

What have we learned / what have we accomplished?

ECARMU Case Study – Sharing and documenting the learning around: using the competency model to improve the capacity of CARE staff to address Good Governance, Inequalities and Discrimination within CARE and in our programming.

To transform who we are, what we do and how we do it

A report to the ECARMU Regional Strategic Plan Steering Committee

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Background

In August 2002, CARE USA introduced the competency model to CARE USA employees as well as all Country Offices (CO). Staff were supposed to have integrated the competency model into on-going Individual Operation Plans (IOPs) by December 2002 and into the performance evaluation system by June 2003.

However, the documentation shared was confusing, there were so many different documents some sent by e-mails and other by pouch – there was little understanding at the CO level of what this was all about and whether it was different from what COs might already be doing under a different title. In most cases the documents were put on a shelf as another mandate from CARE USA to address later.

In September 2003, the Steering Committee for the East and Central Africa (ECA) Regional Strategic Plan met to discuss the implementation of the strategic plan and key activities to follow. Over and over again competencies came up as a subject, although many admitted they had not yet familiarised themselves with the CARE USA competencies model. Some CO's talked about using the competency model to address discrimination within the organisation while others discussed assessing the competencies needed for CARE staff in order to address good governance, inequalities and discrimination in our programming. As a result the Steering Committee and several CO's decided to coordinate our learning around integrating competencies and thus a working group was formed. The working group consists of 4 COs that have outlined "case studies" : Burundi, The Democratic Republic of Congo (DRC), Ethiopia and Tanzania; and Sudan, Eritrea and Rwanda who explored similar issues but did not commit to a "case study" although Sudan and Eritrea have done some excellent documentation on their work around competencies. The working group sought to take the first steps in "*transforming who we are, what we do and how we do it*".

Objective:

To use the competency model to improve the capacity of CARE staff to address Good Governance, Inequalities and Discrimination within CARE and in our programming.

Sub-objectives/ key activities :

1. Use the competency model to address internal discrimination, governance and inequalities in order to have a team that is more representative of the ethnic and gender compositions of the population with whom CARE works and that have skills and attitudes that help CARE to analyse and address issues relating to the root causes of poverty.
2. Identify competencies required by staff and develop a staff development program in order to address good governance in our programming.

Overview

Amongst the Working Group members, there was an initial division between focus areas with Burundi and DRC starting to look at internal discrimination issues while Ethiopia and Tanzania had a longer term vision linked to having the right staff in place to put into place their strategic plan. Eritrea, Sudan and Rwanda said they would watch and learn but have done more than that and shared some very useful experiences.

Initially, when everyone was still confused as to what the competency model was about, there appeared to be quite different approaches on how the various COs were going to address the sub-objectives. However, as time went on many of the activities were similar. Perhaps the largest difference between the two groups of COs is that Burundi and DRC are new COs and

don't have many systems and procedures in place – where Ethiopia and Tanzania have many structures in place, they just hoped to improve them. Because of language issues, a natural partnering took place between the two francophone COs and the two of the Anglophone. Eritrea and Sudan who said they were hoping to watch and learn from others through e-mail, actively participated in the general dialogue going-on but did not have any shared activities with another CO.

Objective 1:

Using the competency model to address internal discrimination, governance and inequalities in order to have a team that is more representative of the ethnic and gender compositions of the population and that have skills and attitudes that help CARE to analyse and address issues relating to the root causes of poverty.

This objective was addressed by CARE Burundi and DRC specifically and by Sudan. All three COs had identified discrimination problems within the staff structures. Sudan focused on decision making structures while DRC and Burundi looked at their overall staff compositions that do not reflect the ethnic or gender composition of the populations they serve.

In Sudan the CO focused on its decision making structure, the Senior Management Team (SMT), this viewed as a non-transparent structure that was discriminatory in that only senior staff in Khartoum were members – it was an example of bad governance and the CO decided that if there is not good governance within the organisation they will not be able to promote it programming. After much discussion and analysis a new series of sub-office teams with national-level representation was developed. In addition the team identified required competencies for members of decision making structures: Communicating with impact, Strategic Decision Making and Facilitating Change and have planned out an on-going structure of mentors to help develop these competencies.

