



**CARE International FY2015
Report to the
INGO Accountability Charter
based on the
GRI NGO Level C Reporting
Template**

August 2016

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1 Strategy and Analysis

1.1 Statement from the most senior decision-maker of the organization

A quote **from a member of our staff** in Caucasus illustrates CARE's approach to accountability, seen as: "...a means by which we fulfil our responsibilities to our impact population and other stakeholders, and the ways in which they may hold us to account for our decisions, actions and impact".



Transforming an organization, **and improving accountability**, is not about **imposing** new organigrams or reporting lines. CARE has developed an ambitious vision **for how** the organization will work in 2020 and beyond, focusing on reaching, and making a difference for, 150 million poor and marginalized people around the globe. This ambition means that **we are making significant improvements in many areas in order to reach it**. We are reforming our Governance **in order to make CARE International more globally collaborative**. We have developed a comprehensive **global program strategy**, which is being monitored through **a set of 25 indicators**, and **these will help us to better align our work throughout the confederation in ways that are truly focussed on impact, progress and learning**. We are also making the organization **more globally relevant, through widening our network** to include stronger **Global South participation** both within and outside our organizational boundaries.

The various parts of our transformational change will provide the framework through which we **will** hold ourselves, and each other, accountable, and they will give our partners and supporters **even greater** confidence to work with us in future. At the top level of the organization, Governance and Management have clearer separation, and **clearer lines of accountability**. **These will be upheld by** an independent Board, a Committee of National Directors, and **through a refreshed role and purpose of the CEO and the CARE International Secretariat**. Within our interdependent global management structures, we have **a new layer of vertical accountability structures in our Strategic Leadership Teams, focussed on the four key areas of our core operations**. Our **progress towards bringing** new Southern Members into the confederation will **also continue to improve our relevance in** the places where we work, by strengthening their voices in the decision making of the confederation.

A comprehensive Accountability Framework is **under development that will allow us to adopt an inclusive governance approach**. This is aligned with the **fundamental principles of CARE's program approach of empowering citizens and holding authorities accountable**. CARE is **committed to learning from our work on the ground to continue improving how we operate, bringing together the many performance and accountability mechanisms currently in the confederation into a comprehensive, unified form**. CARE is also committed to the **principles of transparency, participation, diversity and inclusion, and welcomes feedback at all levels on how we can continue to improve our work**.

We are pleased to be part of the INGO Accountability Charter, and for the learnings and insights gained through the discussions and reflections. It is an endeavour that makes the work of the entire sector better, and CARE is grateful for the support.

Wolfgang Jamann, Secretary General / CEO

2 Organizational profile

2.1 Name of the organization

CARE International

2.2 Primary activities

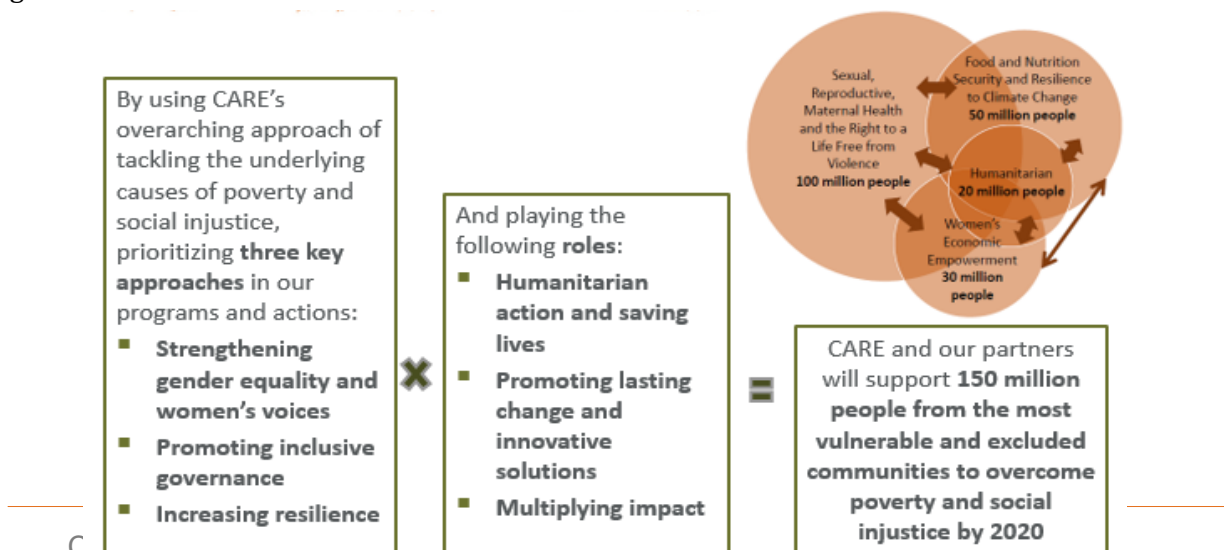
In FY15 CARE pressed forward in its confederation-wide transformation ambition towards CARE 2020, which seeks to multiply CARE’s impact and enhance our local and global legitimacy and relevance. At the core of this vision is our overarching commitment to tackle the underlying causes of poverty and social injustice and to bring lasting change to the lives of poor and marginalized people.

By 2020, CARE and our partners will support 150 million people from the most vulnerable and excluded communities to overcome poverty and injustice. As part of this goal, CARE aims to achieve the following four outcomes:

- 20 million people affected by **humanitarian** crises receive quality, life-saving humanitarian assistance.
- 30 million **women** have greater access to and control over **economic resources**.
- 50 million poor and vulnerable people increase their **food and nutrition security** and their resilience to **climate change**.
- 100 million women and girls exercise their rights to **sexual, reproductive and maternal health** and a **life free from violence**.

In replicating what works and scaling up successful practices as well as influencing policy, social norms and behaviours, we create a ‘domino effect’ that has a lasting impact beyond those people we directly reach. It is this approach that gives CARE its unique space as an innovative and well respected driver of social and economic transformation in vulnerable communities, and in providing lasting solutions to the fight against poverty.

Over the course of the reporting period and in line with CARE 2020, CARE began to implement and develop mechanisms of accountability around delivering on its global Program Strategy (approved by the board in June 2014), which is the first organization-wide program strategy in CARE’s seventy years of history. The purpose of the strategy is to focus CARE’s programs to clarify – both internally and externally – how the organization will contribute to eliminating poverty and social injustice. The below graph represents CARE’s theory of change for the strategy and our impact goals for CARE 2020:



CARE's programming, reported on annually through the Project and Program Information and Impact Reporting System (PIIRS), displayed on CARE's website and in the CARE International FY15 annual report, [click here for link](#), is summarised below:

Gender and women's empowerment: In its new program strategy which was introduced across CARE in FY15, CARE focuses its programming on the empowerment of women and girls. CARE uses several ways for promoting women's empowerment and gender equality. The PIIRS survey assessed the extent to which projects used such strategies and, more specifically, the extent they incorporated actions to address gender-based violence. In FY15, 27% of CARE's projects reported gender transformative actions (i.e. they promoted equitable social norms and structures, as well as gender-equitable behaviours) and another 65% of projects indicated they carried out gender sensitive activities (i.e. they recognized gender differences, norms and relations and responded to the different needs and constraints of individuals based on their gender.)



Sexual and Gender-based Violence: In FY15 13% of CARE's projects fully developed and implemented strategies to address sexual and gender-based violence; 36% of projects partially addressed gender-based violence. CARE's women's empowerment programs help women and men promote women's rights, provide solidarity and support groups for women, prevent and ensure services and support for survivors of sexual and gender-based violence (GBV), as well as promote conciliatory measures for more equitable roles. A key highlight in FY15 is from our work in the Balkans across Croatia, Bosnia & Herzegovina and Serbia where GBV remains a huge obstacle to development. Drawing on the successful Young Men Initiative implemented from 2007, CARE has introduced a 'gender transformative' curriculum that includes school-based workshops, residential retreats and the 'Be a Man' awareness campaign. The program encourages young men to reflect on the reasons behind their violence towards women. Thousands of young men across the Balkans have been encouraged to treat women and girls as equals as part of the campaign. A regional Young Men's Forum and educational workshops throughout the school year have helped participants learn about and critically reflect upon topics such as gender, sexuality, violence, and substance abuse. This ground-breaking approach has also been adapted and scaled up in Democratic Republic of Congo and Burundi working with young men to deconstruct masculinity in their cultures and determine how gender norms and male socialisation lead to inequitable attitudes and behaviours.

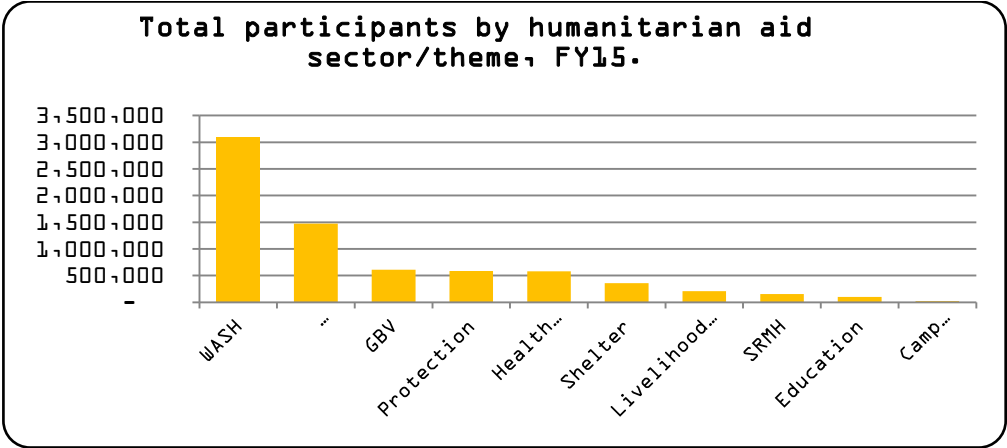


Humanitarian response: CARE supports emergency relief as well as prevention, preparedness, and recovery programs. Last year, our emergency response work in disasters like the Nepal earthquake and conflicts in South Sudan and Syria saved countless lives and helped communities recover from extreme situations. CARE increased reach in FY15 (as compared to FY14) in its emergency response and recovery programming to provide direct support to over 10 million people through 253 interventions. These projects represent 28% of all CARE projects in the fiscal

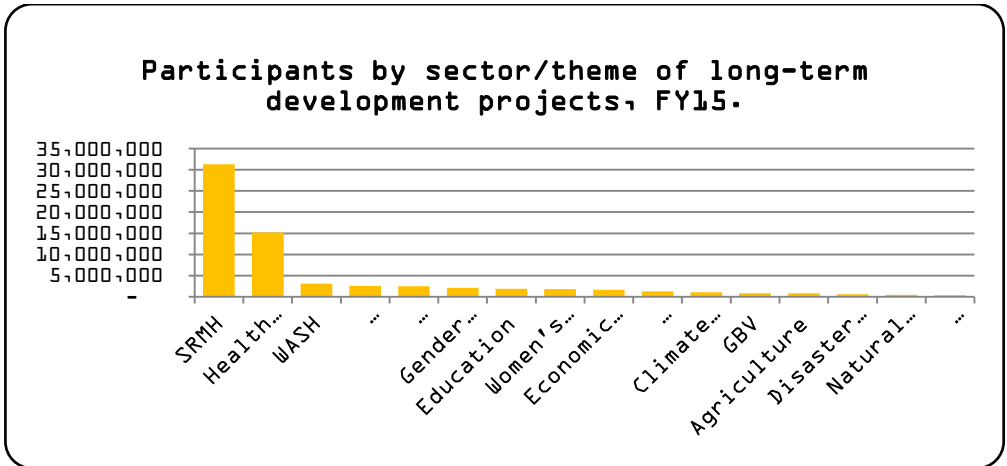
year. CARE's core sectors for emergency response are Food Security, Shelter, WASH and Sexual and Reproductive Health. CARE is a signatory of major international humanitarian standards and codes of conduct including the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, the Sphere standards, and the Humanitarian Accountability

Partnership (HAP) principles and standards as well as the newly launched Core Humanitarian Standards which it has since started to roll-out across CARE.

