



CARE International Accountability Report
Submission to Accountable Now - May 2018



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Opening Statement

CARE's Organisational Commitment to Accountability

On behalf of CARE International, I am pleased to share this report on our organisation's core commitments to be accountable, principled and transparent in the global fight against poverty and injustice. CARE defines accountability as explaining, being held responsible for and hearing the perspectives of others about how well we are meeting our commitments - and then actively making changes and improvements based on what we have learned and heard. We have committed to deliver a bold set of impact goals, to collaborate with others to do so and to perform in a way that makes the best use of the resources entrusted to us. Throughout we are committed to behaving as an open, transparent organisation that is set up to encourage participation in shaping our work and hearing feedback on how we are doing.

For a number of years CARE has had a range of good practices in place demonstrating accountability with our stakeholders, but we have not been as strong at reporting on these practices all together and making them a systematic part of who we are and how we work. As part of our commitments laid out in our organisational Accountability Framework adopted in November 2016, CARE is strengthening the way we capture, analyse, openly share, discuss and act on key information that relates to what we do, how we perform, how we behave and how we work with others. This report to Accountable Now is a key mechanism for receiving independent feedback and suggestions for improvement, which helps complement our own internal analyses.

The recent allegations of sexual abuses and exploitation by INGO staff across several organisations in our sector have strongly emphasised the need for global INGOs such as CARE to have a clear approach to transparency and accountability. For the first time, CARE [published](#) data showing how we are responding to reports of sexual harassment and abuse. This has helped CARE take a hard look at how transparent we are and how we can strengthen this.

We have made important steps in gathering data across all 14 Members of CARE International, expanding the progress made with global monitoring, learning and impact measurement reporting to also strengthen our collective financial reporting. This progress in our accountability to each other within the organisation is helping lay the groundwork for a stronger global network in the future. We know this is about so much more than reporting—it is about how open and honest we are, and how quick we are to learn and adapt. Moving forward, we are defining ways to more consistently bring the feedback and ideas of key external stakeholders into our work, building on existing good practices and approaches and scaling them up.

One of the most exciting developments for CARE in the past year has been putting our new governance structure in place and welcoming CARE Morocco, CARE Egypt and CARE Indonesia as Candidates transitioning to become members in CI and Chrysalis (a Sri Lankan social enterprise) as an Affiliate. This is helping CARE advance its aspirations to become a more diverse, multipolar organisation with greater balance of power and diversity of perspective in our global governance and leadership. We feel very strongly that the focus on setting up a new governance and membership model is increasing our accountability and legitimacy as an international organisation, and are proud of these achievements. This will continue to be a priority area of focus for CARE in the next decade, and we are defining ways to take even more transformative steps forward, including identifying ways to better include the voices and perspectives of our key stakeholders in our global governance and decision-making.

The leadership at CARE International welcomes the opportunity to share information about our organisational approach to accountability, our strengths and our gaps. We look forward to the feedback from the Accountable Now independent review panel, learning from peers and continued discussions with staff, partners and allies to help us do so.

Let me conclude by emphasising my personal commitment to continually strengthen the impact of our work, how we collaborate with others, how we perform and how open and accountable we are in all that we do. This is a driving commitment for our senior leadership and our Supervisory Board. We know that we make mistakes, and that there is always room for improvement. We will continuously hold ourselves to higher standards in line with a vision of a more just, equitable and sustainable world for all.

Regards,



Laurie Lee

Interim Secretary General, CARE International and CARE UK CEO

Note on the Reporting Period and Submission Date

The data and information for this report has been drawn from CARE's program information and impact reporting system (PIIRS), the information reported on in CARE's reports to the Core Humanitarian Standard and the Grand Bargain, and good practices captured to develop CARE's accountability resource guide. All data used reflects the reporting period of July 2016—June 2017, CARE's fiscal year. Given that this report was completed in April 2018, some of the examples provided also reflect CARE's work beyond that reporting timeframe.

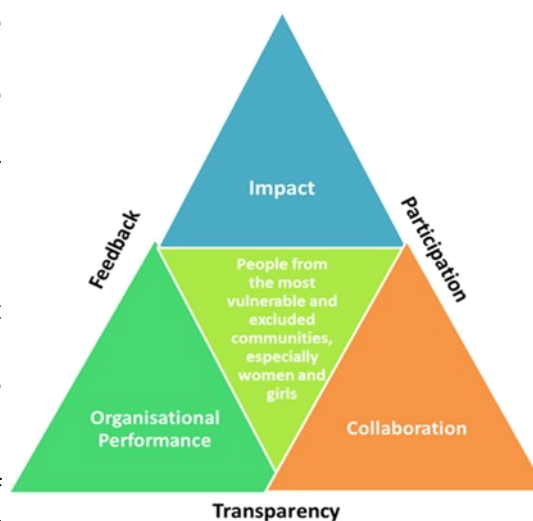
CARE intends to continually increase our ability to reduce the reporting time on our data. We have made important strides in doing so for most of our data, and are focusing on improving our ability to do so with financial data in particular. Reports to Accountable Now will in the future be submitted no longer than 6 months later than the reporting period.

I. CARE's Approach to Accountability

CARE International Accountability Framework

In November 2016, CARE adopted an organisation-wide Accountability Framework that guides our approach on how we understand accountability and help us answer the following questions:

- ◆ To what extent are we making progress against our impact goals and shared priorities? What gaps do we need to address, where do we need to accelerate?
- ◆ How vibrant is our network overall, and each CARE office within it? Where are the areas for improvement in our organisational development?
- ◆ How well are we collaborating with key stakeholders and engaging key constituents? How do they regard us?
- ◆ To what extent are we modeling the principles of transparency, feedback and participation in our internal ways of working and externally?



We define each element of our Accountability Framework as such:

Impact: CARE and our partners' contribution to bringing about sustainable change in the fight against poverty and injustice, specifically through our commitment to support 150 million people from the most vulnerable and excluded communities to overcome poverty and social injustice by 2020. We measure this through a set of 25 global outcome and change indicators.

Organisational Performance: CARE commits to being an efficient, effective and equitable organisation that makes best use of the resources entrusted to us to deliver on our impact. We assess the health of our network, our ways of working, the progress on our strategic directions and our future-oriented organisational development. We monitor performance standards and analyse key programmatic, financial, human resource, gender and good governance data. We also assess how well we are upholding our internal policies and meeting the external commitments we have publically signed on to.

Collaboration: CARE believes in the power of collaboration for greater impact, and is committed to strengthening how we partner and engage with others. We evaluate the relevance and strength of our collaborations – the wide range of actors and communities with whom we partner, those who fund our work, those who mobilise with us to influence change and the governments that host us – and how well we enable and unleash the potential of these collaborations.

CARE integrates our core accountability principles throughout and monitors how well we are enacting them:

Transparency – The opportunity to see and understand

Feedback – The opportunity to share input, concerns, suggestions for improvement and to get a response

Participation – The opportunity to be actively involved and help shape strategy and decision-making

Reporting Process

Using our Accountability Framework as a guide, CARE regularly collects, analyses and discusses a mix of data, information and evidence to assess our performance and the extent to which we are upholding these commitments. This includes reporting in the following ways:

- 1. Mutual Accountability within CI:** CARE is a global confederation made up of independent members and affiliates, and one key focus of our accountability is to each other. We have agreed to a regular annual cycle of reporting on common agreed-upon data, analysing, reporting and discussing the findings and identifying areas for improvement, built into the agendas of global governance and leadership bodies as well as with relevant teams and partners across the organisation. This includes:
 - ◆ **CARE's Global Reach and Impact**, which includes overall impact and progress on change goals, learning, and gaps and achievements on key elements of CARE's global program strategy priorities.
 - ◆ **CARE's Financial and Fundraising Performance**, which focuses on CARE's global financial picture and how we are positioned for growth, including financial health indicators, alignment of investment with program areas, fundraising performance and progress against our Global Growth Framework, as well as members' future planning over two to three years. This dataset also includes the INGO Peer Benchmarking and brand analysis in key markets which tracks CARE's fundraising performance and brand position against our peers.
 - ◆ **CARE Member Performance**, whereby CI Members exchange on a common set of performance standards, feedback drawn from Feedback Surveys completed by other Members and Country Offices, and analysis of overall trends and recommendations of areas to attend to. We are also recommending a peer review process moving forward, and plan to test it in the coming months.
- 2. Engagement with and reporting to external platforms:** CARE is a signatory to a number of industry-wide and voluntary standards, with a range of reporting requirements. Our continued effort to institutionalise accountability affirms CARE's professional credibility and legitimacy alongside other like-minded organisations working in humanitarian and development sectors. This includes CARE's membership in **Accountable Now**, as well as:
 - ◆ **Core Humanitarian Standard (CHS):** CARE has been actively involved in the development of the Core Humanitarian Standard on quality and accountability (CHS) and is a founding member of the CHS Alliance. CARE has continued to invest in implementing the CHS against a documented Action Plan, including Key Performance Indicators for all CARE members.
 - ◆ **Charter for Change:** CARE signed the Charter, and this along with the endorsement of the **Grand Bargain** commitments made at the World Humanitarian Summit has had a catalytic role within CARE. Making high-level, public commitments compels us as an agency to deliver, to 'walk the talk'. We report against these commitments, which requires intentional action and progress, as well as tracking new metric and being more transparent in a number of areas (e.g. how much funding we allocate to local actors, capacity strengthening efforts and funding, visibility afforded to local actors in our communications). This is still a work in progress as the organisation is adapting its monitoring systems to enable us to deliver this data timely and openly.
 - ◆ Finally, two CARE members (CARE UK and CARE Netherlands) report to the **International Aid Transparency Initiative (IATI)**, and we have built on learning from their experience to begin informing CARE's approach to reporting as an overall confederation.

3. **Public Transparency:** Transparency is one of the core principles underpinning CARE's accountability framework, and CARE has a number of good practices across the confederation with a range of stakeholders. However, it has not been made systematic, lacking a common organisation-wide approach. We have acknowledged this as a clear gap in our global accountability. CARE's global leadership body has agreed to take an intentional approach to how we collectively strengthen our approach to what information is made publically available and in what way in the following areas:

- ◆ **Finance and Budget:** Where does our money come from and how is it spent?
- ◆ **Impact:** What impact are we having? What are we learning?
- ◆ **Governance:** How are decisions made (Governance bodies and structures)? What is the profile of our Board Members?
- ◆ **Organisational Diversity:** How do we ensure diversity in our organisation? (Gender Data, Disability Data, Diversity in Governance, Staff Diversity, North-South Members, etc.)
- ◆ **Geographical Presence:** Where do we have a Member Office? Where do we have Country offices? Where do we work in the world and in what form?
- ◆ **Ethics:** Are we modelling our values and principles and are we behaving as an ethical actor that does not harm and ensures protection?
- ◆ **Complaints:** Does CARE have mechanisms for registering complaints (communities' members, partners, staff, etc.)? How many complaints are made? How do we respond?
- ◆ **Sexual Exploitation and Abuse (SEA):** What is CARE's policy on SEA? How many incidents on SEA has CARE had, in our programming/with community members/partners? How many cases of sexual harassments in the workplace? How was this handle?
- ◆ **Fraud/Corruption:** How does CARE prevent incidents of fraud and corruption? How many cases have happened? With what outcomes? How does CARE handle it?
- ◆ **Ethical fundraising:** What is our approach to working with corporate and corporate funding, and ethical fundraising?
- ◆ **Gender Pay Gap:** What policies/regulations do we have in place? How do we do in terms of equal pay? How are we ensuring we are getting better/"more equal"?