Access to education – using competencies to get based religious discrimination

In Kasongo in DRC the majority of the community is Muslim, however, the majority of the CARE staff are Christian. CARE realized that the reason was that we had very high-levels of education and working experience (experience of working for an international NGO) required for many posts and the good schools in the region are church schools so Muslim children are not getting the same level of education. With a focus on competencies rather than education levels (do all staff need a diploma plus 6 years ?) the sub-office has started to diversify their staff, the first Muslim has been employed.

Decision making in Sudan

Samuel is a Primary Health care agent in Sudan that has recently been chosen, based on his competencies, to represent his sub-office on the CO-level decision making structure (formally the SMT). He could not believe he was being asked to sit in a room with the CD and ACD and participate equally in decision making. He is well respected and people appreciate the input he is able to provide, it enriches the meetings as he is able to comment from the perspective of field staff. He feels he has no trouble understanding the majority of the discussions, even though he has never been involved in this level of discussion. His colleagues back in his field-office really appreciate his role in this forum – as when he comes back he is able to share information and get feedback and it is all done in Nouer, their local language which makes it much easier for everyone to understand.

In Burundi and DRC the focus was on general staff composition. The Burundi office had a staff majority of one ethnicity that is actually the minority in the country, because they had better access to quality education. In DRC with the multitude of religions and ethnicities, CARE discovered that in many locations, the CARE staff did not represent the ethnic and religious composition of the community, but rather the elite. The Burundi Gap Analysis also highlighted a lack of willingness to discuss ethnic inclusion. In Burundi, the problem was compounded with the fact that exaggerated education level requirements for certain posts made it impossible for

internal promotions. Example: a driver working on the distribution project for 10 years not qualified for other posts because he does not have a post secondary diploma – although on many occasions he does the same job as those more senior to him.

Both COs targeted their HR structures in general. In Burundi, the competencies were translated into Kirundi and all staff were asked to revise their Job Descriptions to include competencies – this was linked to a job grading process revision which ensured 100% participation. In addition job advertisements were changed to focus on competencies rather than education, based on the premises that we are looking for people that can do the job not necessarily because they have a certain level of education. This was explicitly done to breakdown discrimination in the organisation as not all members of the Burundian population have had the same access to education over the last 10 years. Other tools included a sample of a CV and guidelines for cover letters that all candidates are asked to follow so that when reviewing applications it is possible to assess the competencies of the individuals applying not simply the jobs they had or had not held. In Burundi the HR manager was the primary person responsible for integrating competencies but also the SMT had some responsibilities as well as a Special Committee for reviewing job descriptions and a working group on performance management.

Impact:

Burundi and DRC have already seen results regarding improved ethnic and gender compositions within the organisations. Perhaps the most useful tool was the interview guide¹ that CARE Burundi developed which helped both Burundi and DRC select candidates that had what was needed to do the job but perhaps not necessarily the level of education previously required. In addition the use of competencies in the job descriptions and the emphasis in job advertisements on competencies rather than education – have expanded the diversity of applicants. Burundi has now had significant improvements in balancing the ethnicity and gender composition of their senior staff. DRC has also seen some positive first steps towards improve ethnic and gender balances in the organisation.

Ethnic conflict and the use of competencies to avoid in-balances in DRC

In the Bunia in DRC the population is divided between the Lendus and the Hemas who are in conflict with each other. One is the majority and the other minority but with a higher level of education. When CARE started recruitment they based job requirements on competencies. Also instead of starting with a written test they started with a competency based interview for candidates, this enabled them to short-list people who had the competencies required – the result was that the office team selected was a mixed group of men and women from both communities and CARE was not labelled as employing one side or the other like many of the other NGOs in the area.

Competencies and internal promotions

Cyprien started with CARE as a radio operator he was then promoted to a minor logistics role in the Distribution project. In his free time, he is the Burundi Civil Society representative to NEPAD and has several other accomplishments such as receiving funding for a proposal that took him to Tokyo for the Global Conference on Water. Because of his ethnicity and social marginalisation he does not have the level of education that was previously required for more senior posts – recent changes in HR procedures and a focus on ‘competencies’ opened the door for him to be selected as a senior staff member in a human rights and civil society project – no longer is he filling in wav-bills on the distribution project.

¹ CARE Burundi used the CARE USA competency based interviewing guide and summarised it keeping questions that were relevant to the African context and translated it into French.