The next figure shows a breakdown of humanitarian response in FY15 across the different sectors¹:



In regards to long-term development, CARE reached over 58 million people in 720 projects across core themes as represented in the figure below²:



The largest sectors for CARE’s response and the core elements of the CARE 2020 program strategy are summarised below:

Food and nutrition security: CARE provides emergency food aid and supports the prevention of malnutrition through encouraging and supporting proper breast feeding, providing education focusing on the cultivation and preparation of nutritious food, and improving infrastructure. Last year, CARE improved food and nutrition conditions of more than 2.5 million people, helping them produce and access quality food and promoting sustainable ways to improve their nutritional well-being.

Health: CARE's health programs are focused on sexual, reproductive and maternal health, but also

¹ The participants in projects by sector/theme are not cumulative as participants may have been involved in more than one sector/theme.
² Same as comment above

address other areas such as nutrition, safe drinking water, health education, and training local health workers. Last year, CARE worked with public service providers and communities in 51 countries, reaching more than 31.3 million women and men with information and access to sexual, reproductive and maternal health services, family planning, prevention, detection and treatment of sexually transmitted infections, and maternal and neonatal care, including emergency obstetric care. CARE supported another 15,212,881 people through other health programming to access health care and education, some of them with specific attention to HIV/AIDS, tuberculosis, polio, malaria and other diseases.

Climate change and Disaster Risk Reduction: The hottest year on record, 2015 was also a year of huge number of disasters, 90 percent of which were climate or weather-related. CARE is committed to tackling climate change and mitigating its devastating effects on the poorest people in the world – indeed those who contribute the least to climate change. CARE engages in climate-change advocacy and supports local mitigation strategies such as promoting early warning systems, helping communities to draft evacuation plans, providing technical equipment and information, supporting reforestation, and working with local governments to reduce pollution. In 2010 CARE designated the Poverty, Environment and Climate Change Network (PECCN) as its first Centre of Expertise under CARE International’s Strategic Plan. Last year, CARE worked with 1,073,767 million people in 46 countries developing adaptation strategies to the effects of climate change, promoting ecosystem management and restoration, and reducing greenhouse emissions from deforestation. CARE also assisted more than 550,000 people living in disaster prone areas, to better prepare and protect themselves from the impacts of crises and disasters.



Education: CARE provides economic incentives to help parents keep their children in school, advocates for the importance of educating girls, and supports programs that ensure that girls receive a quality education and engage girls in extracurricular and leadership activities. During the reporting period, CARE facilitated access to quality basic and secondary education or technical training for 1,856,292 million people in 56 countries.

Water, sanitation and Hygiene (WASH): CARE builds and maintains clean water systems and latrines, and provides education about hygiene and water-borne illnesses. These programs aim to reduce the risk of water-related diseases and increase the earning potential of households by saving time otherwise spent fetching water. During the reporting period, it is estimated that CARE helped more than 3 million people in 42 countries access safe drinking water and sanitation systems, develop governance mechanisms for management of water systems, and improve hygiene practices.



Women’s Economic Empowerment and Economic Development: CARE supports increasing market linkages, promotes diversified livelihoods, organizes Village Savings and Loans Associations, and provides entrepreneurship training. Last year, CARE supported more than 1.7 million people in 57 countries, promoting favourable conditions for women to participate in economic activities, access and control economic resources, have a voice in equitable decision-making

around livelihood opportunities, access employment and equitable wages, participate in loans and saving associations or financial services, and benefit equitably from economic growth. Additionally, CARE supported more than 1.6 million people to engage in economic development activities, such as value chain strengthening, market linkages, diversification of livelihoods, competitiveness in the labour market, and increased access to financial and non-financial services.

Inclusive Governance: In FY15, about one-third of CARE's projects developed and implemented strategies and actions empowering people living in poverty to know and act on their rights and represent their interests; influencing those in power for more responsible, responsive and accountable roles; and strengthening linkages for inclusive agendas and negotiation spaces. Another 41% of projects partially incorporated strategies to promote inclusive governance.

Multiplying Impact and Advocacy: CARE's advocacy to influence development and humanitarian policy in the key sectors mentioned above is directed at local and national governments, as well as international organizations such as United Nations institutions, the European Union and other multilateral and international organizations. CARE's advocacy work supports our continued efforts to eradicate poverty and focused on gender equality, climate change, as well as humanitarian advocacy - the year 2015 put them front and centre, for example, as part of the Sustainable Development Goals (SDGs) adopted by the United Nations General Assembly in 2015 in their 2030 Agenda for Sustainable Development. In FY15, 18% of CARE's projects intensively engaged in defining and implementing advocacy strategies and actions; and 44% of projects moderately engaged in advocacy.

Resilience: In FY15, 13% of CARE's projects fully developed and implemented strategies and actions to strengthen poor people's capacity to absorb and adapt to shocks and stresses of different nature (economic, social, environmental and climate-related), manage growing risks and transform their lives in response to new hazards and opportunities; and 18% of all projects partially included actions to increase resilience.

2.3 Operational structure of the organization

CARE International is a global confederation of **14 National Members** with a common vision and mission to defeat global poverty. Each CARE Member is an independent organization that raises funds, advocates on key issues and communicates to the public in their country, and supports the work of CARE's programming in **95 countries** around the world. All of CARE's offices around the world work together as a global network, alongside a broader network of our partners and allies, to multiply our impact and achieve our vision.

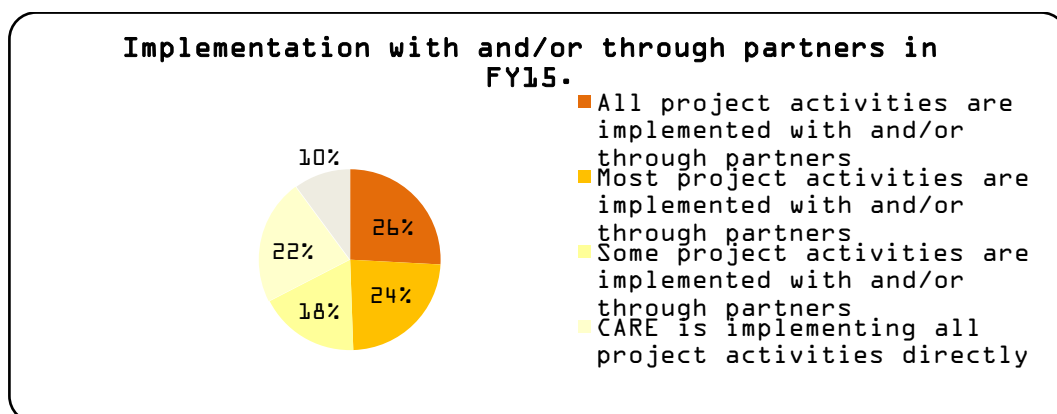
The CARE International Secretariat coordinates and supports this network to achieve our common impact goals and shared global priorities in line with our CARE 2020 Vision and Program Strategy. It is also responsible for representing the confederation at the United Nations, the European Union and key global forums, leading CARE's global advocacy, and hosting the CARE Emergency Group and the CARE International Safety and Security Unit. The Secretariat is located in Geneva, Switzerland, registered in Switzerland under regulations governing Foundations, with a co-location in Brussels, Belgium with registration as an Association; an office in New York, U.S.A. and a global team dispersed in various locations around the world.

Additional details of CARE's structure are outlined below. In FY15 CARE Peru joined as a full member in June 2015.

- **14 National Members** located in Australia, Canada, Denmark, Deutschland-Luxembourg, France, India, Japan, the Netherlands, Norway, Peru, Austria, Thailand, the United Kingdom and

the USA who work together to fight poverty and provide emergency assistance. Each CARE National Member is an autonomous non-governmental organization incorporated under the laws of the respective countries where they are based and conducts advocacy, fundraising and communications activities in its own country, and engages with CARE's single presence offices in countries and regions in developing countries to support their work.

- CARE's work at country level:** During the reporting period, CARE worked in **95 countries around** the world, supporting **890 poverty-fighting development and humanitarian aid projects**, reaching over **67 million people** directly with an additional **213 million people** benefitting indirectly through CARE's programming.³
- CARE is structured at a country level to have **one collective presence in country** even though there is work ongoing with several CARE members in a given country office at any time. Each country office is managed and provided support infrastructure by one of 5 CARE 'lead' managing members, while the office and its' most senior representative serve and legally represent the whole CARE International confederation as one entity. Furthermore, each country office works with multiple CARE members on different projects, which are governed by individual project implementation agreements.
- Partnerships** are foundational to CARE's work in both humanitarian and development programming and advocacy. Over time, and evidenced in FY14 and FY15, CARE continues to work increasingly in partnership and is undertaking analysis and assessment of its partnership work in order to refine organisational-wide guidance for global consistency and standards. A testament to this commitment is the membership's support to put in place a humanitarian partnership coordinator to enhance further CARE's humanitarian partnerships approach. Across the humanitarian and development industry there is wide recognition of the importance of working with local groups, institutions, the private sector and governments for enhanced understanding, relevance, and impact in strengthening local capacity, ownership and sustainability. The CI Program and Operations Committee, a sub-committee to the CI Board, has maintained partnership as a priority in the past three fiscal years to assure coordinated support and recognition of the organisational need to assure consistent guidance, leadership and support for CARE's humanitarian and development practitioners. The graph below shows the work done with partners in FY15. The majority of partnerships⁴ established by CARE for fighting poverty were with local NGO(s), local governments, national governments, international NGOs and grassroots organizations.



³ CARE International's annual report for 2015

⁴ Please note that partnerships involve all inter-institutional agreements or alliances established by a project, where CARE and partners define different levels of commitment and responsibilities around the implementation of the project and the achievement of outcomes.

- In early FY15 CARE undertook an organisation-wide mapping effort of partnerships strategies, approaches and tools that have been developed and used in the past 20 years. Concurrently, and within that effort, CARE’s Emergency Group led a focused study on the partnership work vis-a-vis CARE’s emergency response to the 2014 typhoon in the Philippines, for enhanced organisational learning and performance specifically around partnership in emergencies. CARE works with a range of national and international aid organizations and United Nations agencies, and is an active member of a number of networks with the goal of alleviating poverty through policy change to maximize the impact of our work. The CARE International presence review process continued through FY15, and a learning assessment and discussion paper focused on partnership is being finalised to inform future direction and decisions based on the collective presence reviews.
- **Donors’** support makes it possible for CARE to carry out our work. Donors include a range of institutional bilateral and multi-lateral governments and agencies, private individuals, the European Commission, foundations, corporations and United Nations agencies.