Two CARE members, CARE UK and CARE Netherlands, currently report to IATI. CI UK has set up a Transparency Working Group in order to discuss various issues related to transparency and updates to the CARE UK Website, and held an assessment of our performance during the reporting period. As a signatory of the Grand Bargain, CARE is reporting to IATI data standard 2.02. We also plan in 2018-19 to have cross-confederation discussions as to what data should be excluded, particularly when working in high-risk areas or with vulnerable populations, so that exemptions are standardised.



Building an Accountable Culture and Practice

Accountability must be intentionally maintained and integrated into systems, policies and procedures, so that it becomes institutionalised. But it cannot be reduced to compliance or “ticking the box.” It is first and foremost about our behaviours, rooted in organisational culture and daily practices. To be truly accountable requires the willingness to be inclusive in how we share power with others and listen to and accept their perspectives. This is the ‘other side of the coin’ to what we promote in our programming; in other words, the way we model the behaviour we want to see.

We recently developed a [Resource Guide](#) that helps understanding the different dimensions of our Accountability.

The section focusing on [CARE Country Profiles](#) provides useful examples of how a number of CARE offices are focusing on institutionalising CARE's accountability commitments, building accountable practices into all aspects of their work and making it a core part of their culture.

Country Profiles [Edit] [0] [Settings]

Introduction

A number of offices across the organisation is focusing on institutionalising CARE's accountability commitments - building accountable practices into all aspects of their work and making it a core part of their culture. These offices are profiled below, with links to key tools and good practices that they have in place. If you would like your office to be represented on this page and have good practices to share, please [contact us](#)!

CARE Egypt

CARE Egypt's team emphasizes accountability across their internal and external engagements. This includes creating mechanisms for holding management accountable to staff and using social accountability mechanisms with partners to monitor public services. They see that these are interconnected - a way of modeling internally the good governance and social accountability work they promote externally. The team has developed formal processes to support accountability, including embedding mechanisms in key systems and processes, e.g. staff councils, HR practices, program design and M&E. There is an expectation set that internal and external feedback and complaints are addressed in a timely manner and that feedback from staff has a set response timeframe as well. But the team emphasises that the informal spaces are just as important. They feel strongly that accountability cannot be reduced to a bullet point in someone's job description and should not be reduced to compliance. Instead, it should be founded on values and be part of an active, open and accountable culture maintained by management and all staff.

Below are several mechanisms that have helped promote this culture in [CARE Egypt](#):

1. Accountability with Staff

a) [360 Feedback Template](#)

CARE Egypt has developed an internal feedback mechanism that seeks feedback from direct reports, peers, and those who staff report to

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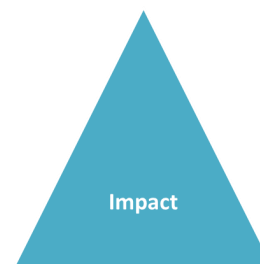
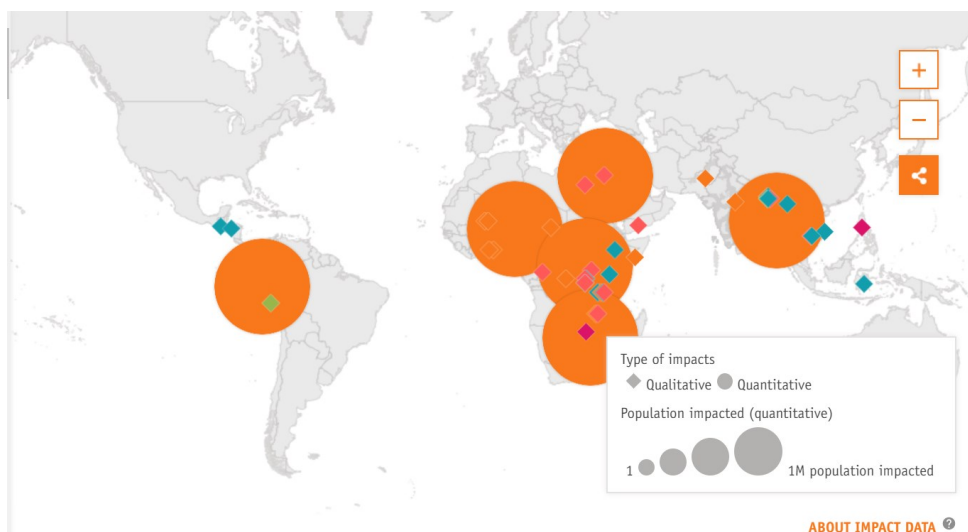
CARE's Accountability Framework

Accountability Reporting

Accountability Guidance

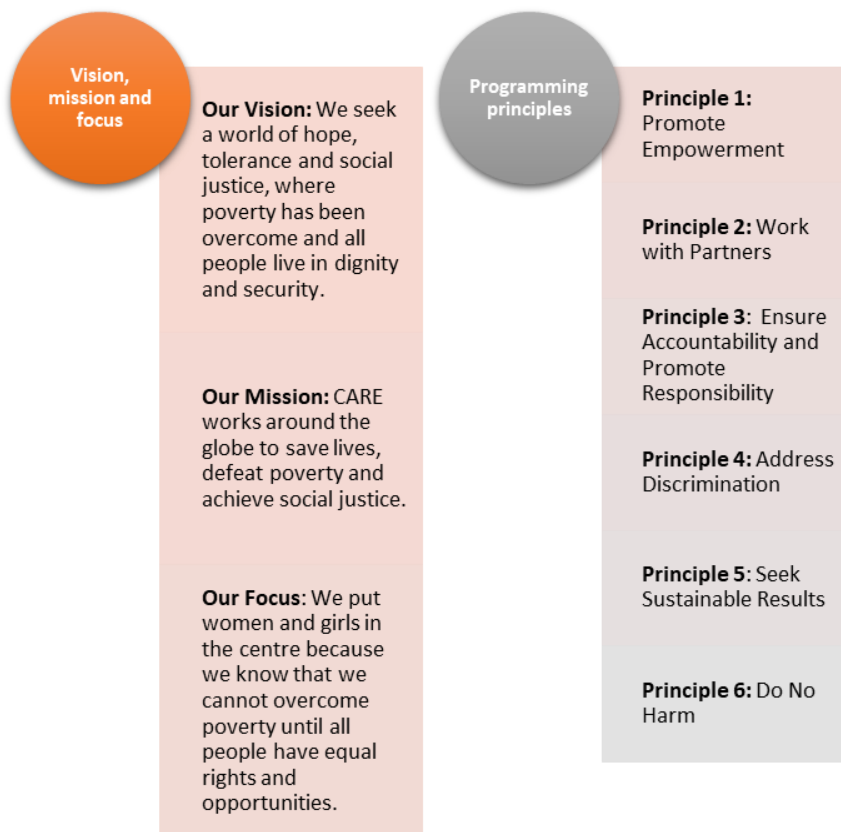
II. CARE's Identity and Impact

CARE's Identity, Values and Principles



Independent of political, commercial, military, ethnic or religious objectives, CARE promotes the protection of humanitarian space. We provide assistance on the basis of need, regardless of race, creed or nationality addressing the rights of vulnerable groups, particularly women and girls.

In order to fulfil CARE's vision and mission, all of CARE's programming should conform with our Programming Principles, characteristics that fundamentally inform and guide the way we work. We hold ourselves accountable for enacting behaviours consistent with these principles and ask others to help us do so, not only in our programming but in all that we do. For next year, CARE is proposing a consultative process to review and update our global Code of Conduct, values and our programming principles, to better reflect organisational changes over the past decade.



CARE's Program Approach and Strategy for Sustainable Change

CARE designs long-term programmes based on theories of change, which we regularly test and adapt. We have defined an overarching organisational theory of change approach for all our programs: to tackle the underlying causes of poverty and social injustice and to bring lasting change to the lives of poor and vulnerable people. In line with CARE's vision and expertise, alongside our partners and allies, CARE prioritises three ways of addressing the main underlying causes of poverty and social injustice that we see around the world: strengthening gender equality and women's voice, promoting inclusive governance, and increasing resilience. These apply to all CARE's work, in humanitarian and long-term programming. We are also using three different specific Markers ([CARE Gender Marker](#), [CARE Resilience Marker](#) and [CARE Governance Marker](#)) to measure how we are implementing these approaches.

[CARE'S 2020 Program Strategy](#) outlines how CARE plays three roles for impacting on poverty and social injustice in our efforts to achieve lasting impact at scale and promote inclusive development: Humanitarian action, promoting innovative solutions, and multiplying impact. Working with our partners, we use effective models and approaches to support the most marginalised communities to overcome poverty, social injustice and humanitarian crises. We then use and apply the evidence and learning of our programmes to influence broader change and to scale up effective solutions. In all three roles, CARE works in partnership with a wide range of actors from civil society, government and the private sector who seek long-term solutions for fighting poverty and social injustice.

To strengthen a culture of innovation and our approach to taking solutions and models to scale, CARE hosts a [Scale by Design Accelerator](#), a first-of-its-kind platform that arms development practitioners from within CARE and from partners with the skills, mentorship, and resources they need to go from idea to impact at scale.

CARE has set ambitious impact goals for 2020: four areas where CARE proposes to achieve, and measure, its collective outcomes, as part of our work with partners to support:

- ◆ 150 million people from the most vulnerable and excluded communities to overcome poverty and social injustice
- ◆ 20 million people affected by humanitarian crises receive quality, life-saving humanitarian assistance;
- ◆ 100 million women and girls exercise their rights to sexual, reproductive and maternal health and a life free from violence;
- ◆ 50 million poor and vulnerable people increase their food and nutrition security and climate change resilience; and
- ◆ 30 million women have greater access to and control over economic resources (or women's economic empowerment).



Theory of Change of the CARE 2020 Program Strategy

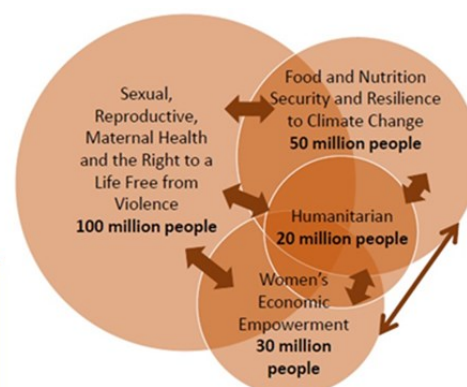
By using CARE's overarching approach of tackling the underlying causes of poverty and social injustice, prioritizing **three elements of the CARE approach** in our programs and actions:

- Strengthening gender equality and women's voice
- Promoting inclusive governance
- Increasing resilience



And playing the following roles:






- Humanitarian action and saving lives
- Promoting lasting change and innovative solutions
- Multiplying impact



CARE and our partners will support **150 million people from the most vulnerable and excluded communities to overcome poverty and social injustice by 2020**

CARE's Reach and Impact in FY17

In FY17, CARE worked in **93 countries** around the world to reach nearly **63 million people directly** through its development and humanitarian aid projects and initiatives. CARE also reached **216 million people** indirectly through advocacy, replication of successful programs and scale up of innovations.

