

Art and Craft II

The CARE Standing Team one year later

The annual meeting of the CARE International Standing Team (of Q&A advisors) and Regional Emergency Co-ordinators Geneva 24-28 May 2010 | prepared by Sean Lowrie, independent facilitator, info@seanlowrie.com

Overview

This report has been written as a contribution to the evolving understanding within CARE International about its Standing Team of humanitarian quality and accountability advisors (ST). In addition to those who attended the meeting, this report may be of interest to people from other agencies within the ECB initiative.

The meeting agenda varied little from the process established in the first such meeting last year and is well described in last year's meeting report. Most of the issues explored last year's meeting report are also still worth reflecting upon.

This report is not a record, and is only based on discussions that occurred during the first two days of the five day meeting. It focuses on newly emerging issues with an eye on developing how change is catalyzed within CARE in the coming year.

Analysis: emerging issues and lessons

The network approach

It may be more effective to visualize this initiative as a network. In the network perspective, the ST would form the core of the network, while the membership would extend to the Regional Emergency Co-ordinators, leaders in the CARE International Secretariat, and other CARE staff around the world who are interested in program quality and organizational development.

The concept of Standing Team is never-the-less critical in obtaining the organizational support required so that staff are made available to conduct interventions designed to improve the quality and accountability of CARE's humanitarian work. In this light, the Standing Team functions more like a roster, to which people are allocated one month per year. For the remainder of the year, Standing Team members have ongoing jobs and responsibilities, usually related to some aspect of CARE's organizational development.

The group also felt that, as a new network, it required explicit and sustained support and nurturing. The ideas generally fell into three broad groups: the right sort of working culture that would contribute to building a network / community of practice; the technology used to promote collaborative working such as wikis and teleconferences; and the role of the facilitator. The role of the network leader/facilitator/convenor was highlighted as critical in creating the required flows of information and knowledge sharing.

Dealing with complexity and understanding change

The process of improving quality and accountability of CARE's work during humanitarian crises is highly complex. The initiatives within CARE International confederation are

contributing to increasing complexity, and CO staff and ST members struggle to keep sufficiently informed. ST members are deployed as 'experts' in accountability systems, although the key service they provide may be more in helping the CO deal with all of the regulations and procedures. In fact, many of the initiatives overlap, and it was agreed that a few key processes and datasets can contribute to several organizational development initiatives. The question is what those common processes and datasets might be? A 'good enough guide' for CARE may be required.

It is also important to reflect upon the implicit and explicit change model that informs the work of the Standing Team. There are five services and implicit assumptions about their impact on the performance of the country office. The discussion of the first two days of the meeting clearly indicated that the five services may not be sufficient.

Capitalizing upon the opportunity created by formal tools

The deployment of the ST to conduct an 'intervention' has been based largely on two requirements within the CARE International bureaucratic machinery. First, Country Offices are required by the CARE International rules to conduct an After Action Review during certain types of emergencies. The ST has usually been requested to facilitate these AARs. Second, Country Offices are required to have an Emergency Preparedness Plan, and the Regional Emergency Co-ordinators are usually requested to facilitate this process. Recently, Country Offices have begun to request these services when not required by the CARE International rules, indicating a growing sense of value associated with the AAR and the facilitation services of the ST.

There is a growing recognition that the above-mentioned formal opportunities for service provision provide the space for more informal interventions. It would appear that improving quality and accountability in CARE's humanitarian work does not always depend on the formal bureaucratic processes, but addressing more intangible and relational aspects of how the Country Office operates and relates to its stakeholders. It may be that the informal interventions are more important.

For example, over the last year, ST members have observed Country Offices with 'dysfunctional' working cultures. The point was raised that all office working cultures are unique, and therefore 'dysfunctional' to a certain extent. However, when deployed the ST are external consultants and are more easily able to perceive and try to improve teamwork. Moreover, improving quality and accountability involves change, and change can be uncomfortable to organizations, and as a result the ST is required to effectively handle sensitive issues.

The importance of the informal aspects of ST deployments was highlighted by a series of intensely discussed questions. First, what opportunities exist beyond the five services currently offered by the ST? It is obvious that specializing in five services makes it easier to recruit for, develop the competencies of, and market the ST. That said it is also evident that the range of issues affecting program quality and accountability extends beyond the five services. There is a desire to make the most of the space made available during a 'deployment'. Second, how can ST members deal with tensions within a CO, and between a CO and its external stakeholders? Third, what opportunities exist for ST members to

contribute to better teamwork and trust in the CO? Fourth, what informal and formal power does the ST have to ensure improvements in quality and accountability occur? Fifth, how does one balance the dual compliance and capacity building role of the Standing Team? Sixth, how can ST deployments contribute to a wider range of CARE compliance mechanisms?

Shifting from accountability during humanitarian crises to accountability at all times

There is a strong consensus that improving CARE's accountability work in humanitarian crisis situations requires that systems are put in place before the crisis occurs. This could mean addressing quality and accountability within preparedness plans. This could also imply addressing quality and accountability within the ongoing development work of the Country Office. It was felt that the initiative would be more successful if it was to drop the 'humanitarian' from 'humanitarian accountability' and simply focus on improving CARE's accountability across all of its programmes. It was mentioned that at the governance level of CARE International a similar realization was developing. Should this occur, the rationale for adopting a network approach would be even stronger.

Conclusions and recommendations

The Standing Team is a network of people with a technical expertise available to the entire Confederation. Its goal is to improve the quality and accountability of CARE's work in humanitarian crises. The means of achieving this goal is the HAF framework. Deployments consist of both formal and informal interventions based on the context. Deployments result in a report and recommendations.

Standing Team members are change agents who provide technical support in the machinery of CARE's bureaucratic systems, and informal support in shifting mindsets towards greater beneficiary accountability. The ST is concerned with a cluster of inter-related concepts that includes (but is not limited to) quality, accountability, impact measurement and the program approach.

The Standing Team has a nascent set of tools and procedures, and is expanding its membership to CARE staff from Country Offices in all the main regions. I would suggest that the ST has five strategic capacity building priorities.

1. Improving its understanding of, and capacity to facilitate, change
2. Intensifying the facilitation skills of individual members to handle the dynamics associated with teamwork and change in Country Offices
3. Adopting a network approach
4. Clarifying and developing the role of the network leader/facilitator
5. Improving capacity to capture learning and share knowledge

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