As with the FY14 report, this FY15 report was also prepared and submitted by the CI Secretariat (located in Geneva, Switzerland, with its offices in Brussels, Belgium and New York, U.S.A.). It reports on activities that are relevant to CARE’s shared global priorities, CI-wide governance and areas requiring coordination across the membership.

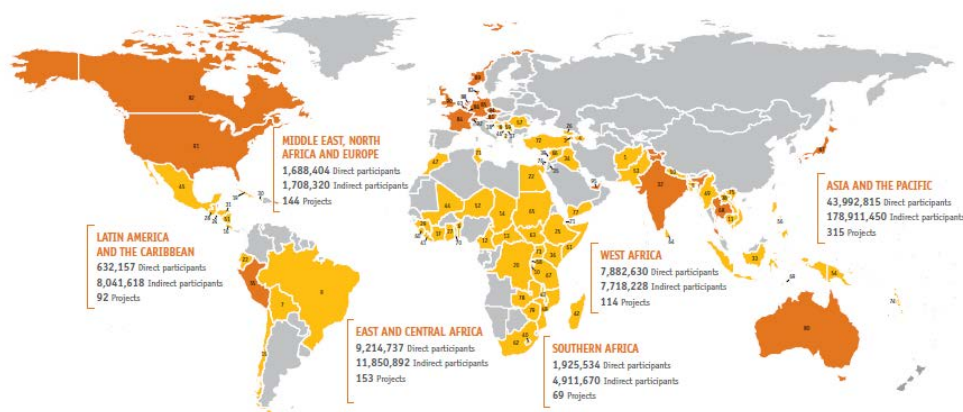
The CI Secretariat Senior Management Team reviewed the independent review panel feedback on several occasions over the last year, and while in principle agreed with the recommendation to aim to report on CI-wide efforts, also acknowledged the need to balance what is readily available in the systems and ongoing organisational processes, and assuring a “light touch” ask of extractive data or information from across the membership to serve the needs and requests of this report. Therefore, the responses in the FY15 report reports on CARE International overall where possible when the accuracy of the data is confirmed, but in several instances noted specifically focuses on the CI Secretariat’s role and direct authorities.

2.4 Location of organization’s headquarters.

The CARE International Secretariat is located at 7-9 Chemin de Balexert, 1219 Chatelaine, Geneva, Switzerland, and at 12 rue du Trône Brussels, Belgium with a Representation Office to the European Union and to the United Nations and with an office in New York, USA. Staff are also remote-based or hosted within a CI member in the U.S., UK, Kenya, Bulgaria, Bolivia, Ecuador, Canada, India, and Thailand.

2.5 Number of countries where the organization operates.

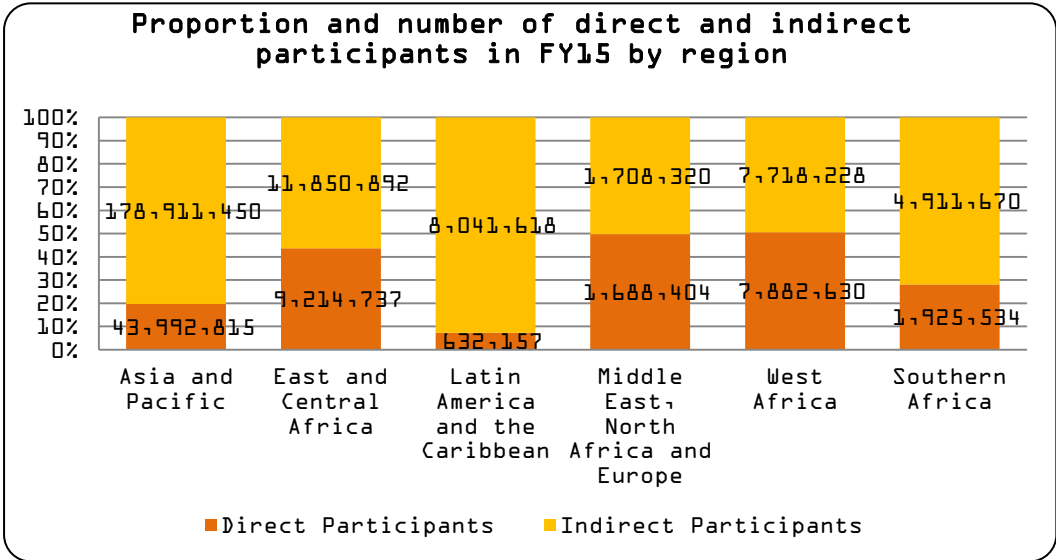
During the reporting period (July 1, 2014 to June 30, 2015), CARE worked in 95 countries around the world and implemented 890 poverty-fighting development and humanitarian aid projects, to



reach more than 65 million people. Additionally, we estimate that in FY15 more than 213 million people have benefitted from CARE’s projects through policy changes,

replication of successful programs by partner organizations and governments, and scale up of innovations.

Please see the breakdown of direct and indirect participants by region in the figure below:



Across the organisation CARE employed 9,152 staff in FY15 with over 94% being national staff located in country offices (8,622). CARE is committed to gender equity in staffing and in FY15 almost 40% of staff were female, at 3,457. More details on CARE’s human resources and breakdowns are provided in indicators in section IV.

CARE operates at country, sub regional and regional levels. At the time of the reporting period, there were 5 approved “Lead Members” designated to provide operational and strategic oversight and management of CARE’s work at a country level on behalf of CARE International. Projects are implemented under the oversight of “Lead Members” with contribution, support and engagement from all CARE Member partners. Each Member is responsible for ensuring appropriate and inclusive strategic and operational planning, program development and implementation, all aspects of financial stewardship, management and control, and effective personnel hiring and management. Lead Members are responsible for assuring alignment with and annual reporting on the approved CI Performance standards of Country Presence.

2.6 Nature of ownership and legal form.

The CARE International Secretariat’s mandate is to coordinate, support and provide leadership of the confederation. The CARE International Secretariat is an international foundation, registered as a Swiss Foundation under the Swiss *droit privé* law and as an international association (AISBL) in Brussels, Belgium, governed by the CARE International Board of Directors.

2.7 Target Audience, affected stakeholders and market served.

CARE’s core stakeholder, to whom we are most accountable, are poor and vulnerable people, especially women and girls, from communities with whom CARE’ works to overcome poverty and injustice. During fiscal year 2015, CARE worked in 95 countries around the world, supporting 890 poverty-fighting development and humanitarian aid projects to reach over 65 million people. CARE strives to work directly with the poorest and most marginalized communities, while noting CARE’s programs have indirect contributions to positive social change in the lives of many more

women, men, boys and girls through policy changes, replicated innovations or change that has been initiated by direct participants. There are a range of examples throughout CARE's global operations, of where partner organizations or governments of developing countries replicate and scale-up successful poverty-fighting programs, such as the work CARE does on Village Savings and Loans Associations (VSLA) one of CARE's most innovative and effective programs. We bring together female entrepreneurs who pool their resources together to save money and provide loans to other VSLA members. Launched in Niger in 1991, VSLA is now present in 24 countries, reaching over five million people in vulnerable communities, and has been adopted as a model by the World Bank, banking institutions and other NGOs.

2.8 Scale of the reporting organization.

CARE International works in 95 countries, with combined revenue of 630,158,000 Euro in FY15, representing an increase of approximately 8% compared to FY14, with a diverse donor base spanning institutional, multilateral and bilateral, corporate, private and individual donors, and 9,152 staff around the world, with the largest numbers based in Asia and the Pacific and in East and Central Africa. Please click for the FY 15 Annual Report [here](#) and refer to page 20 for the FY15 Annual Financial Statement. Data is collected annually across the membership related to staff and income; request from the Charter Review Panel for data on numbers of supporters, volunteers and interns is noted; that data is not captured at confederation-wide levels.

For the 2015 Fiscal Year (1 July 2014 to 30 June 2015), the financial status of the **Secretariat** was as follows:

• Revenue	CHF 8,572,150
• Expenses	CHF 7,807,038
• Assets	CHF 4,391,082
• Liabilities	CHF 1,562,101

Comparable data for the *combined* membership for 2015 Fiscal Year is contained on pages 20 and 21 of the FY15 annual report which can be found on the CARE International website here: [click here for link](#). In summary, the FY15 financial status for the CARE confederation as a whole was as follows:

• Revenue	Euro 630,158,000
• Expenses	Euro 620,789,000
• Assets	Euro 640,718,000
• Liabilities	Euro 264,204,000

The activities of the Secretariat include coordinating relief and development activities of CARE International member organisations, representing CARE in countries where the organisation does not have a Country Office and helping to establish new members. To be able to fulfil such a role, CARE International receives financial support through contributions by its member organisations.

The Secretariat is supported by contributions from all members to provide is shared services, coordination and strategic guidance. The Secretariat also has overall responsibility for administering two funds on behalf of the confederation. Firstly, the Revolving Fund, which at the end of the reporting period amounted to CHF 2,117,622. The aim of the Revolving Fund is to bridge the gap between the approval and the actual release of institutional donor funds for projects requiring an implementation start before the receipt of the first instalment of donor funds, or the completion of implementation activities before the final payment made by the donor. Similarly, the Secretariat is administratively responsible for the Emergency Response Fund that, at the end of the

reporting period amounted to CHF 777,182. The aim of this fund is to provide funding to support a timely emergency response. The total funds for both these mechanisms are reported separately – just below - the Secretariat’s total assets and total liability amounts on its balance sheet as these amounts reflect the funds of all participating CI Members, not just those of the Secretariat. The Secretariat’s share in each is included in its total assets. The Secretariat’s share of the Revolving Fund at the end of FY15 was CHF 149,881 whilst its share in the Emergency Response Fund was negligible (CHF 35).

2.9 Significant changes during the reporting period regarding size, structure, or ownership.

There were no significant changes to the physical structure of the Secretariat during the reporting year, although CARE’s Transformational Change process, as reported in FY14, has remained central to the work and analysis undertaken on behalf of the confederation, with various structural, systems, governance, process, behavioural and cultural dimensions advancing during FY15 in preparation for their implementation in FY16. The FY16 report will outline the scope and detail of the changes made in governance and management that are being fully implemented in CARE International’s FY17 (July 2016-June 2017). CARE made significant progress on this agenda in the first half of FY16 building on significant work in FY15, with changes in structure and governance which includes the following elements (more in section 4.1 on the new CARE structure):

- **Separating governance and management** bodies
- Creation and induction of a small independent **CI Supervisory Board** and the establishment of a **Representative Council**
- Creation of a **CARE Global network model**, with a **National Directors Committee** as a CI-wide leadership and advisory body, and 4 CI-wide **Strategic Leadership teams** to advance shared priorities.
- Re-defining and the **role of the Secretariat** and the CEO in the context of ‘CARE Global’ and aligning the structure accordingly.