Indirect and direct participants reached per CARE's programmatic areas	FY16		FY17	
	Direct participants	Indirect participants	Direct participants	Indirect participants
 Humanitarian Response	11,632,688	28,718,595	14,038,641	17,420,745
 The Right to Sexual, Reproductive and Maternal Health	50,097,850	59,515,215	33,640,634	114,803,326
 The Right to a Life Free From Violence	1,628,130	8,238,240	1,216,754	11,731,570
 Food and Nutrition Security and Climate Change Resilience	28,662,424	33,631,878	18,994,597	39,503,568
 Women's Economic Empowerment	2,695,215	14,953,951	2,611,052	17,917,198

FY16

Multiplying Impact

FY17



62% of all projects/initiatives fully and moderately engaged in Advocacy

60% of all projects/initiatives fully and moderately engaged in Advocacy



56% of all projects/initiatives tested new ways for fighting poverty

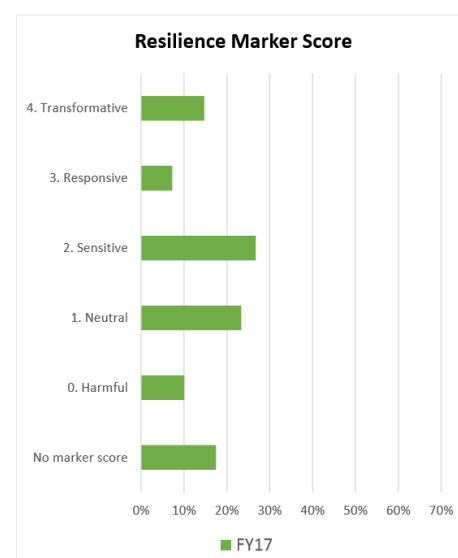
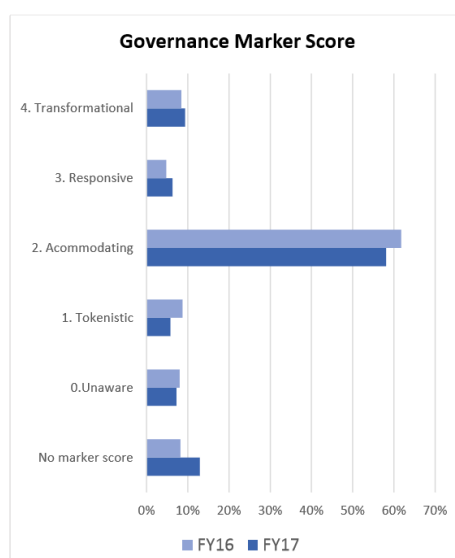
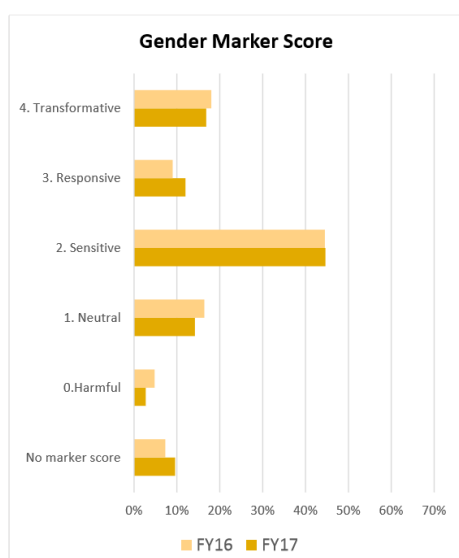
50% of all projects/initiatives tested new ways for fighting poverty



57% of all projects/initiatives took tested and effective solutions to scale, linking and working with strategic alliances

45% of all projects/initiatives took tested and effective solutions to scale, linking and working with strategic alliances or on their own

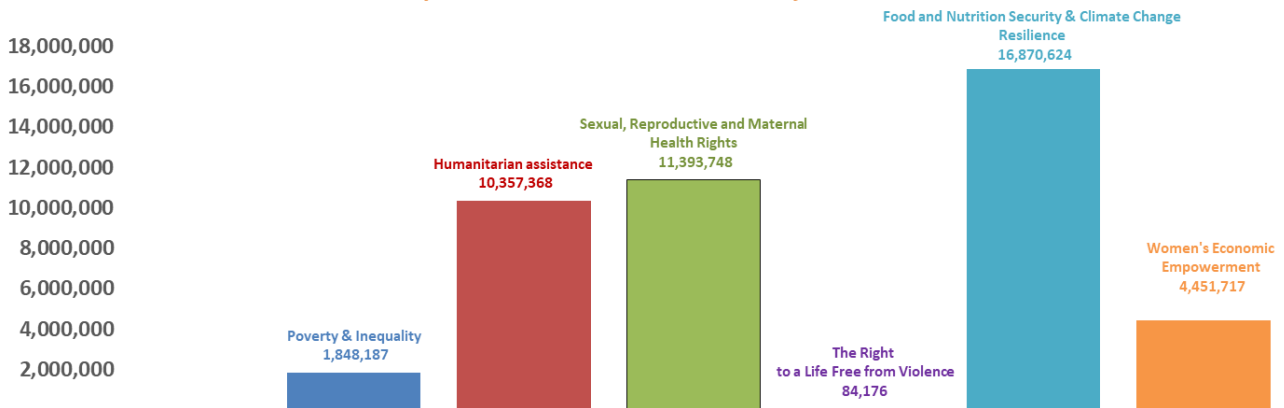
In FY17, we also used three CARE Markers ([CARE Gender Marker](#), [CARE Governance Marker](#) and the [CARE Resilience Marker](#)) to measure our impact:



CARE's Impact Evidence

We are aware that reach does not mean impact, and that impact can be obtained through both direct and indirect strategies. This is why in FY17, we have introduced [an interactive online map](#) of the 93 countries where CARE worked in FY17, contributing to saving lives, defeating poverty and achieving social justice. This new monitoring tool helps us to have a clear overview of CARE's reach and impact and shows progress toward our CARE 2020 Program Strategy goals, measured by the indicators we have prioritised for analysing our contributions. Evidence demonstrates that **CARE and its partners contributed to reducing poverty and social injustice for over 34 million women, men, girls and boys in 65 countries through 452 projects over the period 2014-2017.**

Impact & Outcome Numbers, by Outcome Area



Evidence of sustainable change: Strengthening the dairy value Chain in Bangladesh

- A key strategy used by CARE to ensure sustainability is through of financial and market linkages, thanks to which we have been able to transform the lives of millions of small-scale farmers. For instance **Strengthening the Dairy Value Chain** worked with BRAC Dairy – the second largest private sector company in the industry – to help the poorest dairy farmers in north-west Bangladesh go from 2% of the suppliers to 55%. At the same time, BRAC grew its business by 32%, and is working to scale pilot models through its entire network.

Evidence of sustainable change: PROGRESS II in Niger

- In enhancing technical and managerial capacity, CARE also institutes systematic approaches that gradually enable partners, local service deliverers and targeted participants to both adopt and maintain improved practices and tools from the project. **PROGRES II** in Niger worked with local organizations to help them build the skills to expand their membership, create 10 new advocacy campaigns, and build evidence into government decision-making

Evidence of sustainable change: Motivating Local Actors

- CARE ensures social sustainability by focusing our work on the changing the social norms that get in the way of food and nutrition security of the poorest, and by focusing on socially disadvantaged groups like girls and women. **The Pathways** project helped women triple their access to extension and access 9,000 more acres of land (that's half of Manhattan). It also showed a \$31 return for every \$1 invested.

Evidence of sustainable change: Working with partners (especially governments and companies):

- Working to take solutions to scale including through government nation-wide adoption helps ensure sustainability. Through CARE's projects and campaign in **Peru**, stunting nationwide was cut in half by 2014. As a result of government investment and commitment, the long-term impact has gone from a CARE project reaching 4,000 children to a national movement reaching 600,000.

Evidence of sustainable Change: Focusing on the environment:

- Lastly, CARE's programs consider environmental sustainability as a key non-negotiable principle. Working with communities and designing programs well helps preserve the healthy ecosystems and environments are necessary for the prosperity and safety of the world we live in. **Vietnam's Integrated Community Based Adaptation in the Mekong** (ICAM) worked with communities to plant natural flood breaks that protect more than 6,500 hectares of land.

Learning

In addition to monitoring our reach and our impact, CARE also captures learning in some of its core programmatic priorities each year, and actively uses it for ongoing improvement and for dialogue with partners, donors and other key stakeholders:

- ◆ [Sexual, Reproductive & Maternal Health Rights - 2017](#)
- ◆ [Food & Nutrition Security and Climate Change Resilience - 2017](#)
- ◆ [Women's Economic Empowerment - 2017](#)
- ◆ [Gender Equality & Women's Voice - 2017](#)
- ◆ [Inclusive Governance - 2017](#)
- ◆ [Resilience - 2017](#)

As part of our work under the Humanitarian Outcome Area, the CARE Emergency Group has published a full [Learning and Needs Analysis Report](#) in December 2017 which highlights the key priorities and strategic points to improve CARE's humanitarian work. It has been shared both internally to help inform improvements for the future and externally with humanitarian agencies and partners.

The “**Good Enough Learning Pilot**” was initiated in 2017 to stimulate a culture of learning practice. 5 country offices (Benin, Bangladesh, Ethiopia, Malawi, and Niger) were each given \$25,000 to define learning questions and execute a plan to answer cross-cutting questions of interest. The Summary of the Good Enough Learning Pilot (found in the [Learning Forward Series](#)) details how the teams examined their projects and approaches to achieve greater impact within programs, and what they learned in the process.

CARE's Leadership on Programmatic Commitments

CARE actively engages in coordination mechanisms, civil society platforms and key policy influencing forums in each country where we work, as well as in regional and global forums. Below are some of the highlights of CARE's leadership role in our program priorities in the past year:

HUMANITARIAN—DEVELOPMENT NEXUS

CARE maintains active participation with a variety of internationally recognised aid organisations, with United Nations agencies and in humanitarian platforms at country and international levels to improve humanitarian action and to influence humanitarian policy. In 2017 CARE **substantially increased its engagement in the Humanitarian-Development Nexus** at the global level, partly due to a concern that NGO engagement to mid-2017 was focused disproportionately on the potential risks of linking humanitarian and development work to principled humanitarian response. By late 2017 CARE had commenced discussions with our country teams to **create case studies of successful nexus programming on the ground**. Key elements emerging included the importance of definitions to understanding where Nexus programming would be appropriate and possible with minimal risk to Principles. In particular our work to date has highlighted the criticality of recognising that while different approaches to development (such as national-level top down development of the kind the World Bank or UNDP does vs community-based bottom approaches preferred by many NGOs) are equally valid, they do pose **different risks** to principles and this needs to be considered when engaging in order to realise the substantial potential benefits.

At country level CARE **continued to deliver Nexus programs in practice**. In 2017 CARE Ethiopia transferred Social Analysis & Action approaches from its development (SRH, programmes to its humanitarian programmes especially for **challenging and transforming positively gender and social norms in favour of women's empowerment** starting already during early recovery phases.

