



## **Addressing Gender Equity and Diversity in our organization and the communities we serve**

### **A case from CARE Burundi**



This case study explores organizational changes that took place between 2003 and 2009 to address gender and diversity both within CARE Burundi as an organization but also to improve the impact of programming in this chronically poor and conflict impacted country. This is just one case, in the larger journey that CARE has gone through globally.

### **Context**

Burundi is a country that has been plagued by inter-ethnic conflict since independence. The minority Tutsi population dominated the power structures and controlled access to both social and economic resources. Power had changed hands through civil unrest throughout history, but until 2005 had remained predominately in the hands of one small segment of the population and usually with the backing of the army. During the transition of power in 2003-2005, CARE started a journey to create a transparent and diverse governance system within the organization that would enable CARE and its partners to address poverty and social injustice in the communities.

The change process started with a gender and diversity gap analysis (similar to Plan International's GESA) in 2003. It was a painful and telling experience. Most of the senior staff were male, from one ethnic group and one region of the country; an internal reflection of broader Burundian society. The internal staff structure did not reflect that communities that CARE aimed to serve.

The gap analysis documented the status of the organization: male Tutsi dominance, lack of trust amongst staff, poor communication, hierarchical power dynamics, little voice for women, unequal pay and staff development opportunities, and programs that were focused on output rather than impact.

Following the gap analysis, many senior staff were put out of their comfort zones, staff that held power felt exposed and vulnerable, death threats were made to some senior leadership but the seed for change was planted. The follow-on process was led by a new Country Director, a non-national female, and a team of staff that were a combination of volunteer but selected and had an equal balance between male/female and Hutu/Tutsi as well as different job seniority within the organization. The team developed a plan that sought to increase trust, diversify the team, better understand the underlying causes of poverty and become a more effective organization.

The process of change was long and allowed staff, over time, to reflect, question and explore themselves and in so doing, reflect on, question and explore the work of CARE. A new atmosphere of questioning and honesty was bought about through both programmatic and organizational change, and the one would not have been possible without the other.

### **The change process**

The process was not linear nor was it departmental. It was a journey of push, pull, test and try. It included:

- Changing who we were as individuals, staff composition and the systems we worked within
- Creating a climate of trust, learning and passion for what we do
- Increased quality in our work from design of programs to accountability mechanisms
- Establishment of a strategic framework to guide the change

### **Exploration and creating the platform**

The initial process started with small steps, creating the platform. The first step was conducting the gap analysis and establishing a multi gender and ethnic team to address the findings. This created ripples and waves. This was followed by some simple capacity building processes such as developing inquiry skills amongst staff. It was also accompanied by some urgent firefighting such as addressing salary discrepancies.

The description below covers the main components but is not chronological.

### **Strategic Framework**

Programmatically, there were a number of opportunities to change. As staff's own awareness around rights and gender equity and diversity increased, new programs were designed that involved reflection and process and the CO took opportunities that form part of the normal cycle of planning to do things differently. This process took two years of learning and reflection and testing different tools and approaches.

When the team was developing their 2004 Annual Operating Plan, they spent half a day in the communities using the "5 why" tool, where teams asked community members about the causes of poverty and with each answer they probed and explored deeper (see box). This is the first time that staff reflected that the problems facing communities were not just needs based. A first step was taken and this touched staff as the causes of poverty for poor rural populations were the same injustices and insecurity that they were living too. CARE staff started to see the direct link between themselves and the communities.

*"What is the cause of poverty", CARE staff asked; "lack of food", **Why?**, "lack of fertilizer" **Why?**, "lack of livestock", **Why?**, "lack of security", **Why?** "fighting between rebels and army", **Why?** "control of power" **Why?**, "corrupt governance systems" ...*

In 2005, the preparation of the Annual Operating Plan went a step further and that year the participation in this process included a large number of field staff, drivers, and administrative staff, ensuring representation from all ethnicities (including the minority and marginalized Batwa) and both sexes. Then, instead of focusing on the output of the plan, all participants were asked to dream about where they wanted to see their own lives in 5 years. What was striking was that the dreams of individuals were so similar. As they were grouped together, it became clear that CARE's Annual Operating Plan should align with the individual dreams, and the organization only needed one objective for the following year. It was the following:

*Valuing the expertise of communities, CARE and its partners will have succeeded in better understanding the social disparities in Burundian society in order to maximize CARE's impact upon the search for lasting peace. (Rough translation)*

### **Strategic Journey**

The team realized that in order to achieve this objective they would need to make key changes and they embarked on a two year strategy and reflection process called "Le Voyage". They framed the journey on Appreciative Inquiry methodologies and adapted it to the context and integrated it into all aspects of work.