As a consequence, committee structures, the CI Code and statutes, rules and procedures are **under revision** and are being introduced in FY17.

FY15 saw a notable change in leadership at the Secretariat. The former Secretary General (SG) Dr. Robert Glasser transitioned from his post after 7 years of service, and Dr. Wolfgang Jamann commenced the post in March 2015. Wolfgang Jamann has more than 20 years of experience in development assistance and humanitarian response, and has lived and worked in Africa and Southeast Asia. Prior to his current position at CARE, he was the CEO and Chairman of Welthungerhilfe (German Agro Action; 2009 – 2015), one of the largest international aid organizations in Germany fighting hunger and poverty, with a particular focus on food security and sustainable development. Between January 2014 and February 2015 he was also president of Alliance 2015, a network of eight European development and humanitarian organizations. Before joining Welthungerhilfe, he had already gained experience with CARE as CEO of CARE Deutschland-Luxembourg (2004 – 2009). Prior to that, he worked in different roles and countries for World Vision as well as the United Nations Development Program and the German Foundation for International Development. Additionally, at the start of FY15, a new Deputy Secretary General came on board, Abby Maxman, who joined the Secretariat after serving from 2011-2014 as Vice President of International Programs and Operations for CARE USA. Her experience spans more than 25 years working in the international humanitarian and development field working with bilateral and multilateral organisations; since 1995 with CARE in key roles across multiple countries and regions, including Country Director in Ethiopia and Haiti; and other senior management and leadership roles in the South Caucuses, East & Central Africa and Middle East regions.

3 Report Parameters

3.1 Reporting period (e.g., fiscal/calendar year) for information provided.

This report is for the CARE International Secretariat's 2015 Fiscal Year, which covers the period from 1 July 2014 to 30 June 2015.

3.2 Date of most recent previous report (if any).

The last report was submitted in August 2015 for the FY14 reporting period.

3.3 Reporting cycle (annual, biennial, etc.).

CARE International has an annual reporting cycle.

3.4 Contact point for questions regarding the report or its contents.

Ms. Abby Maxman, Deputy Secretary General, CARE International.

3.5 Process for defining report content.

The content we report on is based on the following considerations: (1) INGO Accountability Charter Board's instructions (Oct 2010 workshop and "Board Meeting Paper ACC 10/21a") requiring all Charter signatories to report compliance with the Charter using GRI Level C template for NGOs; (2) "Summary of Charter Reporting Requirements: GRI NGO Sector Supplement 3.0, Level C Reporting Template"; (3) "Recommendations by the Independent Review Panel: How to use the Charter reporting and vetting process to drive CSO quality improvements"; and (4) Feedback from the independent review panel on CARE International's FY 14 report.

The CI Secretariat Senior Management Team (SMT) had iterative consultations and analysis points that informed the development of the FY15 report submission. In December 2015, following the discussions by the CI Secretary General and Deputy Secretary General's call with the Charter's Panel, the CI SMT reflected on the feedback, followed by planning meetings and an approach to develop the FY 15 report based on the two previous year's learning and reflections. The SG and DSG have informed the member's National Directors and other senior program, financial and operations staff from the membership about the Charter, and have worked with the CI Secretariat team to harvest the data and information that exists across the membership for the report; and disseminated findings from the report to the membership for organisational learning. This work is factored into an ongoing consultative process currently underway to revise and revitalise a CI-wide Accountability Framework.

At the time of this report submission into FY16, CARE has held organisation-wide and external consultations leading to the implementation of a CI-wide Accountability Framework, which pulls together our a) impact; b) organisational health and c) accountability principles and practices and creates regular institutional cycles and spaces for transparently sharing, analysing, discussing, feeding back and acting on key findings. A position responsible for taking this forward has been put in place effective in FY17, and one of the CI-wide Strategic Leadership Teams (SLT) put in place as part of changes in CARE's networked model is focused on Organisational Development and Accountability. These consultations have included reviews of and discussions about the INGO Accountability Charter report, feedback and approach moving forward.

3.6 Boundary of the report (e.g., countries, divisions, subsidiaries, leased facilities, joint ventures, suppliers). See GRI Boundary Protocol for further guidance.

This report is developed and submitted by the CI Secretariat based on data and activities of the CARE confederation. As it is currently structured, the CI Secretariat does not directly fundraise (though it maintains a senior Fundraising coordination and support capacity and in FY16 received CI Board approval to put in place a focused Swiss fundraising capacity) and does not directly oversee line management of global operations, apart from some humanitarian operational capacity. CARE notes the feedback from the Charter panel in previous years to present more data about members' adherence and contribution to the accountability commitments and is drawing from the work on the revised Accountability Framework; and the program impact indicators that will form the foundation of the data to better show members' accountability contributions. Concurrently, CARE International is building a more robust foundation of data and information that is proactively and transparently shared across the membership on CI performance standards in country offices. This includes 3 years of data collected, analysed and shared related to operational performance and implementation through the country office platforms; and 4 consecutive years of data collected, analysis and dissemination on CARE member partner performance and contribution using an agreed set of criteria and indicators, further contributing to organisation-wide monitoring of various performance and accountability commitments. These mechanisms are in place and facilitated by the CI Secretariat, providing greater data for more informed trends analysis and accountability, with active member engagement. The data is shared across all levels of the organisation for peer learning, transparency and accountability and performance monitoring. This report provides information on the CI Secretariat's overall coordination, leadership and governance on the CARE confederation as a whole, notably in formulation, oversight, coordination and monitoring organisational performance standards and CARE international policies. It is specified where the reporting focuses on the Secretariat and where the data or information represents the full CI membership.

Moving forward, reports will be able to draw on the information and analysis from CARE's new accountability framework, including the elements noted above, which will enable increasing representation of information on behalf of the confederation.

3.7 State any specific limitations on the scope or boundary of the report.

See 3.6 above.

3.8 Basis for reporting on joint ventures, subsidiaries, leased facilities, outsourced operations, and other entities that can significantly affect comparability from period to period and/or between organizations.

The Secretariat has a relatively small structure and has outsourced some specialist services, for example information technology support (which is provided by CARE International UK), some staffing through the membership, and occasional contracts for consultancy services. In terms of IT, in FY15 the Secretary General prioritized an effort to coordinate the membership to identify a common ICT platform; in FY16, with leadership from the CEO of CIUK, the network embarked on analysis and planning to implement Office 365 across the membership, which is prioritized for FY17 implementation. Concurrently, the CI Secretariat continuously seeks to leverage capacity (rather than duplicate) from across the membership, and thus is continuously working to look at organisational efficiencies and performance effectiveness without adding or duplicating capacities.

3.11 Significant changes from previous reporting periods in the scope, boundary, or measurement methods applied in the report.

This is CARE International’s third annual report, which allowed reflection and learning on the process and content from the previous submissions, and the feedback from the independent review panel. CARE International’s change process progressed in FY15 and lay the groundwork for some important decisions that have been acted upon in FY16, notably a governance reform process, program strategy implementation and indicators; humanitarian operations in major humanitarian emergency responses in targeted contexts; and implementation of a CI-wide accountability framework. But between FY14 and FY15 there were no specific changes that impact the scope of this report.

3.12 Table identifying the location of the Standard Disclosures in the report.

This document is the GRI content index for Level C reporting.

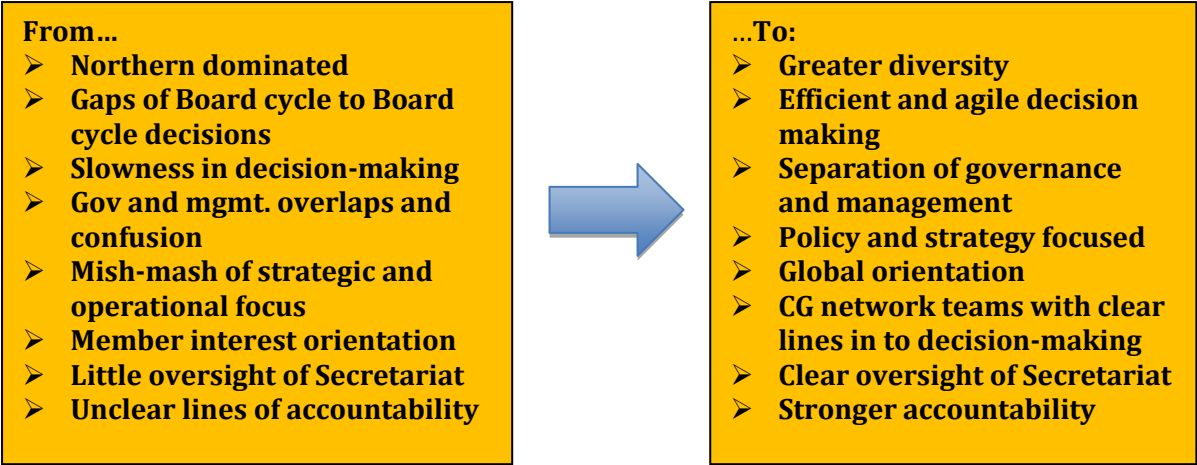
3.13 External Assurance for the Report.

We value that this report is posted in public domains and made available to the CI membership. The Secretariat will share this report and a summary of key recommendations for improvement with the new global governance and leadership structures, specifically tasking the new Organisational Development & Accountability SLT to take it forward and build recommendations into the new Accountability Framework. Also, the INGO Accountability Charter logo and link is now included on the CARE International website, improving CARE’s transparency about its participation and connecting to access to the report.

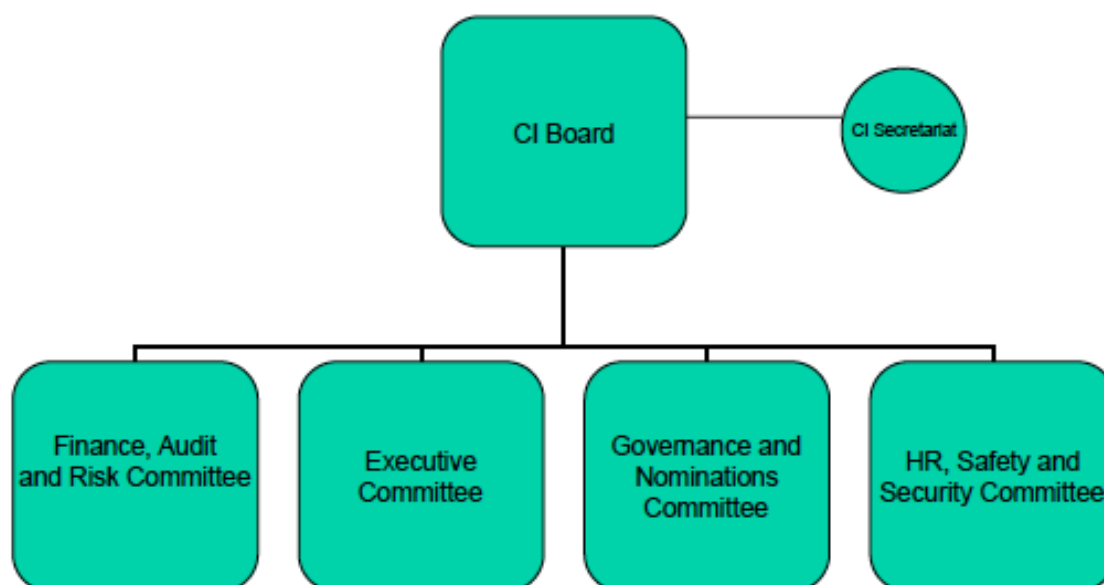
4 Governance, Commitments, and Engagement Governance

4.1 Governance structure of the organization

Governance reform featured prominently in FY15, however the structure transformation was still underway in FY15 and was formally approved in June 2016. Therefore, the report has included both structures since CARE was still in the process of transition during FY15. The main aims of this governance transition is represented in the ‘from-to’ boxes below. The overall aim of the restructure is to **lead to increased agility and effectiveness** and in the longer term **to greater diversity, legitimacy and accountability**.