In DRC using competencies has provided more opportunities from women to move up within the organisation. By focusing on addressing individual competencies of staff and helping them improve as well as emphasising competencies as requirements in job ads, two female staff have recently been promoted. While talking about opportunities for women, DRC is proud to add that they also have recently recruited one female driver and two female security guards. They admit that these are small steps – but at least they are moving forward!

Competencies have always existed!
When members of the Country Office Leadership Team in Sudan were asked to complete the “competency self-evaluation” many staff realised that competencies were nothing new – these were nothing new – staff had been relying on certain competencies to reduce potential internal conflicts, to provide capacity building to local partners and to ensure transparent decision making.

Getting Quality by focusing on Competencies

“If we had not based our selection of X post on competencies – we would never have employed John. I have worked for CARE for 10 years and never have I seen someone do that job so well as John. I think we should stop putting X level of education in the Job requirements – the level of education does not matter – we are looking for people to fulfil certain roles and responsibilities – and depending on the responsibilities – people will of course have certain experiences, skills or competencies that make them qualified for the post. If we set a criteria of education, we could lose the best candidates out there!” quote from a senior and long serving staff member in Burundi

Objective 2:

Identify competencies required of staff and develop a staff development program in order to address good governance in our programming.

Ethiopia and Tanzania had a bigger job in front of them. They started asking questions about the skill set needed in the COs in order to move forward in new programming directions around good governance, inequalities and discrimination. The COs felt that perhaps different skills and capacities are needed amongst their teams than they required previously. They hoped to use the competency model to identify these skills and establish staff development plans to ensure the team is able to address the new strategic directions. It should be noted that when these goals were set, neither CO had yet familiarised themselves with the competency model.

However, in order to get to the change in programming, both COs realised that they needed to start at the basics. They needed to better understand what the competency model was all about and how they can use it. In the beginning both COs felt that other colleagues were not interested in the competency subject –but this changed definitely for Ethiopia after the workshop on using competencies in the interview process.

Impact

While neither CO managed to see a change in the way our programming is done as this takes much longer than had been expected, staff in each CO have a much better understanding of what the competency model is about and how it could be used. They realise that we have a long way to go before we can reach an impact at the programming level.

In the past recruitment in Ethiopia had focused mostly on education and job experience rather than seeking out candidates that regardless of years of education or experience might be able to do the job. They were not used to interviewing with probing to better understand the person’s competencies. After the “Competency based interviewing” training, supervisors who were involved in interviewing candidates have come to understand that they need to focus on identifying the candidates competencies rather than educational qualifications and work experience. This also made it possible for the CO to recruit more

women into certain posts as they focused on the persons competencies and ability to do the job rather than their educational qualifications or work experience.

Metsehet applied for a vacancy with CARE Ethiopia for the post of Project Health Officer, which is a senior position for one of the Field Offices. Based on the specification, the job requires at least five years of experience in directly related positions and there were over 10 candidates that had this experience; Metsehet did not. If CARE Ethiopia had used its past process of screening and interviewing applicant, she would not have had a chance to be selected for the post – however changing our criteria gave her the chance. During the interview the panel used questions that specifically looked for competencies of the candidates. Among the four interviewees, Metsehet demonstrated the competencies that the post required. She was selected with a full recommendation of all the interviewers and started her work a month ago. Using competencies in the recruitment process helped the CO find the “best candidate” as well as increasing the number of female staff in the organisation.

After the success of their coaching and counselling workshop (more details below) CARE Eritrea started to use the competency interviewing guide. They discovered that it helped not only the interview panel but also the candidate to better express their ability to do the job.

In Eritrea, CARE started using competency interviewing guide from CARE USA in the recent recruitment of a Program Coordinator. For this purpose, the interview panel met before the to select appropriate questions from the guideline and to decide the general structure of the interview

The interview started with a relaxed atmosphere and the manner the questions were asked made the candidate talk freely and confidently. The Competency Based Questions helped the interviewers to see the quality and capacity of the person they interviewing regardless of his/her professional qualifications. It also helped the candidate to demonstrate his expertise and work experiences with the support of examples and suggestions. Over all this kind of interview is interesting as long as the candidate is comfortable with the questions being asked. It is the best way to find out the candidate’s strength and weakness in different situations as the questions themselves help you to ask for more information. So from the way he was explaining situations as well as the examples he was giving, it was very easy to judge the candidates overall capability.