GENDER

- ◆ The CARE Rapid Gender Analysis was adopted by the Inter Agency Standing Committee (IASC) in the revised gender handbook, and CARE's Gender Marker contributed to the development of the revised IASC gender and age marker
- ◆ CARE offers rapid gender analysis trainings to external agencies and currently 13 organisations have signed up
- ◆ The [Global Gender Cohort](#) increases affordable access to technical assistance on gender equality across CARE; the cohort also builds skills and experience of CARE staff members in gender transformative development programming
- ◆ [Social Analysis and Action](#) guidelines were launched to address the social factors influencing sexual and reproductive health

DOING DEVELOPMENT DIFFERENTLY

CARE is actively engaged in the DDD discussions, contributing to [this discussion paper](#) and also [challenging its paternalistic tendencies](#).

RESILIENCE AND CLIMATE CHANGE

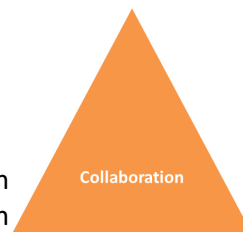
- ◆ CARE participated in the COP22 in Marrakech and in the COP21 in Paris
- ◆ A [policy paper](#) was developed with key recommendations for successful implementation of the Paris Agreement
- ◆ CARE advocated for and supported leadership by civil society in the Global South, for example through the [Southern Voices on Adaptation programme](#) and the [Green Climate Fund](#).

CARE also provides **public access to several of our tools**, including our [gender tools](#), our [Advocacy Handbook](#), our [Climate Change and Resilience Information Centre](#), and our [CARE emergency toolkit](#), allowing peers, host governments and others to hold us accountable for how we work. We also publish our performance in using them. In 2017 we published a [learning paper](#) on our use of the CARE Gender Marker.



III. Stakeholder Engagement

CARE's Key Stakeholders



Strengthening our engagement with the wide range of actors and communities with whom we partner to achieve shared goals, with those who fund our work, with those who mobilise with us to influence change, and with the governments that host us is a key priority for CARE. We recognise that collaboration is central to our ability to multiply impact. It is clear that CARE is actively involved and well networked across the globe, at multiple levels, and often plays leadership and convening roles in coalitions and alliances. This is only on the increase, in particular at the regional level over the past few years, at the global level around key global industry forums and in niche areas related to our program strategy. This is in large part due to having a global program strategy with clear impact goals to position around, a growing focus on influencing and collaborating for greater impact, and to the emergence of regional impact goals.

CARE believes that solving the complex challenges of poverty and social injustice can best be achieved by working with others. By pooling resources and expertise, our collective action is greater and more impactful than what we can deliver on our own. We work with a range of stakeholders and allies, often in consortia and multi-stakeholder alliances to achieve greater collective impact. CARE is committed to partnerships that are empowering, respectful, and focused on mutual learning and growth. We believe that poverty and social injustice can best be addressed through strategic and impactful partnerships with a range of actors from government, civil society, private sector and beyond.

These actors include:

Participants: CARE is committed to accountable, just and sustainable development that benefits and upholds the rights of the most vulnerable and excluded communities around the world, especially women and girls.

Project partners, at local or national level, bring knowledge and understanding of poverty and injustice as they play out in their own community and country context. They may be grassroots organisations, cooperatives, small businesses or government officials, who best understand the issues at stake. CARE aims to support and enhance the skills and capacity of communities to unleash their full potential.

Advocacy allies allow us to give more prominence to the issues and voice of those affected by poverty and injustice. To this end, we partner with humanitarian and development NGOs, prominent advocates, national and regional alliances, social movements and celebrities, to amplify the voice of those affected and the changes needed to reverse poverty.

Research and technical institutions bring world-class academic knowledge, and technical advances to the fight against poverty. These partnerships are critical to capture and apply new ideas, knowledge and practice to real-world settings.

Suppliers deliver essential goods and services needed to advance our emergency and development programs. We work with a range of suppliers, striving to support local economics and keep operational costs low as outlined in our global Procurement Policy.

Donors: Our work would not be possible without the support of those who partner with us to fund our work – individuals, corporations, trusts, foundations, governments, institutions and community groups. Our primary multilateral funding partners and bilateral donors can be found in the box to the right. Our approach to working with private sector is guided by our [CARE International Global Guidelines on Engagement with the Private Sector](#).

CARE International works with the following funding partners:

Multilateral funding partners	Bilateral Partners
European Commission (EC) through the European Commission Humanitarian Office (ECHO), Directorate General for Development and Co-operation (DG-EVCO) and Directorate General for Neighbourhood and Enlargement Negotiations (DG NEAR)	Australian Agency for International Development (AusAID)
Food and Agriculture Organisation (FAO)	Austrian Federal Chancellery
International Labour Organisation (ILO)	Austrian Federal Ministry of Foreign Affairs
International Fund for Agricultural Development (IFAD)	UK Government's Department for International Development (DFID)
United Nations Children's Fund (UNICEF)	Agence Française de Développement
United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)	Canadian International Development Agency (CIDA)
United Nations Development Programme (UNDP)	Danish Cooperation for Environment and Development (DANCED)
United Nations Population Fund (UNFPA)	Danish International Development Agency (DANIDA)
United Nations Human Settlements Programme (UN-HABITAT)	Dutch Ministry of Development Cooperation
United Nations High Commissioner for Refugees (UNHCR)	German Ministry of Economical Cooperation and Development (BMZ)
Steering Committee for Humanitarian Response (SCHR)	Japanese Government
The World Bank (WB)	Ministry of Foreign Affairs, ROC (Taiwan)
World Health Organisation (WHO)	Norwegian Agency for Development Cooperation (NORAD)
World Food Programme (WFP)	Norwegian Ministry of Foreign Affairs
	Republic and canton of Geneva
	Swiss Agency for Development and Cooperation (SDC)
	United States Agency for International Development (USAID)
	United States Office of Foreign Disaster Assistance (OFDA)

As well as...

... over one million individuals, corporations and private foundations worldwide whose financial gifts make our work possible.

Participation

CARE has been **actively engaged in improving participation** throughout 2017, particularly given our commitment to working with potentially vulnerable groups. For humanitarian programming in CARE this means especially the promotion of inclusiveness and accountability to the most vulnerable & marginalised groups. CARE promotes community-based contextual analysis in humanitarian programmes in order to support a higher influence by crisis-affected people on the initiation and the orientation of humanitarian responses.

CARE's approaches on inclusive governance help citizens engage systematically with power-holders of different kinds – including service providers, government and the private sector– to increase dialogue, transparency and accountability. These approaches often focus on improving services for poor and marginalised people, including citizen oversight and other social accountability activities (i.e. public audits, citizen charters and community scorecards). [CARE's Community Score Card](#) (CSC) brings together service users, service providers and local government to identify challenges to access, utilisation and provision challenges, and generate solutions that can be collectively tracked. CSC facilitators are trained, and then use the CSC with focus groups (i.e. men, women, youth) to identify their issues and experiences using the service that is in focus. In parallel or subsequently, the CSC is used with service providers to record the issues and barriers they face. Then, an interface meeting is held with CARE, community members, service provider and government staff, and a joint action plan is developed to resolve the problems identified.

CARE Australia has led our work on strengthening **disability inclusion** in partnership with specialist agencies including Humanity and Inclusion (HI), using their tools around inclusion mainstreaming and empowerment and identifying links with our Gender in Emergencies work. CARE will also continue engagement with the IASC Task Team involved in the development of the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action. We aim in 2018 to further advance this through forming strategic partnerships in-countries where we work, and probably looking at strategic consortia for key donor funding opportunities where there is a greater disability focus. We will consider a more strategic global engagement with HI to build on the number of country offices (including Nepal and Iraq) where there are already existing in-country relationships between HI and CARE.

Concrete examples of participation include **community early warning systems in Niger** with active participation of affected people in collection and analysis of data for trigger indicators and capacity/resilience assessments. Early warning also includes analysis of savings behaviour of Village Savings and Loan Associations (VSLAs) which provide information about the crisis coping mechanisms, particularly of women.

CARE India has experimented with **Social Monitoring Committees** in some of the crisis affected regions that can provide valuable analysis of vulnerability and specific needs, while CARE Haiti supports **Local Civil Protection Committees** and puts particular emphasis on the integration of inclusive governance mechanisms such as **Social Audits** and community coordination committees into its humanitarian programmes.

In the policy space, CARE has made sustained efforts, as part of our larger Humanitarian Advocacy Strategy, to ensure that we **support affected women to engage effectively with policy spaces at both the national and global level**. This includes a sustained effort around the Brussels Syria conference 2017 to get local Syrian women organisations engaged.

CARE will continue to implement and report against the Core Humanitarian Standard [commitments 4 and 5](#). We will continue implementation of the improvement plan based on the findings from the CHS self-assessments. As one of the co-conveners of the participation workstream, CARE is committed to the **effective inclusive of women and girls in humanitarian decision-making**. We continue to advocate affected women to lead and define their own response, rather than see them as objects of the humanitarian ecosystem, and endeavour to put this into practice in our own programs. In refugee response we will also continue to advocate that UNHCR recognise the demands of refugees that there should be ‘nothing about us without us.’

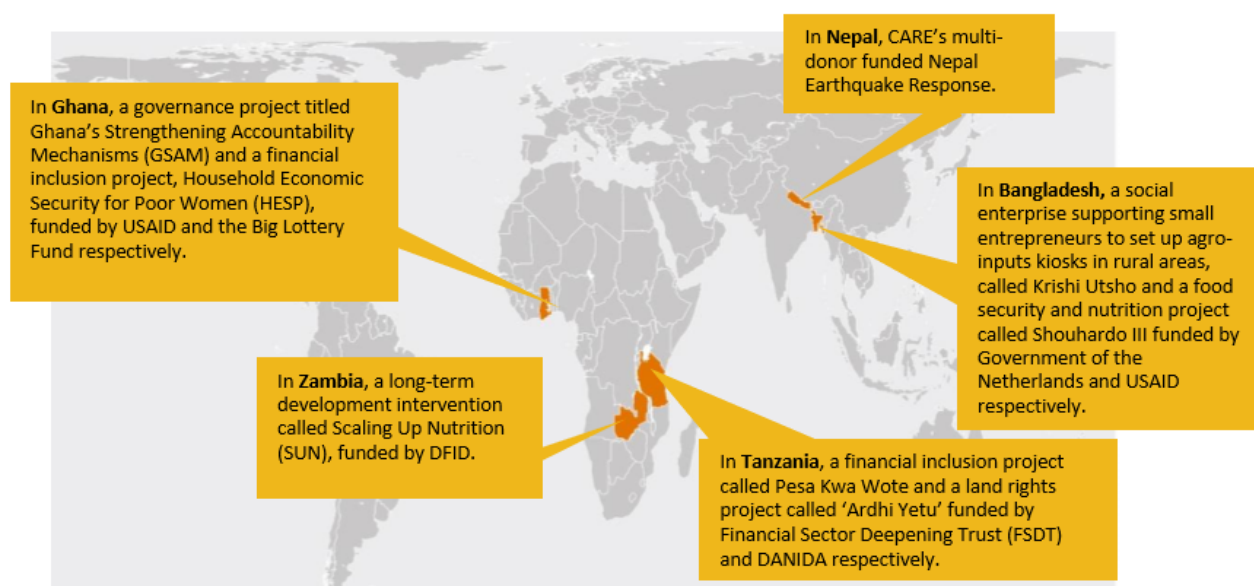
CARE International has also developed a [Global CARE International Stories and Images Consent Policy](#). This policy helps ensure respect of program participants making sure that they are fully aware of how photos, videos and stories are being used in communication materials within the confederation and beyond.