They sought to transform their attitudes and behaviors in their work; that in order to learn, staff would need to become questioners and listeners; they would need to see poor men and women as experts and not 'beneficiaries' (one way in which they signaled this change was in the changing of the name of participants in our projects from 'beneficiaries' to 'voisins' or 'neighbors'); lastly, they would need to be constantly learning and ensure that they were responsive, while adapting CARE's work based upon the expertise of communities.

They conducted action/learning research with their methodology called 'dialogues valorisants'. The methodology involved approaching individuals in all spectrums of life, not just CARE project participants, and asking them to tell a story about something they had done in their life that they were very proud of and that made a positive impact on their life and/or the lives of others. Slowly, the stories began to emerge of life, barriers, opportunities and solutions in Burundi.

The stories were inspiring and positive. As they were analyzed some themes for further research emerged on women's empowerment, conflict, power relations, youth and much more. Along with the subsequent research, a new approach to bringing about change was tried, where the storytellers moved amongst their own communities and travelled to new communities sharing their stories and provoking broader reflection and discussion amongst people.

An example of this is Faustin and the Abatangamuco<sup>1</sup> who shared his story of changes in the way he perceived and treated his wife. In his life the changes, which included increased respect, trust, sharing of resources and decision making, had impacted significantly on his economic situation and his happiness. CARE played the role of facilitating such exchanges, preparing the ground for such discussions, supporting the telling of the stories and tracking the results.

All these experiences of the 'voisins' fed into the strategic planning process. The strategic plan that was developed involved the analysis from the dialogues; it brought together CARE staff and partners, as well as expertise from outside and allowed for more discussions and dialogue. The result was a strategic plan that was not static and bound by specific activities but that charted a pathway forward; a pathway of continued learning, reflection, change and adaptation in response to what was learned from

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<sup>1</sup> See the Abatangamuco videos here: <https://www.youtube.com/watch?v=6COuHkfxQXY>

the communities, the real experts. An example of this has been the recent development of a community score card (learning from other experiences in CARE) that will enable communities to monitor the implementation of our work and help define what 'quality programming' is.

The significance of this shift was great. It transformed power relations, by placing project participants in the powerful position, and it created new ways of listening, synthesizing and using information that comes from the field. It placed CARE in a very different role, as facilitator, listener, catalyst and supporter of efforts. It has meant that leadership was given from below, and what guides the work of the CO is no longer what donors request, rather the invitation of donors to support the work that communities have identified. It required new accountabilities of staff and impact measurement systems to the communities themselves.

It meant that CARE radically reduced its involvement in food aid distribution, focusing its intervention only in geographical areas where we had on-going development programs. CARE challenged the emergency response teams to become more accountable, less exploitative and more nuanced in targeting and building improved impact because of strong relationships of trust with local communities and authorities. Proposals were only submitted to donors if they aligned with the strategic aims of CARE and the process of proposal design changed; it included staff, partners, community members and government authorities.

### **Organizational transformation**

But such programmatic change did not happen in isolation from high investment in organizational change. Here are some of the things that happened as the program shifted:

- **Communication, leadership and Culture**
  - The implementation of the Gap Analysis was led by a team of staff of diverse grades, ethnicity and gender, called the *Consultative Group on Organizational Management*. Communication was the first challenge they tackled and creatively sought ways to communicate including morning team gatherings to share news and stories in each office to promote face to face communication. Story telling was promoted as well as passion for dance.
  - Changes in decision-making structures also occurred. The classic senior management team was disbanded because it was unable to communicate effectively or make decisions. Neither the members, nor the rest of the staff were happy with the team. It was replaced with a new structure; at field office level, decision-making teams were made up of elected representatives from each project or unit, the selection was based on competencies for the role. From these groups, two representatives from the field offices were joined at a national level by the CD and two Assistant Country Directors (ACDs). The result was that this national structure makes decisions only on policies that impact the whole CO, operational decisions are made by appropriate managers/departments in more traditional management structures. The key tenets of the group are transparency, representation and communication – when a task at hand required different skills a subcommittee would be set up to implement such as: Strategic Planning, or Program Quality, or Staff Wellbeing.
  - There were changes in policies and the way that policies are developed. New policies were put in place, but always using a very participatory process. In all policies, gender equity and diversity are taken into consideration and as a result organizational policies are responsive to the unique needs of different staff (such as breast feeding mothers, men that are widowed and have young children, etc). Policy implementation has also been done in such a way as to promote learning, for example, with all staff attending a two-day training on HIV and AIDS and voluntary testing being carried out at the office.

Further, instead of just copying and translating the CARE USA Code of Conduct a 2 year process was used to develop a relevant Code of Conduct for the office. For example, local Burundian proverbs were collected that either demonstrated desired behaviour or where Burundian culture does not promote our desired behaviours.