CARE Tanzania participated in the competency Based Interviewing Workshop of CARE Ethiopia and it had an impact on the way Tanzania conducts interviews. More focus is now given to the duties and responsibilities shown in the job descriptions and trying to find someone that can do the job. While Tanzania has yet to include detailed competency specifications in the Job Descriptions, they recognise the need to do this now. They also recognise that a Job Description needs to clearly identify what competencies are needed for successfully filling a job so that competencies can be assessed as part of the annual evaluation.

CARE Tanzania has identified a two phase approach identifying competencies for each post. During the first Phase 1, a group of select staff sit to brainstorm and discuss the desired competencies. The group is made up of a mixture of staff from program and program support. Program staff are asked to list what they think should be expected of program support staff in terms of technical knowledge, experience and behavioural competencies. Likewise program support staff in the group are asked to list what they think is expected of program staff. This process leads to a general framework of the sort of competencies that are necessary for respective posts.

Perhaps the most interesting case in Tanzania is that of Tamasha who started as a cook, hired on a casual basis. While on this casual hire, Tamasha enrolled for English evening classes. The Country Office, noticing her unusual interest in self-development, decided to take her on a long-term contract as an Office Assistant. This sparked Tamasha’s crave for pursuit of computer lessons. She did well and displayed so much of her interest in using the computer such that she was promoted to the position of Data Encoder. Her display of technical competency in the crunching of numbers has now taken her into a more demanding job – she is the country office’s cashier at head office.

The second phase of the process is a workshops that allows a larger group to carry out a more detailed analysis of what is expected of every set of job-holders in order to perform their duties.

The reason for going for a smaller group to start with is the need to buy time to reduce the anxiety of staff and avoid misinterpretations about the exercise. Also there was need to identify the competencies at a more general level first in order to ensure proper focus when dealing with the bigger groups.

Tanzania's plans were to develop a 3 year training / development plan for staff as well as a process of identifying a succession plan and staffing structure that also includes positions that might need to be filled from outside the organisation. However, after the above mentioned process, the CO realised that a basic foundation of understanding and identifying competencies was necessary. It is only when such competencies have been identified that a good staff development plan can be developed. So CARE Tanzania has postponed the development of the 3-year plan to FY05.

CARE Eritrea felt that they had not done much or advanced in the area of integrating competencies, however they actually had advanced as a result of their training in coaching and counselling. During their coaching and counselling workshop they focused on understanding people management and promoting a culture of accountability. Staff understood the need for holding managers accountable for creating supportive work environments. The workshop focused on discussions around accountability, diversity, the development of others, self awareness, learning and innovation. They also listed a series of behaviour linked activities that they need adopt. You will note that the activities do not use the same vocabulary as the competency model but they talk about very similar things. The activities they committed themselves to are:

- Commit ourselves to working as a team
- Give recognition and reward good work
- Create a participatory approach
- Be sensitive to personal concerns
- Improve diversity
- Share responsibility
- Encourage new ideas
- Create a good working environment, and
- Socialise with others, be friendly and approachable and practice empathy.

CARE Eritrea chose a series of activities that are directly related to using competencies in both performance management and organisational management. Another innovation of their approach was to include partner organisations. These organisations provided positive feedback and commented that by doing role-plays and other 'real-life' activities, they were already identifying behaviours they could use in their day to day work. Other participants who are not in a supervisory role identified that these behaviours are also useful when working in teams and with colleagues. CARE Eritrea successfully took the first step in integrating competencies in their working environment without realising it!

A participant from a partner organisation in Eritrea said that he was able to discuss real problems and issues that he faced and while doing some of the exercises in the workshop he started to apply the skills he was learning and was able to make decisions on how can better address these issues in his own organisation.

How the Learning took place

The majority of the work this group conducted was over e-mail. Questions were asked, responses and reference materials shared. At the end of 6 months the group finally met for half a day to discuss findings and then they shared some of their practical learnings in the ECA Human Resource network meeting which focused on integrating competencies in our performance management cycle. The working group

members actually facilitated several sections of the workshop and were able to share what they had learned with a much wider group.

For Eritrea and Sudan learning took place through learning about other's experiences such as Ethiopia and Tanzania's cross-visit, sharing of documents between COs as well as visits from HR people in Atlanta and from the RMU. Eritrea had a coaching and counselling workshop which highlighted the importance of the competency model. Perhaps more importantly the COs once exposed to the idea of competences – started sharing ideas and suggestions amongst the CO teams.