FY15 structure: In FY15, the the Secretariat was governed by the CARE International Board, which met twice a year and was comprised of a Board member, usually the Chair, from each of the CARE Members and the Executive Director of each Member. The Chair was elected from the existing Board members. The CARE International Secretary General, who manages the Secretariat, is appointed by and reports to the CARE International Board and participates in Board meetings. Each Member holds one vote that is usually exercised by the Chair, but may be delegated to the Executive Director. CI Members maintain individual risk management frameworks as members of the confederation, and CARE International undertook initial discussions with the Board’s Finance, Audit and Risk committee on developing a central risk management framework which FY15 for directional input to inform FY16 work. The CI Secretariat carries out regular risk assessments and identifies areas requiring additional attention. The governance structure that was in place during the reporting period was established in November 2009, following an extensive review, while a major governance reform process is being implemented in the confederation at the time of this report.



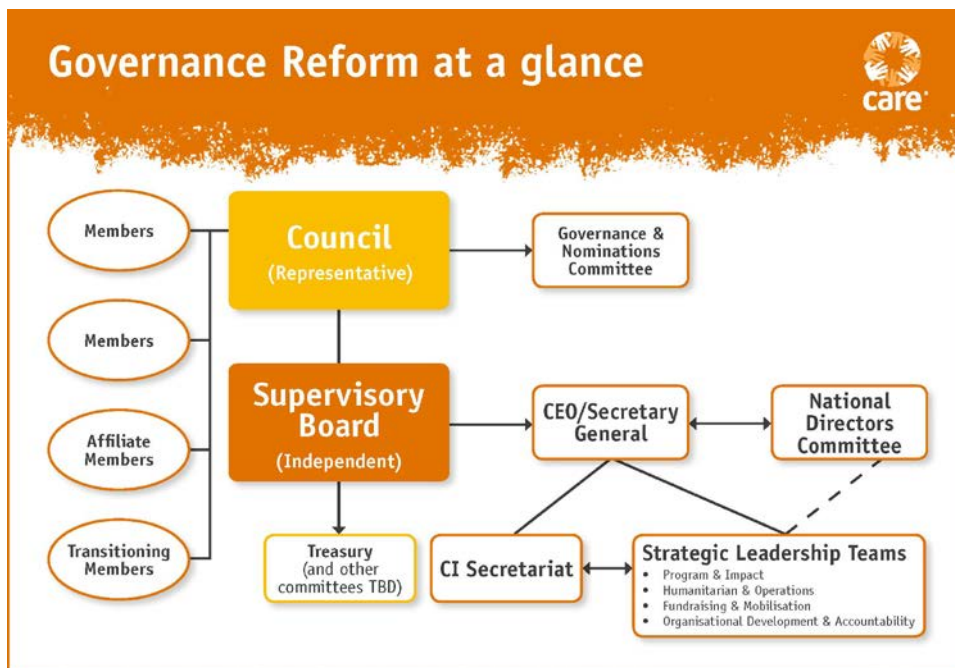
There were four sub-committees of the Board:

- **The Executive Committee** addresses operational matters that arise in between meetings of the Board. It acts on behalf of CARE International’s Board between meetings, meeting at least quarterly and at times monthly or bi-monthly, and ensures the implementation of CI Board decisions. The Executive Committee oversees the work of the Secretariat, maintains an overview of the performance of CARE’s membership, and, through a number of sub-committees (Program and Operations Committee, Advocacy and Media Committee, Fundraising and Branding Committee, and several other time bound committees), oversees the implementation of joint strategic initiatives. This Committee comprises between nine and eleven Board members and CARE’s Secretary General in a non-voting capacity.
- **The Finance, Audit and Risk Committee** oversees the Secretariat’s budget, financial administration and audit functions, monitors financial performance and risk, and recommends to the CI Board financial policies and standards, as appropriate. This Committee is chaired by the CARE International Treasurer, and is comprised of Board members (including the Board’s Treasurer), plus a CARE Member Finance Director on a rotating basis. CARE International’s Secretary General, Deputy Secretary General and the CARE International Secretariat’s Head of Finance also attend meetings.
- **The Human Resources, Safety and Security Committee maintains oversight of staff safety and security across CARE International.** This Committee consists of five Board members plus

CARE's Secretary General⁵ and meets at least twice annually. The CARE International Secretariat's Safety and Security Unit Director also attends meetings.

- **The Governance & Nominations Committee** is responsible for identifying and nominating candidates to fill officer positions on the Board (Chairperson, Vice-Chair, and Treasurer). This committee oversees the performance of CARE's governance, recommending changes as appropriate to the Board, and ensures the maintenance of CARE International Statutes. Up to six members are selected from amongst Board members. CARE's Secretary General and Deputy Secretary General also attend meetings.

New global governance and network leadership structure (approved in FY16 and being rolled-out in FY17):



As of June 2016, the following new governance and network leadership structure was approved and is being established:

Council (Representative): The highest authority of CI, with important specific responsibilities on behalf of the members of the CI confederation and is a forum for the diverse world-wide membership of CI. The Council is comprised of one delegate and one alternate delegate appointed by each Member, including transitioning members. The CEO/SG of CI is a non-voting member of the Council. The Chair of the Council is the Chair of the Supervisory Board. The Council can invite individuals or representatives to participate in its work – and is defining ways to adequately consult with staff representatives.

Supervisory Board (Independent): Responsible for strategic, operational, legal and financial oversight of CI. It is a delegated body of, and accountable to, the Council. Supervisory Board (SB) members shall act in the interest of CI and its beneficiaries around the world as well as on behalf of the CI confederation as a whole, not as representatives of specific members. It is comprised of up to 12 voting members, with the CEO as a non-voting member. The Board will be adequately

⁵ The Secretary General is a non-voting member

balanced for gender, geographical distribution and diversity of skills. Any member that contributes more than 33% of the costs of CI is entitled to have a seat on the advisory board. The SB appoints from amongst itself its Chair, who will also be the Chair of the Council, for approval/appointment by the Council.

National Directors Committee (NDC): Advises the CEO and supports him/her in leading CI's efforts to reach its strategic goals in a cohesive manner. The NDC will work with the CEO and his/her Executive Management Team on joint management responsibilities, bringing in national perspectives but maintaining the perspective of CI as a whole.

Senior Leadership Teams (SLT) for Program and Impact; Humanitarian and Operations; Fundraising and Mobilisation; and Organisational Development and Accountability. SLTs provide a space in CARE for thought leadership, analysis, and work activities to drive strategic priorities. These high level groups are charged with accelerating our progress and impact in priority areas of work in which substantive progress is needed to deliver on CARE 2020. They also provide a central focus point for working groups and any other staff group or team advancing core priorities or seeking an avenue for surfacing concerns/ideas. SLTs are expected to engage external experts regularly, via ongoing strategic partnership and/or providing expertise and perspective for a particular topic or meeting, and draw from and delegate as relevant to communities of practice and functional working groups that are active in the confederation. SLTs are a key part of CARE Global, and have direct links in to the Secretariat/CARE Global core via a senior Secretariat Staff Chair. These teams were developed and confirmed in FY16, building on work from FY15, and are being launched at the time of this writing. The CI Secretariat commissioned the development of a short, interactive learning piece from one of the past active CI Board sub committees, the Program and Operations Committee as part of its commitment to organisational learning and accountability. This has been presented to the board and is being socialized with the SLTs as they are being established to assure that previous learning and experience is being taken actively on board with and by these new teams.

SLTs are comprised of up to 10 persons with a variety of positions and titles from across CI comprise the rest of the SLT, approved by their managers with approximately 10% of their time commitment to the SLT as part of their job. The teams have gender balance and participation of staff from the global south. The teams are not static and seek to balance a rotational system with the need for continuity. While team members should not be "representing" specific members or country offices, it is advantageous to vary the perspectives on the team.

Representatives from the SLTs will participate in NDC selected sessions as needed serving as key resource people on relevant matters. As the composition of the Council of the Foundation evolves, SLT members may also be drawn on as staff representatives in governance (to be determined). Strategic Leadership Teams are accountable to the NDC. The NDC provides periodic review and approval of work plans, as well as addresses any emerging issues or opportunities raised by the SLTs, and vests the SLTs with the authority to drive action. SLTs are relatively small groups); chaired by a member of the CI Secretariat (CARE Global core).

CI Secretariat: The role of the Secretariat is being redefined in light of its mandate to act as the core of the global network, ensuring CARE's accountability to its shared agenda and impact goals. The four Secretariat staff chairs of the Strategic Leadership Teams will, as part of their SLT chair responsibilities, provide ongoing coordination and ensure collaborative functioning of the groups and teams in the CARE Global network. This 'maestro' coordination will provide strategic oversight, quality control and multi-directional accountability and engagement and ensure coherence to the ecosystem of SLT and working group structures so that the constituent parts (not just the SLTs) operate effectively together. The group is tasked with engaging in spaces outside of CARE, and bringing ideas and learning back to the SLTs. Capacity in a network officer, closely

linked with the Head of Organisational Development and Accountability and the DSG, will support the chairs' efforts to promote accountability, facilitate strategic alignment and collaboration, monitor deliverables and communicate progress across the organization for emerging work.

4.2 Division of powers between the highest governance body and the management and/or executives.

CARE International's Secretary General is accountable to the CARE International Supervisory Board and reports to the Chairperson, who, through part of the governance reform, is instituting annual performance reviews and performance assessments. The National Directors (CEOs) of all members report to the Chairperson of their respective member Boards. Country Directors, the heads of CARE's country operations, report to their respective managing lead member.

Division of roles and responsibilities, including financial and risk management between the different component parts of the CARE International confederation is defined by the Code for CARE International, which also provides guidance for arbitration in case disagreements arise. In CARE's interdependent confederated model, the CI Secretariat has coordination responsibilities that require facilitating across the membership as it relates to management authority and accountability mechanisms. The Secretariat coordinates with CARE members who directly oversee country office operations to monitor and assure that organisational standards are met. The Transformational Change process which was still in process in FY15 and the transition to new governance structure at the end of FY16 was an opportunity to review gaps and strengthen and streamline mutual accountability within the confederation.