Feedback

CARE is recognised as a practice leader on community-level accountability and feedback practices. CARE established an effective consultative process with community members and partners. However, the commitment to regularly solicit and utilise feedback varies greatly between country programmes. Many country programmes carry out satisfaction surveys on a regular basis, asking for feedback on specific projects and programmes, such as health and education. The level and scope of feedback solicited differ based on the length of the project. CARE staff has reported different experiences as to how much of the feedback is analysed by country programme teams and used to influence programme decisions, noting that this often depends on leadership and principled commitments to integrate feedback.

To make this more systematic moving forward, CARE’s UK, Ghana, Tanzania, Nepal and Bangladesh have piloted the use of the [Constituency Voice Method](#). Constituency Voice™ is a methodology developed by Keystone Accountability to enable organisations to improve results by optimising their relationships with their constituents. Instead of focusing on evaluation, it focuses on managing performance. The methodology involves four stages: collecting feedback, analysing and reporting, dialogue and learning and course correcting and repeating, and has benefits to project, program and country level and CI. CARE is currently capturing learning and assessing the potential for systematic scale up and replication.

CARE is also intentional in hearing feedback from its partners. A CARE office regularly (some annually, some every 2-3 years linked to strategy formations/planning) conducts partnership surveys (see the [CARE Egypt Partnership Survey](#) and the [CARE Denmark Partner Survey and Findings](#)).



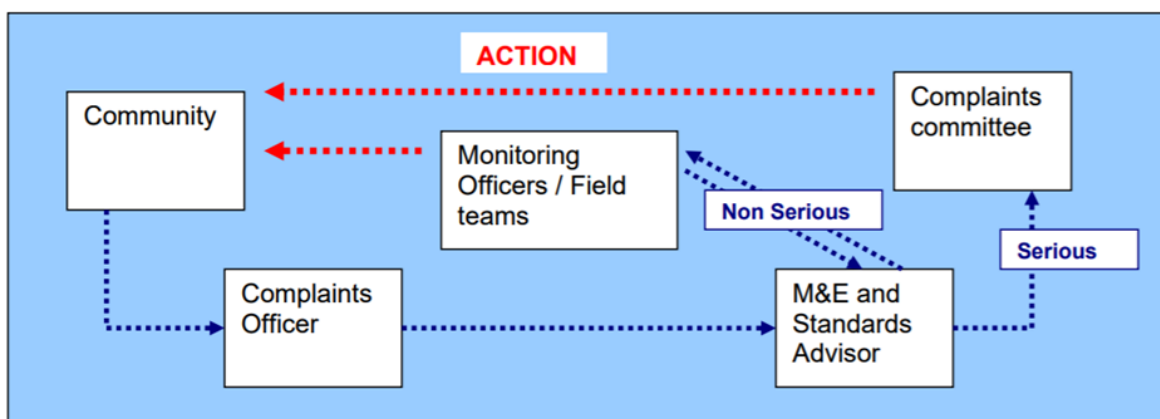
Complaints Mechanisms

CARE International believes that any stakeholder has the right to raise a complaint, have that complaint addressed and receive a response. In the past, each member had their own complaints mechanisms and responded to them individually. This past year CARE has put in place a single global [CARE Line](#) for receiving reports of fraud, misappropriation, discrimination, sexual harassment, exploitation and abuse, support of terrorism, and other wrongful conduct – with support in over 100 languages, online or phone options, and anonymous reporting options. Any CARE employee or volunteer, partner, vendor, programme participant, or other outside party, may use this service to report wrongful conduct. Additionally, all members have reporting channels through management lines laid out in their national HR orientation processes and manuals.

CARE Peru Complaints Mechanisms

Before the earthquake hit in August 2007, [CARE Peru](#) had already identified accountability as an organisational priority. Then came the emergency response, and this was seen as an important moment for making accountability to disaster affected people a reality, both to help CARE respond in the best manner possible, and also as an important opportunity for learning.

A complaints and response mechanism was identified as a concrete way to put accountability into practice. After a design and testing phase, the system was launched in the third month of the response, and 100 complaints were received and responded to within the first month. One of the most important outcomes was that CARE was able to respond to real-time feedback and resolve a number of complaints. Channels of complaint included through CARE's newly established free telephone line (with recorded message outside manned hours), CARE's web page, visits to CARE's office in Lima, and face to face in the communities themselves. Between October and February there were approximately 300 registered complaints or suggestions. More women than men used the free telephone line. There were very few calls from the highland areas, and in this region it was critical that the complaints mechanism was supported by focus group sessions and individual interviews by the field based monitoring staff.

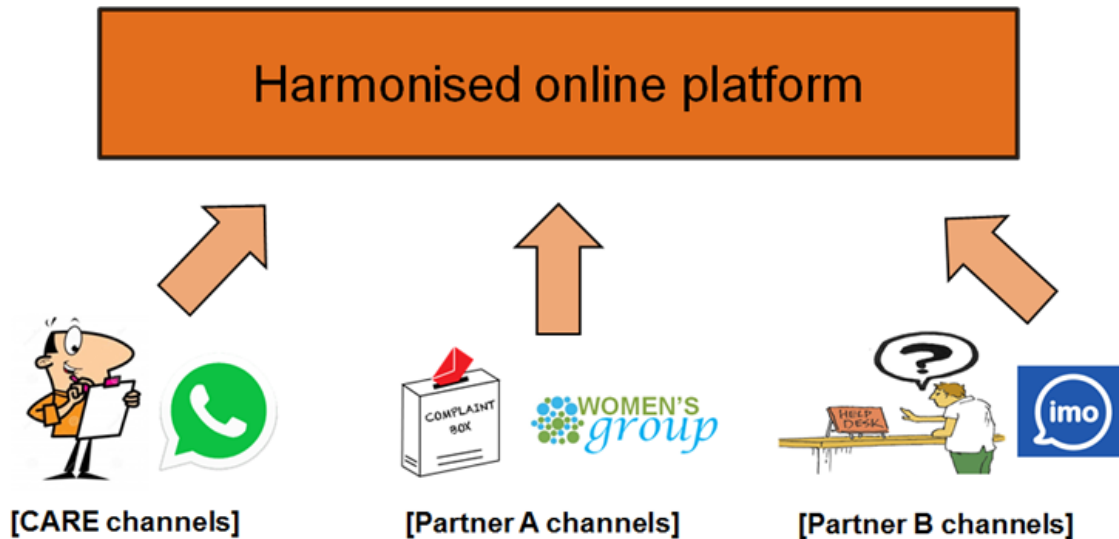


'Raise your voice': CARE Syria Feedback and Complaints Mechanisms

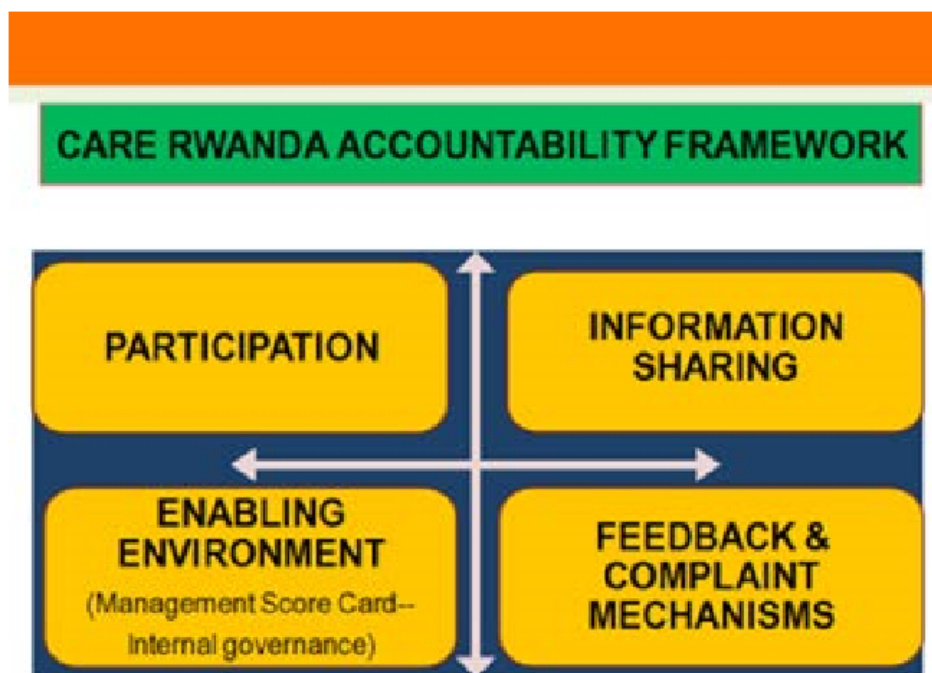
The CARE Emergency Response Team in Syria recently developed an online feedback platform to strengthen its accountability towards the communities and its different programming partners. The Syrian context presented specific challenges for accountability. Resources were limited and the interaction between CARE and the humanitarian partners were complex. CARE could not use its logo and could not reveal its presence on the ground which created an additional challenge to set up an effective accountability system.

With its partners, CARE Syria developed a complaint system using open source software. The objective was to achieve better consistency through a harmonised platform, where CARE could access the feedbacks and comments coming from different channel sources, and from different partners, and store and track the information in one place.

Anyone is able to present complaints related to CARE and partners programming through the system including beneficiaries, non-beneficiaries, partner staff or volunteers, other NGOs, local authorities, community leaders and CARE staff. It enables collaboration and follow-up. However, the way the system is set up at the moment, Partner A, for example, cannot see the complaints related to Partner B but CARE can access the complaints from both partners. The system is still under-development but already presents interesting opportunities to be used at a larger scale, for other CARE Country Offices or also, for example, to adopt a regional approach to accountability.



CARE Rwanda is also experimenting with an electronic information sharing and feedback system with partners and impact groups through mobile phones.



Partnerships

At CARE, working with partners is a key strategy to achieve our impact goals and fight more effectively against global poverty and injustice. The majority of CARE's programming is implemented with partners. Working in partnership takes many forms, for example in most countries where we work we are actively engaged in coalitions and alliances – at national, regional and global levels. However, CARE does not have a systematic approach to accountability towards our partners. Good practice exists in many parts of CARE where partners are regularly surveyed and their feedback sought. Additionally, a number of CARE members survey private donors, this is the case with CARE Austria's recent survey of over 1,000 private donors.