Between the two francophone COs there has been extensive sharing and discussion. DRC visited Burundi and participated in a training, discussions with the HR manager and an exercise with another team of staff on the job grading process. The HR manager in Burundi had e-mail problems so was not able to directly participate in various discussions but DRC pointed out several occasions where e-mail helped the learning process by sharing documents, ask questions, and in particular some of the lively discussions that took place through the francophone network. However, the definite winner on learning agenda were the visits either between COs.

For Tanzania and Ethiopia the participation of Tanzania's HR Manager in the Competency Interviewing workshop was inspirational. This gave Tanzania a practical hands-on view of what it was all about, it also helped Tanzania move forward with their plans.

The final opportunity for the group to meeting together in Nairobi to discuss the process, what exactly had been learned, the frustrations and the success, made it possible for the group to better understand what they had learned through the 6 months and share. Anglophone and Francophone colleagues were put together and succeeded in sharing and communicating.

Following the working group meeting, the team was joined by the HR network for a workshop where working group members facilitated sessions based on what had worked in their COs. The HR network spent four days learning, exploring and getting to better understand how to integrate competencies into our on-going work.

Methodology of the group

Following the meeting of the Steering Committee of the Regional Strategic Plan, Steering Committee members went back to their COs and informed HR managers if they had nominated their CO to be a member of the working group. This was followed shortly by an e-mail outlining the plans and a request to COs to describe what they were going to do. There was a desire of the Steering Committee that COs should produce case studies but the working group quickly learned that the work on competencies was more about process and learning. As a result members were asked to share what they hoped to achieve, how they intended to learn and what approach they were going to take. Response from COs were compiled into summary documents and shared. COs were also encouraged to share learning and mistakes and the idea that we might be doing more than we think was shared to encourage COs to share the smallest of changes that might have taken place. Some of the questions asked are as follows:

Initial questions:

1. What do you hope to learn by participating in this working group?
2. What can you share from your CO with the working group and with the rest of the region and the HR network?
3. What are the biggest obstacles you are facing around the competency issues?
4. What do you hope to achieve in your CO around the competency issue this fiscal year?

Later questions:

1. Has the working group helped you learn anything? Did you learn something from another member through an e-mail or through another form of communication for example a visit? Have you created new relationships with your colleagues?
2. Do you think integrating competencies can help the COs in ECARMU address Good Governance, Inequalities and Discrimination? If yes give a specific example it could be organizational or programming.
3. Do you have any recommendations for the Regional Strategic Plan Steering Committee on what the next steps should be around improving the capacity of CARE staff to implement our strategic plan?

Prior to the working group meeting at the end of April, COs were asked to summarise what they had learned and to share stories. Not many stories arrived from COs, but a draft report was shared giving examples of a few stories and indication where in the document a story from a specific CO could be inserted. The stories were simple and this encouraged all COs to share a story or an example of what worked.

A compiled draft report was then shared at the working group meeting, and members were asked to make corrections, changes, additions in order to finalise the report. The report was then shared with the HR network, which was meeting just after the Working Group, and their feedback was included.

What worked about the methodology?

Keep it simple

The working group kept things simple. No long studies were required but simple questions were asked of group members on a regular basis which pushed members to accomplish things and better understand what the competency thing is all about.

Commitment from Country Directors

In COs where achievements were made, the Country Director participated, ensured discussions were held and supported the HR managers in their initiatives.

Constant communication and pressure to communicate

Regular e-mails with specific and simple questions and specific deadlines were circulated to all working group members. Members were constantly asked to share their plans, their accomplishments and the learning. If replies did not come on time, reminders were sent. Members felt obliged/forced to communicate and share.

Leadership

The working group had an identified leader who demonstrated skills in communication, flexibility/adaptability, meeting people where they were, innovation/inspiration, tenacity and accountability.

Language

The francophone countries felt empowered that documents were almost always sent in French as well as English and they were allowed to communicate in their working language. This broke down fears around communication and made them feel central to the process.

Lessons

Lessons about the approaches used:

If you don't know what your doing – you cannot do it

COs that tried to start discussing competencies in general before the leaders of the initiative knew what it was all about faced difficulties. It is generally recognised from the group's experience and that of the HR network that you need to start with a self-evaluation using the competency guide – this gives you a good understanding of what competencies are all about and also helps you to better understand your own competencies and areas for improvement.