CARE International's Board approved a new CI Code in line with its governance reform in June 2016, and a second phase of further reform to adjust the Code and related articles of understanding to create a more inclusive enabling environment for diverse ways of belonging and contributing to CARE's membership is underway. In parallel, the CI-wide Accountability Framework is being implemented to lay out shared, systematic, and coherent mutual accountability – which will be critical in 'binding' the new networked organisational model.

4.3 Number of members of the highest governance body that are independent and/or non- executive members

In the FY15 reporting period, the CARE International Board was composed of 14 independent members (the Chair who usually represents their respective national Boards) and the National Director/Chief Executive Officer of each of the 14 CARE members. As part of its governance reform, CARE's governance structure is two-tiered with an independent Supervisory Board and a representative Council. All members receive one vote on the Council, including affiliates, and transitioning members (those in the process of becoming a member or an affiliate) participate in the Council as observers. Whilst the Supervisory Board has comprised of representatives who are not in management roles of any member.

4.4 Mechanisms for internal stakeholders to provide recommendations to the highest governance body

The Program and Operations Committee (POC), the Fundraising and Branding Committee and the Advocacy and Media Committee were the three main sub-committees to the CI Executive Committee during the reporting period. Their mandates included bringing together cross-functional CARE International Members and Secretariat staff to drive strategic and operational priorities, development and oversight of standards, enhance coordination, and enable ongoing

feedback. Secretariat staff are responsible for leading several of the Committees, coordinating others, facilitating and convening cross-functional and cross-member working groups, and providing administrative support. During FY16 the CI POC commissioned an assessment and created an interactive learning piece about their work, effectiveness and deliverables that was shared with the CI Board to inform the governance reform and the new teams. In FY16 the changes started to take place with the committees' transitioning to take the form and mandate of SLTs described above. The governance reform process is also focusing on including external perspectives and expertise and staff consultations and representatives.

4.5 Compensation for Board Members and Senior Managers

Independent Members of the CARE International Board are unpaid volunteers. Salaries for senior executives and managers across the confederation are set by the respective members and country offices, informed by market analyses in the respective member context, with the practice of undertaking periodic market surveys that look at compensation levels (NGO, the public sector and private companies). CARE reviewed the recommendations of the Charter review panel and read the recommended peer report related to the process for senior management compensation. In FY15 and FY16 the CI Human Resources Working Group, comprised of HR directors from across the membership, have discussed pay philosophy, with recognition of varied markets and contexts across the membership. Members report through respective mechanisms in their local contexts on the compensation packages of their senior managers. The CI Secretariat participates regularly in its local market analyses; the CI Board's Finance, Audit and Risk Committee commissioned a compensation review at the CEO level as part of the recruitment of the new SG who came on board in FY15. The membership has not yet harmonised its global payroll approach and takes note of the Charter's recommendation.

4.6 Conflicts of Interest

In FY15 Board Members are appointed by the respective CARE members. While the Board strives to make decisions on a consensus basis, all decisions that require Board deliberation and decision are subject to voting, as stipulated in the CI code. In some cases, a qualified majority is required, others a simple majority. With and on behalf of the Chair of the Board, the Secretariat coordinates across the membership and through the committees to set the Board agendas and items for decision, informed by previous meeting decisions, resolutions and agreements. In the new governance model, the Council members will have 1 vote each, including voting rights of the Chair. There is a new double-super majority procedure embedded into the new processes of the Council to mitigate conflict of interest and allow adequate voice of small and large members. The deliberations to address concerns related to conflict of interest and to protect the diversity of the membership featured prominently in the work of the Governance and Nominations Committee during the reporting period and through FY16, with full approval of the mechanisms and procedures put in place to redress these in the new structure.

All staff and Board members are governed and expected to abide by CARE International's Code of Conduct. Please click here to access: <http://www.care-international.org/who-we-are-1/governance>.

4.10 Processes to support the Board's performance

A self-assessment process for the CARE International Board was approved in 2008 and was conducted in 2009, 2010 and 2011. However, since 2012 and the prioritisation of the Transformational Change process, of which governance reform is a key component, there has been

ongoing analysis of the board's effectiveness and what changes are required towards CARE 2020. In FY15, the governance reform agenda took a front seat and was coordinated by a temporary Transformation Oversight Committee that included members of the Governance and Nominations Committee. FY15 saw the advancement of decision making for the recommended revisions to the governance structure that were put into effect in FY16 (see details on new governance structure above in 4.1). The new structure lays out term limits for each body in the revised code approved in FY16. CARE is in the midst of developing new performance assessment processes to be put into place for the new structure and the different bodies involved, which will be highlighted in FY16 report, and will include a combination of regular self-assessment and key stakeholder perspectives and feedback.

4.12 Externally developed environmental or social charters, principles or other initiatives

Apart from the INGO Accountability Charter, CARE is a signatory to and holds itself accountable to internationally accepted humanitarian standards and codes of conduct, and we work with other aid organizations and United Nations agencies to improve humanitarian action and to influence policy. CARE maintains active participation and good standing with a variety of internationally recognized organizations working to uphold best practices standards in international aid and development. These include:

- The Code of Conduct for the International Red Cross & Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief .
- The Sphere Project
- The Humanitarian Accountability Partnership International (HAP)
- The Core Humanitarian Standard
- The Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)
- People in Aid
- Inter-Agency Standing Committee (IASC)
- International Council for Voluntary Agencies (ICVA)

CARE's commitments to these groups are reflected and integrated into its internal programming principles and humanitarian standards.

4.14 Stakeholder groups of the organisation

As in FY14, stakeholders include each of the 14 CARE National Members and the respective boards as well as regional offices, country offices and representatives, and the CI Secretariat. The CARE International Secretariat coordinates and supports this network to achieve our common impact goals and shared global priorities in line with our CARE 2020 Vision and Program Strategy. It is also responsible for representing the confederation at the United Nations, the European Union and key global forums, leading CARE's global advocacy, and hosting the CARE Emergency Group and the CARE International Safety and Security Unit.

The Secretariat and the CI membership interact frequently with a wide range of networks, alliances, partners and external stakeholders, while the CI Secretariat specifically fulfils its coordination and advocacy functions. In addition to the networks described in 4.12 above, the Secretariat regularly engages with several UN agencies, member States, the European Union, the Swiss government, civil society organizations and networks. At the operational level and where

CARE International maintains operational presence in both the Global South and Global North, stakeholder engagement is a critical expectation that is determined at the respective local or national level. In country program operations, primary stakeholders include project participants, communities, government counterparts and authorities at different levels, and community based organisations, Civil Society organisations, and INGOs.

4.15 Process for identification, selection and prioritisation of key stakeholder groups

As outlined in 4.14 above, stakeholder identification, selection and prioritisation is undertaken across the confederation, through and across the membership. The CI Secretariat coordinates across the membership to assure that advocacy and communications are informed by the respective member and stakeholder engagement at local, national, regional and global levels. CARE International’s Program and Operations Committee, and moving forward the Strategic Leadership Teams, are coordinated by the Secretariat to support the development, implementation and monitoring of program and operational organizational performance standards and programming principles, which articulates CARE’s commitments to and with CARE’s myriad stakeholders.



Performance Indicators

I. Program Effectiveness

Indicator NGO1: Involvement of affected stakeholder groups in the design, implementation, monitoring and evaluation of policies and programs.

CARE International's Code of Conduct recommends full community participation in relief and rehabilitation programs and the organisation's standards stress the need for active participation and influence of communities and partners in analysis, design, implementation, monitoring and evaluation processes. [CARE's Evaluation Policy](#) which includes the Electronic Evaluation Library (EEL) is part of these commitments.

At the country operational level, stakeholder engagement is expected in all aspects of the project and program cycle. CARE International is committed to transparency, accountability and participation, tenets of CARE International's programming principles. CARE posts a substantial amount of information in public spaces, including strategic plans, annual reports, advocacy policy reports, program reports, research reports, external evaluations, and media releases – but in our Information Disclosure Policy we also define which information we have to keep confidential due to legal, operational, safety and security and practical considerations.

Beyond this, CARE's change process has recognised a need to strengthen our legitimacy and relevance and strengthen the space and attention to external voices, specifically local actors, partners and communities, in our work. As part of the reviews of each country's role and contribution to impact in line with our 2020 aspirations that CARE has been conducting since 2010, one of the key common areas of change underway are mechanisms to strengthen this. This includes the establishment of Advisory Boards, Community Development Forums, community scorecards used to assess CARE's performance, and regular partner 'peer reviews' and memorandum of understandings. These practices have been captured and are being integrated into the new Accountability Framework – with a focus on ensuring that regular analysis and implications for the organisation at the global level is also identified and reviewed by global leadership bodies. This addresses a current gap that most input stays within the country, which is the most relevant space for improvement but fails to address broader systemic issues and hampers our capacity to capture trends.

In CARE's humanitarian response efforts, a focus on improving and systematising the use of Rapid Accountability Reviews to better use input and findings for quick corrective action has been underway. A "Rapid Accountability Review" (RAR) is typically carried out to capture perceptions about specific strengths and areas for improvement from both internal and external stakeholders. The RAR is led by an external consultant or a CARE staff member who has not had a direct involvement in the response to provide a "snapshot" of the current status of CARE's emergency response using a relatively light process. It captures perspectives from key stakeholders, including communities affected by the disaster, and is used by key leaders and decision makers involved in the response to adjust action accordingly.

Regular reviews of the response to the Nepal earthquake or the ongoing crises in South Sudan and Syria for instance have contributed to a continuous improvement of the preparedness and response plans, allowing CARE to expand its partnerships for emergency responses, to integrate DRR in regular programming with clear links to emergency responses, and ultimately to reduce vulnerability to shocks. For instance, in the case of the Syria response, a management response

plan was developed and monitored for at least 1 year or until the next response review (in the case of a protracted crisis such as Syria). Lessons and recommendations from all response reviews are summarized on an annual basis and higher-level recommendations formulated to address specific organisational and institutional trends and challenges.

Indicator NGO2: Mechanisms for feedback and complaints in relation to programs and policies and for determining actions to take in response to breaches of policies.

CARE is committed to creating an enabling environment for and standards that assure stakeholder feedback. A number of mechanisms exist, including reporting hotlines in countries, and individual member policies, practices and guidelines to provide safe space for feedback, review and response.

In 2011 the CI Secretariat established a [complaints system](#) which is being extended to all Members. This offers a mechanism for complaints to be submitted independently across the CARE confederation. The policy was premised on providing a central mechanism across the confederation as a whole, while allowing maximum flexibility to CARE members to develop and tailor their own variations relevant to the respective operating context, ensuring consistency with existing member policies. During the reporting period, through the central CI Secretariat complaints system, some complaints were already submitted to the individual member, while others were channelled directly to the CI Secretariat. There is a dedicated focal point in the Secretariat to receive, assess, transfer and track complaints, in consultation with the Deputy Secretary General, to assure that the complaint is guided through the right channels for follow-up and action. The Secretariat's Complaints Policy is reviewed periodically and the process has been adapted as relevant. During the reporting period, the CARE International Secretariat received on average three complaints per quarter, all of which were reviewed, tracked and monitored with the respective membership to assure due diligence and follow up. Types of complaints ranged from HR and recruitment processes and related to allegations and disputes. In the reporting period, CARE International revised its review process to include the head of Human Resources and the Director of Safety and Security for quarterly reviews of the complaints that have come in and the follow up undertaken. In FY16 CARE benefited by the INGO Charter commissioned study undertaken by the Direct Impact Group Ltd, which offered excellent independent insights in the report shared with CARE International in July 2016. At the time of finalizing this report, CARE is reviewing the findings, learnings and recommendations from the report to incorporate into our approach and practices, and plans to disseminate that across the CI membership and teams.