Moving forward, CARE has identified accountability in partnerships as a key area for improvement with the goal of capturing good practice and institutionalising systematic partner feedback. We are currently looking at accountability practices in the following areas:

- ◆ **Communication, openness, and information-sharing:** Good communication is at the heart of successful partnerships and should be taken very seriously. It can make or break the partnership. Communication challenges are often amplified in remote partnerships.
- ◆ **Equity, respect and mutual accountability:** Equity in partnerships is critical and involves: being valued for what each party brings, enjoying equitable rights and responsibilities, having a fair say in decisions, benefiting equitably from the partnership, creating mutually-beneficial value. Equity is built by truly respecting the views, attributes, and contributions of all those involved.
- ◆ **Shared capacity, organisational development & learning:** Competitiveness can easily break a partnership. Agreeing to explore and build on the added value of collaboration and understanding the right of all partners to gain from their engagement in the partnership is an important starting point to build commitment to the joint initiative. An effective partnership should deliver mutual benefit.
- ◆ **Shared vision, mission, and goals for the joint initiative:** Partnerships are often marked by real (or perceived) anxieties about working with organisations that are different from us. A commitment to exploring each others' motivation, values and underlying interests will build understanding and appreciation of the added value that comes from diversity, quelling fears that differences may lead to conflict or relationship breakdown.
- ◆ **Existence of monitoring and evaluation mechanisms for efficient feedback and participation:** While it is common to assess the outcomes of the joint initiative, assessing the health of the partnership to deliver on these outcomes is as critical. This can also provide key information on the effectiveness of the partnership and its value-add, and generate lessons learned on good partnering.

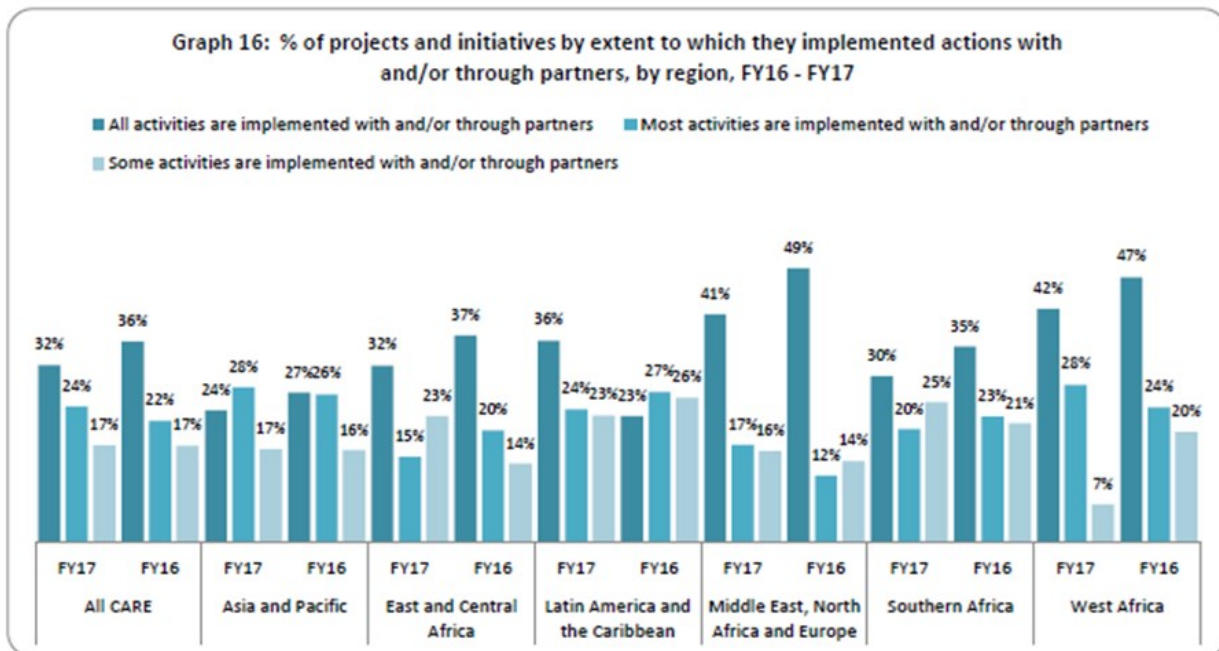
CARE Uganda: Accountability with partners

A recent partnership assessment held at [CARE Uganda Country Office](#) demonstrated that CARE Uganda has been extremely strong in encouraging mutually beneficial partnerships and has done well at building partners' technical capacity in program aspects and models. The experience of CARE Uganda proved that investing in long-term partners and building strong alliances has been a successful strategy and has significantly contributed to stronger civil society.

“For us, CARE is a partner in development and we work together using our different strengths to reach the communities”

Bob Turyamwijuka - Head of Programmes at UWESO, a local organisation providing protection and relief aid to orphans affected by the conflict, especially through the implementation of Village Savings and Loans Associations

Our Program Information Reporting System shows figures on the [percentage](#) of projects that we implement with partners which indicate how our activities include stakeholder’s engagement. Full evidence can be found [here](#).



CARE Caucasus engagement with partners

CARE Caucasus has implemented new engagement practices with partners based on a deep awareness of the power dynamics and a desire to mitigate them to the extent possible. To change this dynamic, CARE Caucasus has taken several steps. They organize mutual ‘expectation clarifying’ meetings with partners. They write all contracts not as sub-contracts for services, but as mutual commitments – that specify how each partner can hold the other accountable. ‘We then systematically collect and report their feedback... how they experience us, the quality of our work, our responsiveness, the progress towards our shared goals. We publish the feedback in our project reports. We benchmark it and discuss it.’

Gia Glonti, the Mission Director, describes it in these terms:

“Accountability should not be a struggle for power – rather it should be a mutual commitment to work for shared outcomes in the most effective way possible. The quality of our relationships with our partners are critical. We need to find ways of measuring and monitoring this too”



Localisation

Partnership is central to CARE's vision and mission. CARE believes that it is only through the collective action of many actors that we can save lives in emergencies and overcome poverty and injustice. CARE has made its partnering ambition clear, enshrining Partnership as a core Program principle and endorsing [the Principles of Partnership \(2007\)](#), [the Charter for Change \(2016\)](#) and [the Grand Bargain \(2016\)](#). CARE's Humanitarian and Emergency Strategy describes partnerships as critical for the agency to fulfill its humanitarian mandate. The strategy recognises that CARE is part of a larger humanitarian ecosystem requiring collaboration and partnering among a diverse set of actors to deliver effective and timely responses at scale.

Within the larger Partnership conversation, localising aid has emerged as a pillar of the humanitarian reforms adopted at the World Humanitarian Summit. It calls for a more collaborative and equitable humanitarian system that relies on national and local leadership of humanitarian response, supplemented – not led – by international actors. This shift requires change to the way CARE funds, invests, and engages in humanitarian action: as signatories to these agreements, we must deliver on our commitments to more equitable partnerships and the provision of 25% of our humanitarian funding to local actors by 2020.

CARE has recently clarified its priorities for localisation, with the development of a statement of intent and a value proposition for the organisation, and the identification of key areas of organisational and practice change. To deliver its localisation approach, an implementation plan is being elaborated. The plan identifies 9 critical elements – from culture and policy/systems change to investing in more impactful and equitable partnership approaches. This change initiative will require the recognition, buy-in and investment from senior leadership throughout CARE to achieve the ambition of productive partnerships and locally-led response.

CARE also continues to influence global conversations on localisation through its active contribution to the Grand Bargain Localisation workstream and its participation in the Charter for Change steering group. Also, as part of the Missed Opportunities Consortium, ECHO funding was secured to pilot innovative partnership and locally-led approaches to humanitarian action under the 'Accelerating Localisation' project.

Lastly, CARE is also stepping up its partnership support across the confederation. This support can take different forms. In August, CARE International supported CARE Australia to craft the next stage of their strategic partnership with Live and Learn, their local partner in the Pacific region. A 3-day training on partnership and localisation was delivered as part of the Rapid Response Team's annual September retreat. Responding to a request from the Asia region, a review of the CARE Philippines' Humanitarian Partnership Platform was conducted. In collaboration with the Partnership Brokers Association, a remote partnering training course was piloted in March 2018 with CARE and other INGO staff and local partners



Mobilising People and Advocating for Change

CARE has a coordinated approach to global advocacy priorities, with different parts of CARE International working together at multiple levels to influence national, regional or international policy change. With a joint advocacy approach, working alongside partners and allies, CARE believes that we can multiply the scope of our impact beyond program funding and technical support to influence the national and international policies that affect the lives of the poorest and most vulnerable communities around the world. Advocacy can be a powerful, complementary tool to other strategies, including service delivery, capacity-building, and technical assistance. Our joint advocacy is guided by a [Global Advocacy Roadmap](#).

Here are several examples from our advocacy work:

- ◆ CARE contributed to securing commitments and funding at the 2017 Family Planning Summit that ensure equitable access to rights-based family planning for the 32 million women and girls affected by crisis and conflict
- ◆ Along with other organisations in Ecuador such as UNICEF, CARE influenced the reform to the Civil Code to increment the minimum age for marriage to 18 years without any gender distinction.
- ◆ In Kenya, CARE influenced the review of the National School Health Policy and integrated more WASH issues. CARE also influenced the increase of WASH budgets in the Free Primary Education capitation grants to schools
- ◆ In Cambodia CARE advocated for the implementation of the Multilingual Education National Action Plan, formally launched in March 2016.
- ◆ The Government of Burundi requested to partner with CARE to adopt the Village Savings Loans Associations (VSLA) approach into Burundi's National Financial Inclusion Strategy for women's and youth's economic empowerment. The Ministry of Human Rights, National Solidarity and Gender has included national-level scaling up the VSLA methodology in its 2018 action plan.
- ◆ CARE has also developed a set of [advocacy 'power tool'](#) resources to help strengthen and make more systematic our advocacy and influencing efforts: 1) [Conducting a site visit with policymakers](#); 2) [Organizing a multi-stakeholder alliance](#); 3) [Utilizing a scorecard for your advocacy](#); 4) [Developing a low-cost, low-tech Advocacy MEL\(Monitoring, Evaluation, and Learning\) System](#).

Over the last year we have worked on improving our monitoring and evaluation (M&E) for advocacy, especially given it plays a large and growing role in achieving our Program Strategy goals. We have produced a series of resources to enable colleagues monitoring and evaluating the effectiveness and impact of CARE advocacy and influencing work. CARE's expertise is in pulling together a strong evidence base to underpin our advocacy and engage various stakeholders in finding long-lasting solutions to the problems we address and their root causes.

The [CARE International Advocacy Handbook](#) includes numerous case studies and examples of advocacy across the CARE confederation at national, regional and global levels. It also includes information about how to influence the UN, EU and AU and outlines internal processes including sign offs and risk mitigation.