If you don't know why you are doing it – you get lost

It is important to understand the reason why certain initiatives are taking place. If you don't understand the larger picture, that is the vision behind the activity, then it is difficult to see the role of the activities in reaching that vision. The members that were not clear about the Regional Strategic Plan and the role that competencies had in helping the organisation reaching the objectives had less impact from their activities.

The CARE USA competency model is not written in stone

We don't have to stick to the exact wording of the competencies that are in the CARE USA document. We can adapt to local conditions, particular needs, certain areas of focus our strategic plans might lead us to. Be flexible and create something that is useful to achieve the results.

Competencies are integrated in many ways

Eritrea's work on improving coaching and counselling skills moved the CO forward in integrating competencies in the performance management cycle although they were not aware of it. Because same language was not used and the word "competency" was not stressed during the coaching and counselling training the staff did not realise that much of what was in coaching and counselling was closely linked to certain specific competencies and using competencies in performance management.

Invite partners

CARE Eritrea invited partner agencies to their coaching and counselling workshop. This had a great impact as the work inspired both staff and partner organisation's staff. Thus learning together that will reinforce the relationships.

Lessons on the impact of integrating competencies

Inequalities and discrimination within the organisation

Using competencies can address internal discrimination and inequalities –through recruiting people based on their ability to do the job, rather than merely their education level. This is of particular importance in countries where not all members of the population have had equal access to education.

Good Governance within the organisation

Country Office decision making teams can be established through selecting staff based on their competencies and not necessarily the post that they occupy.

Competencies and the community's perception of CARE

In using competency based recruitment in order to ensure a diverse and representative staff, CARE can be more easily welcomed in the communities (where conflict exists) where we work as we do not represent one part of the population or another.

HR processes can help improve our analysis of inequalities in the communities

Through the process of identifying discrimination in our recruitment processes, CARE DRC was able to better understand the inequalities existing amongst the population and the fact that one part of the population did not have the same access to education as another part based on religious differences.

Recommendations – future questions

- Make sure we highlight where we already use competencies or where other initiatives address competency based performance. Clearly point out the links of competencies to coaching and counselling, the link to organisational competencies and our gap analysis and of course the link between competencies, our partner agencies and our programming approaches.
- CARE has identified individual level competencies, how can we know develop “team” and “organisational” level competencies?
- Burundi discovered the CO has two core competencies to address at this time, “:resolving conflicts” and “working as teams” – can COs select competencies linked to AOPs on which they should focus as an organisation in a given year? (note: these are not standard competencies found in the CARE USA guide)
- The HR network has made a recommendation that a sub-group of the network continue to focus addressing competencies as we still have a long way to go.
- Competencies are an essential foundation to the change taking place in CARE and a self-internalisation of them is important if we are going to address Good Governance, Discrimination and Inequalities.
- We need to adapt the CARE USA competency model to our own realities in each country and the different competencies that are most appropriate.
- We still have a long way to go to ensure that the integration of competencies is improving our ability to address Good Governance, inequalities and discrimination in our programming.
- How can we make sure that the experiences gained by members of the competency working group can filter to all members of the CO?
- We need to better understand the difference between behavioural competencies and technical competencies.

Recommendation to the Steering Committee

The Working Group would like to recommend that it ceases to exist as its job is complete. They would like to recommend to the Steering Committee that if in the future there are initiatives involving human resources that are critical to the Strategic Plan that the Human Resource network is contacted and if necessary create a working group on that subject. The group would also like to recommend that one member of the HR network be invited as a member of the Steering Committee.

Annex 1 List of documents and reports available

- Eritrea – report on coaching and counselling – contact Hirut (HIRUTNE@care.org.er)
- Ethiopia - Competency Based Interviewing Guide –English (YidnekachewT@careet.org)
- Burundi – Competency Based Interviewing guide – French (deodecie@yahoo.fr)
- Burundi – recruitment guide -French (deodecie@yahoo.fr)
- Burundi – sample CV and guidelines for writing a “letter of interest” (deodecie@yahoo.fr)
- Sudan – report on decision making restructuring (samah@sudan.care.org)
- Tanzania - report on visit to Ethiopia (mmfikirwa@care.or.tz)