduction

CARE was founded as an emergency response organization. Due to CARE's breadth and depth of programming, the organization is able to work beyond the response phase to assist communities with the difficult task of rebuilding their lives and restoring their livelihoods. CARE has approximately 70 Country Offices and 12,000 employees, of whom 96% are national staff working in their home countries.

In the mid-1990s, a revised organisational vision prompted recognition of the need to evolve and change. Early initiatives and thinking around diversity melded with this process and emerged as a Gender Equity and Diversity strategy (GED). "Embracing diversity at CARE means valuing, respecting and fully benefiting from each individual's unique qualities and abilities in order to fulfil and strengthen our vision and mission."¹

2. About Gender Equity and Diversity (GED)

Commencing in 1998, the GED strategy was developed and refined over a period of about 8 years. Led by the Board and owned by the Executive Team, the first stage of this initiative involved a global organizational dialogue on Gender Equity and Diversity and CARE's vision, mission and programming principles. The strategy developed from the findings of this dialogue consisted of three key strands.

The first element involved building analysis and awareness. Having identified four key leverage areas - representation, trust, learning and accountability – CARE implemented a global Diversity Gap Analysis using these four areas as the basis for analysis. 90% of Country Offices participated in this exercise. The process of analysis created a platform for dialogue around difficult issues and expanded sensitivity to differences within the organization, sparking productive discussions about issues of religion in Egypt, and ethnicity in Burundi, for example. In addition, the composition of the senior management team came under review, with measures being put in place to ensure broader inclusion.

¹ CARE – Presentation on GED, February 2005



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The second aspect of the strategy aimed to build capacity and skill. A three-part diversity curriculum was designed and implemented through specialised training workshops. At the same time, a focus on building GED skills was integrated into all management and leadership training programs, and Diversity training is now built into orientation sessions. Three global conferences were held in order to establish a network of champions who would promote GED in their local area. To support the process of enabling staff a Gender Toolkit for Programs and Diversity Training Manual were produced.

Thirdly, the strategy focused on integrating GED into CARE's policies, systems and management structures. This involved reviewing all HR policies to ensure they reflected the principles of GED, drawing on insights gained from the earlier dialogue process. Diversity competencies were incorporated into CARE's recruitment and performance management systems. In addition to the HR aspects, the programming side was given equal consideration with Gender and Diversity being integrated into programming frameworks and operational strategies. In 2005 Gender and Power was chosen as the focus for CARE's Strategic Impact Inquiry.

GED has been implemented at every level of the organisation. Actively sponsored from the outset by the Board of Directors, President and Senior Executive Team, the initiative is now led by a Core Team of three Senior Advisors charged with ensuring that CARE continues to link GED to its global vision, mission, programming and organisational strategies. A network of GED Change Agents based in Regional and Country Offices have GED as their primary focus or as a significant part of their job responsibility. Numerous local initiatives such as country specific curriculum design, women's forums and mentoring groups for female staff, and dialogue around diversity issues have all helped to embed GED within the decision-making processes and cultural norms of the organisation.

Among the key learnings that have come out of the process of implementing GED is the recognition that the central issue in all GED work is, ultimately, the dynamics between those with power and those without, and the fact that it is necessary to work with both parties. In addition, implementation is a long-term process that involves change at the individual, program and organizational levels.

3. Background

Standard tools to support GED implementation now include a 4-module GED curriculum, a GED Gap Analysis Toolkit, and an Inclusive Decision-making Toolkit, while customised GED interventions are produced as required by individual Country Offices.

Development of GED required inputs of staff time, staff development, design and production of training materials and facilitator guides, and communications. The overall costs are estimated to be in the region of USD 500,000 – 700,000 over the course of 8 years.



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Estimated implementation costs take into account policy changes, programme changes and revisions, ongoing staff development, staffing costs, production and distribution of materials; the total approximate figure is in the order of USD 750,000 – 1,000,000 over 8 years.

4. Evaluation of success

GED has transformed CARE's organizational culture. Changes in expectations, behavior, processes and practice have resulted from the strategy, leading to increased openness and inclusiveness. Greater sensitivity, empowerment of staff, and the ability to dialogue around diversity issues, all exemplify this change in culture.

One of the specific indicators is the increasingly diversified leadership profile. The most recent statistics show that between 1999 and 2005, the proportion of senior international positions held by women rose from 21 % to 30%; while the figure for staff from developing countries increased from 3% to 12%. These changes are reflected at all levels of the organization.

GED also has a direct and significant impact on work within communities. Specific examples include Democratic Republic of Congo, where persistent efforts and advocacy of CARE staff resulted in a project to rescue and provide community-based care to vulnerable girl soldiers; Uganda, where CARE trains women to maintain hand-pumps in IDP camps; and Sudan, in supporting Community Peace Promoters to advance peaceful coexistence. Overall, there is a significant increase in the number of Country Offices implementing projects and initiatives to advance women's rights, especially focusing on gender-based violence.

5. Conclusion

Key factors underpinning CARE's success in implementing GED include consistent leadership from the Board and senior team, with commitment of resources to support a sustained approach. Working at global, regional and local level ensured that GED could be consistently integrated into CARE's strategic planning, programming, global learning, decision-making, performance management and staffing.

GED has become a fully-integrated part of CARE's organizational life. It is now central to CARE's mission, and has a profound impact on the organization's culture and its work with communities.

This case study originated from [Care International](#) and has been prepared by People In Aid in partnership with the Emergency Capacity Building Project (www.ecbproject.org).