IV. CARE's Organisational Performance and Effectiveness

Governance Structure

CARE is a confederation of Members, Affiliates and Candidates transitioning to membership, regulated by a common Code. It is governed by:

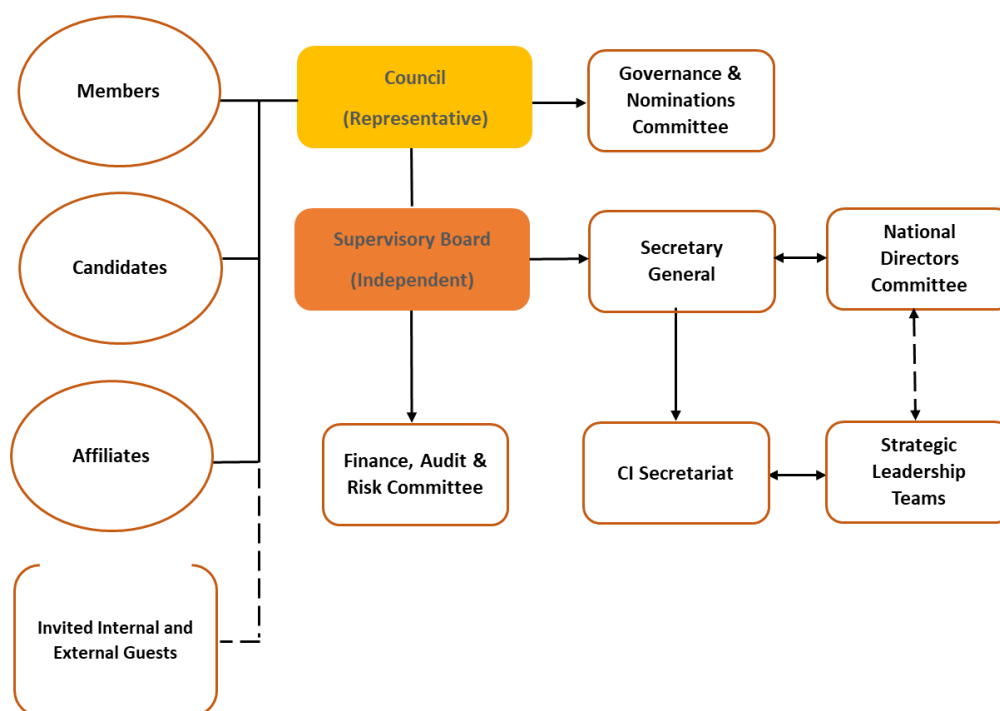


- ◆ **The Council**, the highest authority of CARE International, which serves as a representative forum for the diverse, worldwide membership of CARE; and
- ◆ **The Supervisory Board**, an independent body charged with strategic, operational, legal and financial oversight and advancing shared global priorities.

The CARE International Supervisory Board meets quarterly, and the Council meets annually in June. Items related to CARE's global accountability are on the agenda for the Supervisory Board at each meeting, and reported on to the CI Council each year.

As part of its new set-up, CARE's governance and leadership are putting in place mechanisms to assess their performance and the extent to which they are modelling key accountability principles of transparency, feedback and participation. The CARE International Supervisory Board is utilising a performance assessment process ([here](#)), which will also be expanded to assess the performance of the CI Council. A comprehensive risk register has been developed with 43 risks identified, out of which the 10 considered most important have been selected for close examination twice a year by the Finance, Audit and Risk Committee of the Supervisory Board.

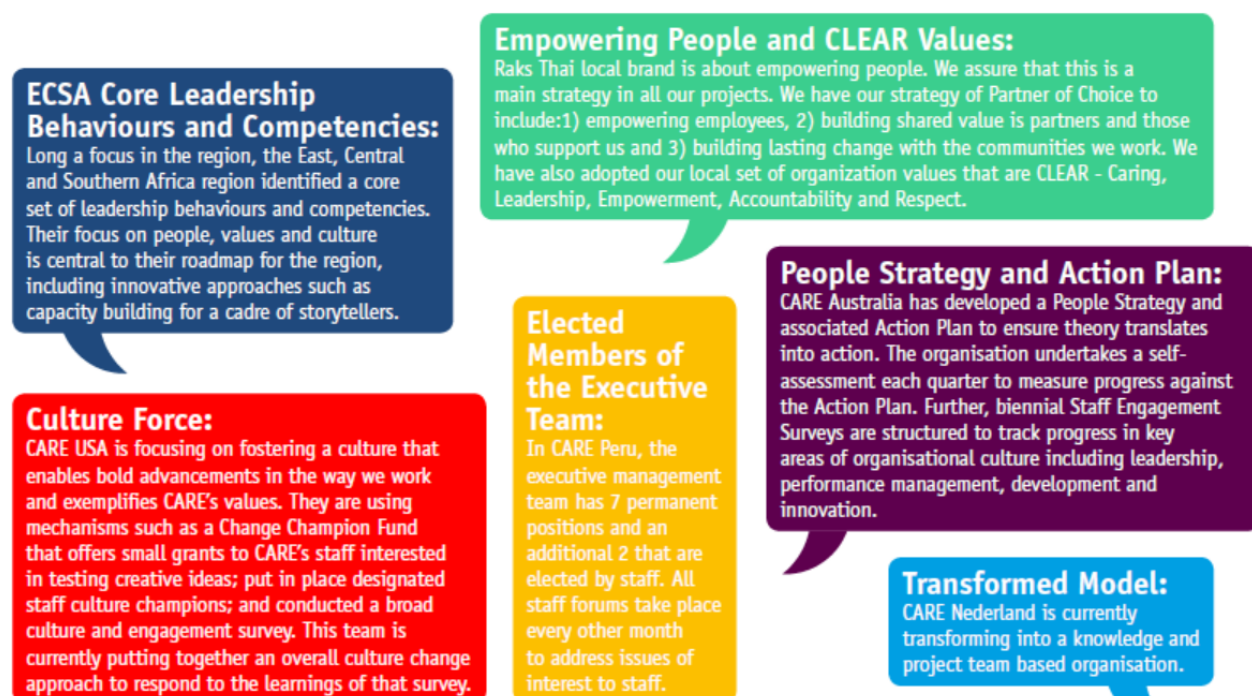
As part of CARE's global governance and network leadership reform, four Strategic Leadership Teams (SLTs) were set up in September 2016 as a force for CI-wide thought leadership, analysis and shared-action on our 2020 strategic directions. SLTs bring together CARE staff experts from across our world to work together to accelerate our impact and make big breakthroughs, and link to external thought leaders and partners. They provide a central focus point for working groups and any other staff group or team seeking an avenue for surfacing areas that require CI-wide attention. They are also tasked with engaging in spaces outside of CARE, bringing ideas and learning back in. The Secretariat ensures coordination, coherence and synergies between the groups and multi-directional accountability and engagement of the broader organisation.



People, Values and Culture

CARE's overall number of staff is fairly consistent, with changes not pronounced globally as much as when disaggregated by country. Based on the assessment by members of their practices, and by country office performance standards on HR, it is clear that CARE has diverse and good practices in performance management. It is also clear that behaviours, culture and values are emerging area of focus for different parts of the organisation, as highlighted by a number of good practices mentioned. There is also an emphasis on the need to more systematically identify, bring in and build new competencies for the future.

CARE focuses on accountable decision-making processes, with staff participation on the CI Council, document sharing and engaging in discussions in quarterly Global Town Hall webinars. Globally representative working groups drive action on shared priorities and inform decision-making.



MALE FEMALE STAFF REPRESENTATION

For FY17, **41%** of CARE Staff were female, against 39% in FY16.

FY15 - FY17 ALL CARE STAFF FIGURES

Total staff figures at CARE increased over time.

9152	9175	9307
FY15 TOTAL STAFF	FY16 TOTAL STAFF	FY17 TOTAL STAFF

Empowered Staff and volunteers

CARE International is deeply committed to the development of its staff and makes sure to strengthen their capacities and improve performance. Examples include:

- ◆ [CARE Academy](#) is a global platform for online courses and training on humanitarian and development issues, focusing on CARE’s key programmatic areas, and is open and accessible to everyone across the confederation.
- ◆ **The CARE Emergency Leadership and Management Program** is a training program designed to build the leadership and management skills needed to prepare for and respond to future emergencies, and to advance CARE’s humanitarian mandate in complex and high risk environments.
- ◆ **The Global Communications and Fundraising Skills Share Conference** is another example of CARE organisation-wide practices to ensure staff development and shared learning on key issues. This major event is taking place every year to spread best practice in fundraising and communications. In 2017, 104 delegates from 30 countries met for the first joint fundraising and communications skill share conference in Vienna. This was a successful event, with 100% of delegates giving an overall rating of ‘good, very good or excellent’.

CARE is also characterised by a highly consultative culture and give various good opportunities for its staff be informed and involved in planning and decision-making. For example, Global Town Halls are held quarterly to update its staff on key development across the organisation; while giving the opportunity for staff to reflect collectively and share their perspectives in advance, during and afterwards. The CARE Staff Association is a space for identifying common areas for leadership attention and influencing decision-making, with a representative sitting on the CI Council.

Financial management

CARE’s full audited accounts are published by each individual member and also globally in our [annual report](#). Additionally, we use these 10 global KPIs to assess CARE International achievements regarding its financial health and fundraising performance over the years and to measure progress against the Global Growth targets.

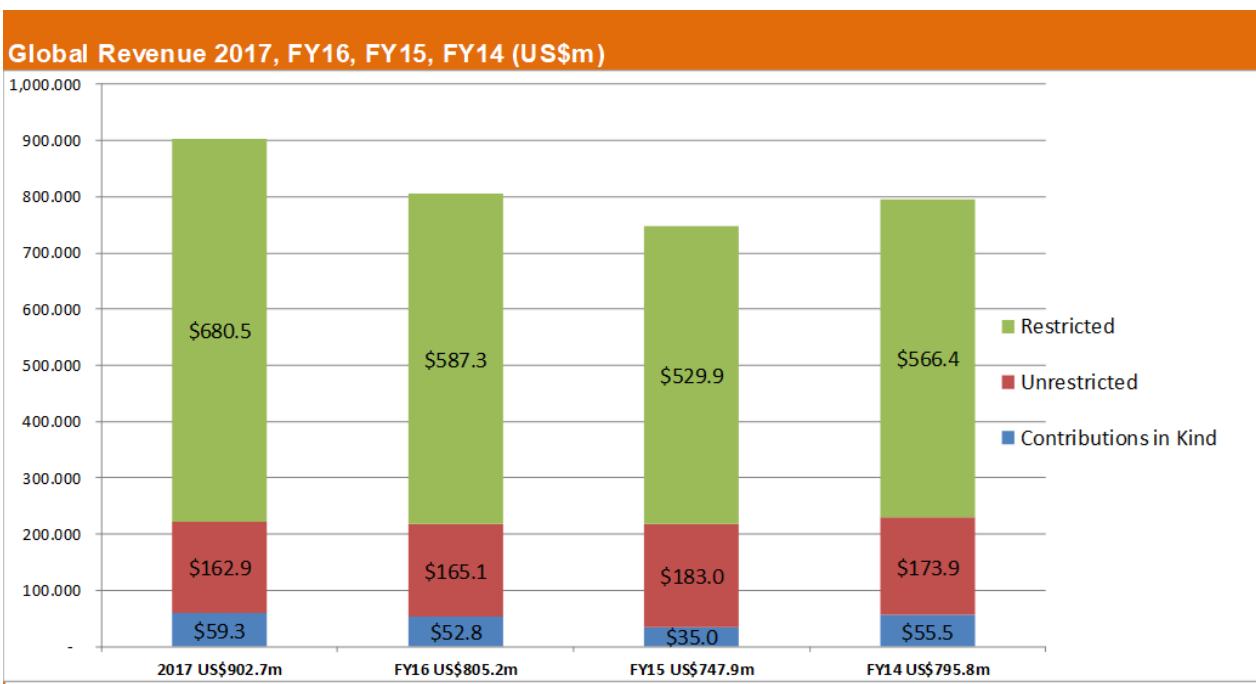
CARE International Top Financial and Fundraising Health Indicators (KPIs)

Financial and Fundraising Health Indicators (KPIs) (N.B. Not in order of importance)	
1	Percent Total Revenue Achieved to Global Growth 2021 \$1bn target
2	Total Revenue Annual Growth %
3	Unrestricted Revenue / Total Revenue
4	Program Expense versus Total Expense (%)
5	Private Fundraising expenses / Private Donor Revenue
6	Humanitarian expense versus Program expenses (%)
7	Total Internal Cost Recovery (ICR) / Total Indirect costs
8	Continuity Ratio- Unrestricted Liquid Reserves / Unrestricted Expenses
9	# of active regular givers
10	# of new partnerships over and above \$500k

Total 2017 Revenue:

**US\$902.7 Million,
12% growth vs FY16**

- out of which US\$680.5m is restricted,
US\$162.9m unrestricted and US\$59.3m
contributions in kind



Environmental Stewardship

[The CARE Climate Change and Resilience Platform](#) leads and coordinates the integration of climate change and resilience across CARE's development and humanitarian work. It aims to support and strengthen the ability of CARE to increase resilience and to tackle the causes and consequences of climate change. We do this by building the capacities and by growing CARE's impact, influence and income to better serve the needs of the vulnerable, as shocks and stresses, including climate change, are increasingly overwhelming and impeding progress towards CARE's key objectives by harming poor and marginalised people.