- Office action plans: each office developed their own action plan to address gaps in promoting gender and diversity. This varied from changing the male and female toilets, creating outdoor sitting spaces, office group lunches, notice boards, placement of offices (breaking down hierarchy and promoting shared offices) etc.
- Staff wellbeing: in addition to reviewing salary and benefits packages to be on the agenda, up to date and empowering, a focus was also made on well-being. Confidential services for counselling, psycho-social wellbeing and chronic illnesses were established; a particular emphasis was focused on domestic violence of female staff.
- An improved social environment was created. This part of the work is often undervalued and yet, in the case of Burundi, it has been vital. Social events for staff were regular, they were fun and provided a place where the CARE family can be built and people get to know one another beyond the confines of the time consuming jobs they hold. Events included such as Friday sports and games, annual all staff and family parties, staff lunches, became the norm as well as ensuring that the sick or those with new babies were visited by staff members. Various staff social committees existed

- **Staff hiring and performance management** – to start a new HR manager was recruited who came from the underrepresented ethnicity and the Country Director focused her 1<sup>st</sup> year extensively on HR reform.

- Recruitment was changed to take place on the basis of competencies. Historically due to inequitable practices that favored the elite class in Burundi, higher education was available to people of a certain ethnicity and from a particular region, and because CARE tended to focus on educational qualifications in recruitment, this meant that we tended to attract people only from this one region and the elite of the country. Therefore, the new recruitment was no longer based on academic qualifications, but rather on skills and competencies. Women and all ethnicities were explicitly encouraged to apply in advertisements and this was complimented by targeted recruitment from the underrepresented ethnicity from refugee camps in Tanzania. The hiring process used a variety of assessment tools from written tests, individual and group interviews, role play, and practical exercises.
- Job grading and salaries: Through a participatory process, the job grading system was reviewed in a methodological and transparent way by a representative team of staff. A process that took one year. It promoted accountability and transparency, since the system that was set up depended no longer on whom you knew, but rather a tool that was accessible to all and based on the responsibilities of the job.
- In performance management, it was found that the annual performance evaluation process was seen as purely administrative and resulted in little productive feedback and learning. It also became clear that staff were using the process purely to get the same salary increase. As a result, the annual salary increment based on annual reviews was abandoned and replaced with an annual recognition award where staff are chosen by their colleagues for outstanding contributions. The delinking of the two has led to great honesty of evaluation and performance that is characterized by learning and development.
- Awards and recognition: an annual process of recognizing staff for going beyond their duty was established, where staff were nominated and reviewed by a diverse team. Selected candidates received a certificate in a ceremony and their photo was hung in the office, simple but effective.

- The various changes in the CO led to improved staff retention; whereby staff would prefer to stay with CARE at a lower grade than seek jobs elsewhere, because they feel valued and motivated by the work.
- **Staff capacity**
  - Staff trainings were conducted in rights based approaches, participatory tools, gender equity and diversity, conflict sensitivity, non-violent communication, and performance management. The training was both of a technical and a personal nature. All staff including support staff such as guards and cleaners were offered access to the workshops. Workshops were initially inspired by outside experts but most were conducted by internal staff. This was a deliberate strategy to break down the senior staff mono-ethnic and gender composition. The trainings were also complementary, so for example, as a part of the performance management training there was a focus on open-dialogue, which complemented the training around non-violent communication and gender equity and diversity. For any regional workshop or external opportunity, staff were asked to apply and state their objectives and what they would gain so as to stop these opportunities only being available for those hand-picked by senior staff.

**Learning from this experience:**

The process of organizational change takes time. At each stage, transparency and communication are critical, and communication should be varied, not only in written form but spoken, face to face in both formal and informal settings. Time is required to sit with staff who are facing difficulties or who do not understand or do not want to understand. Finding this time is challenging and CARE Burundi used a number of approaches such as suggestion boxes, informal meetings, social events, field visits, printed materials, notice boards and so on to engage with staff and seek their active participation in this change process.

Staff need to also be given the scope to innovate, reflect and lead the change process. Each individual has a different way they can contribute and numerous opportunities need to be in place.

Critical to the process is a genuine interest in the lives of others, within staff this means valuing both the professional and personal spheres, and with 'neighbors' this entails listening attentively to their stories and valuing them as providing critical input into CARE's directions. A climate of trust must exist. Within a healthy and nurturing environment of trust staff will take risks, explore new areas, and ask critical questions about our work and its impact.

Finally, adaptability and flexibility are crucial. The use of the learning should lead to change, whether this be inside CARE or outside, so a policy that does not cover a specific circumstance may need to be adjusted. Or a programmatic approach that is having unintended negative effects will also need to be changed. In all of this, transparency and accountability take on great importance because it renders the process of change less risky and more justifiable.

*Adapted and edited from CARE Burundi November 2009*