Indicator NGO3: System for program monitoring, evaluation and learning, (including measuring program effectiveness and impact).

CARE is committed to adhering to international standards of quality and accountability⁶, leading to the implementation of various standards and tools to continuously assess our program effectiveness and our contribution to impact, involving CARE staff and the communities we work with. The CARE International Secretariat maintains a leading coordination role developing and implementing those standards and tools for assessing program effectiveness and impact, including the following:

Standards:

- The CI Performance Standards of Country Presence: Approved and communicated across the confederation in FY12, the Performance Standards include detailed measures of success to inform CARE offices' adherence to critical operational functions leading to program effectiveness and impact, including monitoring, evaluation and accountability issues. A

⁶ <http://www.care-international.org/about-us/accountability.aspx>

baseline assessment was undertaken in FY14 and a two subsequent assessments have been undertaken, providing three years of valuable input on how programs deliver against their commitments, measure their contribution to impact, share learning inside and outside CARE and generate easily accessible information. This information and analysis is shared across C members and country office leadership; and the operations directors of all CI members working with the CI Secretariat, have reviewed the findings annually. The analysis has enabled CARE to determine better how to provide targeted support to areas that require improvement, with the benefit of multi-year data and visibility, or to identify shifts (progress or regression) in key performance areas that may indicate the need for proactive or pre-emptive response and intervention.

- [CARE's Evaluation Policy](#) and CARE's global Approach to Monitoring, Evaluation and Learning, provide with guidance to how CARE programs demonstrate, document and share evidence and learning of CARE's contribution to social change.

Tools:

- [Rapid Accountability Reviews and After Action Reviews](#): CARE's Humanitarian Accountability Framework requires Country Offices that respond to a large-scale emergency to hold an After Action Review, typically preceded by a Rapid Accountability Review, within a few months of the disaster event. The primary objectives of this exercise are to contribute to CARE's understanding of its emergency response and to promote learning and accountability. For major emergency responses, an Emergency Response Advisory Committee is often established, which is composed of senior staff from CARE members who are supporting the response. Since 2013 CARE ensures that there is an adequate management response to the lessons and recommendations from the performance reviews of all major emergency responses. For those, a specific emergency advisory committee is in charge to review progress based on the reports of the Crisis Coordination Group and the response team. Lessons and recommendations from all response reviews are summarized on an annual basis and higher level recommendations formulated to address specific organisational and institutional trends and challenges.
- [The Electronic Evaluation Library](#), supported by [CARE's Evaluation Policy](#), is the platform that enables external accountability and transparency on CARE's contribution to impact. The library places important pieces of external evaluations in the public domain (terms of reference, findings, lessons learned and recommendations) of both development and humanitarian action.
- [CARE's Program Information and Impact Reporting System \(PIIRS\)](#) continued operating during the reporting period. Through annual surveying process, PIIRS has gathered, processed and disseminated basic information on the characteristics of CARE's projects and the participants reached in four financial years (FY12, FY13, FY14 and FY15). The information is hosted in a single web-based platform accessible to all CARE staff and PIIRS dedicates considerable effort to the generation of customised reports for CARE Country Offices, Regions, CARE members, etc., with a strong emphasis on improving data quality each year. PIIRS will expand in the next fiscal years, incorporating the capturing of evidence on impact and outcomes from projects implemented around the world. This responding to the priorities and commitments of the [CARE 2020 Program Strategy](#).
- [In-depth Impact Reports and partner surveys](#): In FY14, CARE carried out an in-depth assessment and [meta-evaluation of its work to tackle gender-based violence](#). In FY15, a similar process started for the elaboration of:
 - a) A report focused on CARE's work on Sexual, Reproductive and Maternal Health –not yet published
 - b) The report "[Empowering Women and Girls Affected by Crisis](#)", published in FY16. This report focused on analysing CARE's work facilitating gender equality in humanitarian programming in 87 emergencies/50 countries, from 1 July 2011 to 30 June 2015.

An important element of this report included an online survey – planned in FY15 and carried out in FY16 – to assess how partners and allies view CARE’s work empowering women and girls in crises. Near to 50 responses were received from representatives of international and national NGOs and government agencies, as well as several multilateral organizations and donor agencies. Over 70% of respondents indicated they worked with CARE as in implementing partner in one or more emergency responses.

The survey canvassed CARE’s partners and allies’ views on the impact of CARE’s programs and the quality of their relationships with other organizations. Nearly 20 per cent of respondents identified CARE programs as of excellent quality, while 70 per cent of all respondents said they were of good quality. A majority of respondents went on to describe CARE programs as relevant or very relevant to the context in which they operated. Responding to the question about CARE’s results, more than half said that humanitarian programs had a significant impact. However, nearly 40% said CARE had “medium results” and that CARE needed to engage more in advocacy to achieve greater impact. Finally, when asked about CARE’s capacity to work toward women’s empowerment in contexts of crises, about one-third of partners thought that CARE’s programming to ensure gender equality during emergencies was excellent, and another half of said it was good. The majority of partners also indicated that CARE’s gender in emergency programs were relevant for their country and contexts. When asked to assess whether CARE’s humanitarian programs had a positive change on women and girls in emergencies, 36 per cent indicated that they had significant impact and half of respondents chose ‘moderate’ impact.

Indicator NGO4: Measures to integrate gender and diversity into program design, implementation, and the monitoring, evaluation, and learning cycle.

This reporting period saw a lot of activity to align and strengthen CARE’s gender focus in our humanitarian and development programming as well as within and across CARE organisationally. Gains have been made in four key areas: global capacity and alignment, accountability, strategy and guidance, and knowledge generation and learning.

Building global capacity and alignment:

- CARE International’s Secretariat approved and recruited a new position as Head of Gender Equality. This new role complements the two-person dedicated Gender in Emergencies team at Secretariat level. These three positions have a clear focus on coordinating CARE’s gender objectives across the membership, providing thought leadership on gender programming in humanitarian and development contexts, promoting alignment of technical resources to shared priorities, developing guidance and tools for staff and partners and supporting program quality functions in relation to gender programming.
- The central gender capacity outlined above has strong linkages to the CARE International Gender Network, an informal grouping of gender advisors, program staff, advocacy and human resource colleagues across CARE who progress key priorities through annual work plans. CARE International Gender Network’s area of focus supports gender transformative work across the confederation and allows for concentration of resources which in turn drives greater ownership and shared responsibility.
- A number of internal gender-related working groups and communities of practice continued to operate that focus on particular themes of our gender work including: gender based violence, women peace and security, engaging men and boys, impact measurement for gender and women’s empowerment, and an institutional gender working group. These groups served to connect staff who are working on similar themes, to share good practices and challenges, and to undertake specific learning generation or sharing. Other gender communities of practice

help connect gender expertise at regional level e.g. in the Asia Pacific region. These groups engage through regular emails, sharing on the [gender wiki](#), WebEx's, meetings, etc.

- CARE Gender Equity and Diversity (GED) training is a foundational part of improving the way we understand gender and power differentials. With improved understanding of GED, CARE staff and partners have a greater ability to provide support for women's decision-making and empowerment, promoting changes in attitudes around gender roles, and helping men and women live harmoniously. As a part of this effort, CARE has been running GED Training of Facilitators program enabling the facilitators to return and facilitate GED sessions in their respective regions and countries with staff, partners and communities. Between 2011 and 2015, at least 140 facilitators have been trained and gone on to train at least 2100 CARE staff and partners on GED. GED will continue to be a critical piece in supporting gender transformative programming at CARE.
- Whilst CARE has a clearly stated focus on gender equality, considerations around diversity are captured at policy level and also factored into programming. The Gender Policy states that key organizational policy, planning and programs will *inter alia* incorporate gender and power analysis as a mandatory operational and/or design feature and be based on data disaggregated by sex, age and other relevant diversity factors such as ethnicity, religion, caste, etc. At an operational level, this means that vulnerabilities for specific groups are explored in power analysis and programming decisions are made based on those considerations. A number of long term programs have been designed that focus specifically on particularly vulnerable groups based on such analysis. One of two long term programs for CARE Rwanda's focus on orphans and vulnerable children. Country offices in the Mekong region of South East Asia focus on ethnic minority women. CAREs India and Nepal programming address the specific barriers and discrimination based on the caste system and a number of projects focus on supporting women's empowerment in caste groups. At a systems level, CARE's GED training (Gender Equity and Diversity) is a foundational aspect of our work to better understand and respond to issues of discrimination around sexual orientation, gender identity, ethnicity, religion, class, caste, disability, etc, and will continue to be a key component of CARE's focus on addressing the underlying causes of inequality of particularly vulnerable groups. In CARE's humanitarian programming, rapid gender analysis undertaken for each major response looks at diversity factors such as age and disability (for example, the rapid gender analysis for Vanuatu's Cyclone Pam response highlighted the specific concerns for people living with a disability and outlined recommendations to ensure that their needs were met in CARE's response).

Accountability:

- CARE primary accountability mechanism for gender is the annual report prepared for the CARE International Board assessing member implementation of the 2009 CARE International Gender Policy. This policy requires all CARE members to provide an annual progress report which is then synthesised and analysed before presentation to the Board (summary of the report provided [here](#)).
- As described in last year's report, CARE's Project Information and Impact Reporting System (PIIRS) is strengthening a culture of information and knowledge management across the confederation. This system tracks annually the proportion of project and program participants based on several variables, including gender, age and other factors. Each year sees incremental improvements to PIIRs and in FY14 PIIRs included a section to rate how gender transformative, sensitive or neutral each project is. In FY15 of the 411 humanitarian aid and development projects with a focus on gender equality, 38% were assessed as gender transformative and 58% as gender sensitive (this compares to FY14 data that of the 460+ humanitarian aid and development projects with a focus on gender equality, 45% were assessed as gender transformative, 50% as gender sensitive). This helps us identify what progress is being made and where we need to strengthen our efforts to increase the percentage of projects that are transformative.

- Actions to scale up the CARE Gender Marker, signposted in last year’s report, progressed. The CARE Gender Marker is a tool that grades, on a 0-2 scale, whether or not humanitarian relief work is prepared for, designed, and implemented in a way that ensures women, men, boys and girls of all ages benefit equally; and if it will contribute to increasing gender equality. It is based on the 2010 Inter Agency Standing Committee (IASC) Gender Marker but expands the model to apply throughout the humanitarian project cycle, from preparedness to proposals and into the response. The CARE Gender Marker Pilot was implemented from January–December 2014 in the Syria Regional Response, West Africa and the Philippines. An external review of the pilot phase, finalised in April 2015, recommended that the Gender Marker be scaled up globally covering not just humanitarian but also development programming. Significant progress has since been made and will be reported in FY16 reporting.