CARE International has a responsibility in protecting the environment in our programming as well as our own organisational stewardship. We are committed in taking steps in being a Climate Smart organisation through our newly adopted Climate Smart flight travel policy. It is constructed around three key areas:

- ◆ To reduce the impact of its air travel on climate change
- ◆ To provide the basic outline for the development of a CARE travel levy that should be further developed and championed by National Directors
- ◆ To provide guidance on how these principles may be implemented, with some examples of good practice from CARE and other organisations to reduce and account for emissions

Last year we conducted an analysis of our carbon emission as a global organisation in order to drive more ecological behaviour, and all travel forms now include carbon emissions so we can monitor, reduce and offset our footprint.



CARE Austria has been compensating flights with climate projects for years.

In 2015, 127 t of CO₂ were invested in projects with a value of EUR 3,379. A CARE Climate Policy aimed at improving our climate balance is being developed and should go into effect in autumn 2016.



All printed materials are green certified and the majority (annual report, of which 22,000 copies are printed) are produced using cradle to cradle design – the most ecological method available.



We made the change to green energy in 2010. All work spaces are equipped with toggle switches, and all of our cleaning materials comply with the highest ecological standards. CARE Austria received the Eco-Bonus Waste Management Certification in 2013.

CARE Austria received the Eco-Bonus Waste Management Certification in 2013.

Ecology



Carbon offsetting with atmosfair - dealing with CO₂ emissions that can't be avoided or reduced

CO ₂ offsetting costs for your travel activities	CO ₂ emissions	Offsetting costs in Euro
Pages	147	3,379

atmosfair - award winning offset projects

Why offsetting?
Offsetting is an essential part of a comprehensive carbon strategy that aims at reducing your company's climate impact. It is an effective way to deal with those emissions that can't be avoided or further reduced through other measures. As a flexible instrument that is always available, offsetting increases awareness within your culture, mitigates and supports your responsibility in reducing your self-assessed carbon footprint. Furthermore, offsetting is a highly visible climate protection measure that can make for communication and link to your stakeholders, customers and other partners in all your activities.

atmosfair - award winning offset projects
We offer the compensation of your CO₂ emissions from business travel on atmospheric projects by building renewable energies, developing forests, etc. All projects are thoroughly verified and regularly comply with the highest standards. Since 2004 atmosfair has been awarding the top 1 quality offset provider in international comparison studies (right below). The commitment to the quality of the offsetting project and governmental as well as third-party certification.

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Policies core to our accountability

CARE International is committed to being an accountable, ethical actor and model our core values and principles. Having the right global policies in place is an important part of ensuring we have the organisational enabling environment to help uphold our commitments. Each part of CI determines its own independent policy priorities according to legislative and donor requirements, risk management and local context. There are a number of policies, however, that are common to all parts of the organisation, which we adopt as a global policy. Below are the most critical global policies connected to our accountability commitments and our conduct as an organisation as an ethical actor in line with do no harm principles:

1. [CARE Global Policy on Protection from Sexual Exploitation and Abuse and Child Protection](#)

CARE International has zero tolerance towards sexual exploitation and abuse and child abuse. We take seriously all concerns and complaints about sexual exploitation and abuse and child abuse involving CARE employees and related personnel. When reported, CARE initiates rigorous investigation of complaints that indicate a possible violation of this policy and takes appropriate disciplinary action, as warranted.

CARE endorsed an updated version of our Global Policy on the Protection of Sexual Exploitation and Abuse and Child Protection (PSEA/CP) in May 2017, and began improving the implementation of this policy and monitoring it globally. We are currently taking several steps to strengthen it:

- ◆ Two of CARE International National Directors are leading a PSEA/CP Task Force. Representatives on the task force come from across the membership and bring expertise from COs, HR, Gender, Safety & Security, Communications, Gender and Humanitarian M&E to ensure the effective implementation and monitoring of the policy across the confederation.
- ◆ CARE is also actively participating in monitoring implementation of CHS-PSEA commitments in CARE's humanitarian work and in close liaison with the The Inter-Agency Standing Committee (IASC) Task Force on PSEA. The task team brings together NGOs, UN, IOM, the Red Cross/Red Crescent Movement, and other national and international organisations on an equal footing, share best practices and fight together against SEA.
- ◆ Governments and donors have required us to report on our PSEA policies, standards and non-identifiable case data. Many teams across CI have worked to provide a clear picture of our current processes as well as areas of improvements we are currently tackling. We released a [public statement](#) on this data in February 2018.
- ◆ CI Secretariat is currently hiring a Safeguarding Coordinator who will support CARE International as a whole in getting to the next level to reinforce our processes, systems, internal/external accountability and overall fight against Sexual Exploitation and Abuse (SEA) and harassment in the workplace.

2. [CARE International Gender Policy](#)

Through this policy, CARE seeks to promote equal realization of dignity and human rights for girls, women, boys and men and the elimination of poverty and injustice. Specifically, this policy is intended to improve the explicit incorporation of gender in programmatic and organisational practices. The accompanying implementation guideline sets out mechanisms and minimum common standards for all CARE members and Country Offices.

CARE is currently updating its Gender policy to expand the definition of gender, including the recognition that gender is non-binary, to incorporate learning from programmatic implementation, and to better encompass commitments to diversity and disability inclusion. This review demonstrates continued determination by CARE to ensure that gender equality and diversity is integrated organisationally and programmatically.

3. CARE International Policy on Fraud and Corruption

This policy reflects the fundamentals and core concept that all CARE International Members agree to abide by regarding prevention and response to fraud and corruption. CI recognises that fraud and corruption is a prevalent issue, and has harmful effects on employees, the organisation and society, and is a threat to our vision. Fraud and corruption awareness, prevention, reporting and response are critical parts of the accountability and compliance culture at CI and are of great importance to our impact groups, employees, partners, donors, counterparts and other CI stakeholders. Our internal and external stakeholders have a right to expect that we conduct our activities to the highest ethical standards. This policy sets our the minimum standards and procedures that all CI is obliged to follow. It addresses the awareness, prevention, identification, reporting, investigation and close-out of fraud and corruption at CI.

4. Complaints Policy

CARE's complaint Policy has been in place since 2011 an improvement where made this past year to put in place a single global CARE Line. This is a major improvement in the ease of registering a complaint or concern and in strengthening CARE's availability to analyse and report.

Investigations, reporting and follow-up processes are in place across the CARE membership, and CARE is focusing on a joined up global capacity building, monitoring and reporting approach. For 2017 we specifically tracked complaints on (1) sexual abuse and exploitation of community members and (2) sexual harassment within the organization. CARE received 13 sexual abuse or exploitation reports in 2017, of which eight were substantiated. Seven of those eight staff were dismissed as a result and one resigned. In the second category, CARE received reports of 15 cases of sexual harassment within the organization, of which eight were substantiated. Of those eight staff members: four were dismissed as a result; two contracts were not renewed; and the remaining two staff members received a warning and one no longer works for CARE.

Starting this year we will be able to monitor and analyse all complaints received globally.



V. A Summary of Key Priorities

Guided by our mission and vision, accountability is a core part of CARE's identity and role as a rights based humanitarian and development organisation. However, the way that all parts of CARE understand what that means varies, which has made it hard for us to assess how well we are modelling this commitment.

Having a clear common framework in place has significantly helped CARE have a more intentional, consistent approach to accountability. Individual parts of the organisation have long had a number of good practices in place and their own approaches to reporting and making improvements. Agreeing to the most critical components for all of us to focus on, putting in place a global approach to pulling together this information and reporting on it, were essential steps. The past year was our first full year to do so, and has surfaced much learning for the future. The process of doing so itself has helped strengthen our collective understanding of our strengths and gaps, and how we want to position ourselves for the future. Moving forward, CARE is focusing on the following priorities:

1. Agreeing to a **common approach to public transparency**. This is perhaps our biggest current gap. Each part of CARE has its own approach, and agreeing to the level of transparency on a wide range of information globally is challenging. Putting in place our public impact map was an important achievement last year, but our financial transparency in particular is very low. We have had a group of staff working to propose an approach to this, which will be decided on in June 2018.
2. Strengthening **financial reporting** based on the new agreed on key performance indicators is a top priority. Timeliness continues to be a challenge, with different financial closing dates amongst our members. Members have agreed to share data 3 months earlier than in the past, so we are making progress, and need to continue to improve.
3. We are developing a **Member Performance review process** that includes a mix of self assessments, data, feedback mechanisms and peer reviews, which will begin next year. This is an important step forward for CARE, bringing members together and ensuring learning and improvement as well as that core obligations are upheld.
4. A key focus for CARE in the next year is to roll out a new **CI Code**— which includes our governance and statutes as well as our internal agreements about the core requirements and expectations of belonging to CARE. The revision process has been underway in the past year, with the collaboration of a number of staff and teams across the organisation, and is the final element of our governance reform process. We are taking a new approach to it, with a focus on making it more easily understandable and accessible to both staff and those outside of CARE seeking to know more about who we are, how we are governed and the agreements that we abide by.
5. A key area for CARE to take forward and learn more about from others is how to better **engage the perspectives of others in our decision-making processes**. We do this well in many individual countries in which we work, through advisory boards, regular exchange with and feedback from civil society, government, donors and partners, and ongoing analysis and surveys on our role and our added value. Bringing this to organisation-wide, global levels has been more challenging. We have made progress in diversifying our membership, which is increasing the global diversity at our global governance and leadership bodies, as well as ensuring diversity on our Supervisory Board. Staff perspectives are better incorporated now as well through our Strategic Leadership Teams as well as polls, surveys and the inclusion of a Staff Council representative. But the external voice is still missing beyond guest speakers. We will be considering this as a matter of attention moving forward.
6. Engendering the right **conversations, capacity, mindsets and behaviours** will continue to be a priority— including the way we hire and equip managers, leadership and staff at all levels to uphold our accountability commitments and behave accordingly.

We welcome the feedback from the Accountable Now review team, input from peer organisations and interested parties, so that we can build on this priorities, learn from the good practices of others and identify other areas for attention.

Thank You



*To provide any feedback on the contents of this report, please email
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