Strategies and guidance:

- During the period, the first CARE-wide [GBV Strategy](#) was developed with contributions from more than 16 teams across all regions with a mix of country offices, CARE members and the Secretariat. This Strategy outlines CARE’s objectives for our GBV programming. This is complemented by a 2014 guidance on integrating GBV into non-GBV programs, available [here](#).
- June 2015 kicked off the start of the process to develop CARE’s thinking on Gender Equality and Women’s Voice, one of three essential elements of CARE’s Approach as outlined in the Program Strategy (along with Inclusive Governance and Increasing Resilience). Significant progress has been made and will be reported in FY16 reporting.
- The Gender in Emergencies (GiE) [Guidance Note series](#) was also produced to collate and synthesise information on GiE approaches, training, tools and resources.

Knowledge generation and learning:

- Different parts of CARE continue to collaborate to analyse and generate new learning based on the evidence from our gender programming. In FY15, this included two [learning briefs on engaging men and boys](#) which drew on learning from experiences reported across 20 offices – with representation across Sub-Saharan Africa, the Middle East/North Africa and Europe, Asia and the Pacific, and the US to highlight CARE’s approach, change stories and new frontiers in this area of programming.
- Given CARE’s priority focus on addressing gender based violence, another process that generated new knowledge was a joint learning initiative on [GBV and household relations](#). Seven teams around the CARE world participated in this initiative to pilot a process for strengthening learning across the organisation reviewing and analysing data from 29 projects in 14 countries in South Asia, Africa, and the Middle East. Not only did this add to our learning on GBV and relationships at the household level but also made recommendations to improve future learning initiatives.

Indicator NG05: Processes to formulate, communicate, implement, and change advocacy positions and public awareness campaigns.

Advocacy is an important part of CARE’s work and efforts are in place since 2010 to work more jointly for a common agenda and priorities. A major change during the reporting period was the approval of CARE 2020 Program Strategy (PS). Advocacy is part of this framework as it contributes to one of the identified roles of CARE: Multiplying Impact. This means that we work with and beyond the communities we serve to achieve lasting and sustainable change.

Even if the priorities identified in the PS are very similar to 2010 advocacy priorities, the Secretariat led efforts during this period to align advocacy work of the Confederation to Program Strategy. Major implications of this are that the **content** of CARE’s advocacy is increasingly part of longer term strategies, focused on expanding our impact, linked to evidence from our

programming, focused on targeted interventions (with start and end/exit timeline) and engages different actors within and outside CARE at all levels. The process for formulation and implementation of influencing strategies is carried out by teams working in each priority area, and including several members, country offices and Secretariat, and identifying key intervention at global level and national level in some countries. This is relevant to INGO standards on impact focus.

The 2010 advocacy priorities were all under the umbrella of gender equality and women's empowerment and focused on women, peace and security (WPS); climate change; food security (FS); sexual reproductive and maternal health (SRHR). Those of the PS are SRHR and live free of violence, women's economic empowerment, food and nutrition in the context of climate change and humanitarian (with a major focus on gender in emergencies). It should be noted that CARE works mostly on advocacy and influencing to decision makers, and only rarely on public campaigns, and the focus of the Secretariat has been in the former.

CARE develops strategies for policy engagement that include advocacy positions that are shared internally for use by different parts of CARE and used as basis for influencing key targets. This includes a wide consultation process including at national level, and draws from our experience and work with local communities. During the reporting period, CARE has strengthened its support to representatives from grassroots organizations to have a voice on policy processes and this is becoming a strong approach in our work, which has shown to be very effective, not only in terms of empowering these groups, but also in terms of influence (e.g. World Humanitarian Summit, Syria). This is also very relevant to the implementation of INGO standards related to involving people we serve and coordinating with partners.

Regarding **coherence** of positions and management of risks to dealing with sensitive issues that could have an impact on our operations and the safety of our staff and partners, CARE continues to use its sign-off procedures for advocacy and communications outlined in CARE International's advocacy and communications handbooks. The CI Secretariat facilitates these processes. The difference that sign-off processes make in terms of outcomes is mainly that they allow us to be coherent, speak with one voice, and enable all parts of the Confederation to use approved positions. Further, they protect the organization against security risks, which could compromise our impact. A related challenge is that consultation and consensus building can also imply losing boldness and being risk averse. Efforts were put underway during the reporting period especially with the engagement of a Senior Policy and Advocacy Humanitarian Coordinator to manage these risks and enable CARE to be more outspoken and effective. This is relevant to INGO standards related to transparency.

Regarding **impact measurement**, CARE continues to progress although there are challenges in measuring advocacy impact. Tools in place include the advocacy strategies mentioned above, which clarify the objectives and some ways to measure if we achieve them; PIIRs includes some indicators related to advocacy. Although these are still very high level, it is expected that M&E will be a key area of development in the context of the PS, including with regard to advocacy. And finally, we continue to carry out "after action reviews" of our major initiatives. These include validating if we achieved our objectives and engage a large group of colleagues across CARE. Such exercises have helped in sharpening our ways of working. An example of corrective action was the assessment of our work at the Commission on the Status of Women, which showed that the level of effort of influencing formal outcomes was not the best way to use our limited resources and that we could rather focus more on using this opportunity to scale up our successful practices and bring the voices of women's group to achieve longer term objectives.

Regarding the role of the Secretariat, the CI Secretariat has various stakeholders - primary stakeholders include CARE Members along with CARE Regional and Country Offices. The Secretariat facilitates CI-wide engagement with external stakeholders. CARE International's

overall approaches to advocacy are guided by the [CARE International Advocacy Handbook](#) and tools such as the Advocacy Sign-off Procedures developed in 2009; in FY16 a significant review of CARE International's advocacy approach and capacity was commissioned and reported on to the National Director's Committee, informing changes to advocacy and policy for the confederation. This will be reported on further in the FY16 report.

As a global confederation, CARE is uniquely placed to undertake advocacy at different levels from local communities to international institutions. In conjunction with CARE members (CIMs) and Country Offices, the Secretariat coordinates advocacy efforts across the globe. Through this coordination role, the CI Secretariat links local level initiatives with community and grassroots movements and with national and international efforts to influence policy and practice. In this work, we engage with a wide range of actors including civil society networks, governments and the private sector.

In addition to this coordination role, the CARE International Secretariat carries out policy and advocacy work through its offices in Geneva, New York and Brussels, where we seek to influence governments, United Nations institutions, the European Union and other multilateral organizations to actively promote change. It often takes place through formal networks, such as CONCORD (European NGO confederation for relief and development) and VOICE (Network representing organizations working in Emergencies) at EU level; the NGO Working Group on the Security Council, the NGO working Group on women, peace and security at New York level or through informal coalitions based on common advocacy objectives. In FY15 the membership approved and put in place dedicated senior humanitarian advocacy capacity providing robust advocacy coordination leadership across the confederation.

The CI Secretariat also develops and manages the necessary internal processes to ensure coherence and accountability mechanisms for the Confederation's advocacy work, based on established sign-off procedures.

Finally, the CI Secretariat helped develop tools to monitor and evaluate impact and performance of advocacy efforts, including a framework on advocacy M&E and after action reviews of CI wide coordinated efforts (e.g. the After Action Review following the UN Commission on the Status of Women).

Examples of this work and of the Secretariat's role during the reporting period included:

- CARE continued to be very actively engaged in the Post 2015 Development and Sustainable Development Goals agenda, through activities by CARE Members, CARE Country Offices and the Secretariat in order to influence and contribute to the definition of the new development agenda beyond 2015 aiming at ending poverty, inequality and social exclusion, with a focus on women's empowerment and gender equality. Position papers were developed and lobbying activities took place at national and international levels to influence this process, including Secretariat's work in Geneva, New York and Brussels.
- CARE worked at the 59th session of the UN Commission on the Status of Women, which focused on the 20th anniversary of the Beijing Platform for Action on gender equality and women's empowerment and supported the participation of a delegation of CARE Country Offices, local NGO Partners and CARE Members during the meeting to help influence its outcome and identify links between their work with the international context.
- A major area of work was influencing the World Humanitarian Summit and more specifically to include gender. CARE worked with UN Women and the Secretariat of the WHS and facilitated the participation of 30 representatives from women's grassroots groups. This resulted in a breakthrough by moving from a gender blind process to having gender as part of the WHS agenda.

- The Secretariat also engaged actively on the 15th anniversary of the landmark UN Security Council Resolution 1325 on Women, Peace and Security, with activities in New York and Brussels, and Summits to End Violence Against Women in Conflict.
- The Brussels representation office led a major effort to influence the development of EU policy on Gender in Development, working with CONCORD.
- CARE was very active towards the climate change COP in Lima, including the UN Summit in New York and various interventions in Brussels.

Indicator NGO6: Processes to take into account and coordinate with the activities of other actors.

CARE's global program strategy rests on the belief that "poverty is injustice," and makes a strong commitment to multiplying CARE's impact by working with partners at every level to end poverty and injustice. The implications for CARE are described in Vision 2020 and its change process, imagining a *world-wide presence that is lighter, working more with partners, engaging new non-traditional allies, expanding our networks and attracting new investors*. In both humanitarian and long-term development settings, at country, regional and global levels, CARE has long worked in partnership with a wide variety of actors, including other large international NGOs, national NGOs, U.N. agencies and government institutions.

In FY15, half of CARE's projects were fully or mostly implemented with and/or through partners; another 18% implemented some activities with and/through partners. About 22% of projects did not implement activities with partners. The majority of partnerships⁷ established by CARE for fighting poverty were with local NGO(s), local governments, national governments, international NGOs and grassroots organizations

CARE is a member of several platforms which have been set up to promote the dialogue and coordination of partners, such as CONCORD, VOICE, SCHR, InterAction's Security Advisor's Group among others. In contexts of humanitarian emergency response, CARE participates actively in the U.N. coordinated cluster system. At local level, CARE engages with authorities and others for coordinating the implementation of its 880 projects worldwide.

Beyond this, CARE's role in engaging with multi-stakeholder platforms is growing, which has implications on its approach to partnership. This includes governments, multilateral institutions, national and international NGOs, representatives of the private sector, community leaders and representatives and social movements. In particular, CARE's role shifting from one of a direct implementer to more of a facilitator and convener is altering the organisation's core competencies, culture and overall business model.

CARE's reviews of presence at country and regional levels conducted since 2011 reveal partnerships and strategic relationships emerging as a vital part of CARE's value proposition and essential to future business models. Looking across the presence reviews themselves, these processes have perhaps offered CARE's most significant scan of stakeholders and outreach to external actors across the globe in recent years, inviting their input to help frame CARE's future presence. In most cases this occurred through stakeholder interviews and consultations, or the participation of partners in presence related discussions. In a few instances, such as in Tanzania, there was an attempt to set up a review committee that included representatives from partners. In addition, presence reviews in sub-regions or country clusters are opening opportunities to systematically explore possibilities with inter-governmental and regional organisations for the first

⁷ Please note that partnerships involve all inter-institutional agreements or alliances established by a project, where CARE and partners define different levels of commitment and responsibilities around the implementation of the project and the achievement of outcomes.

time at such broad scale.

To capture the engagement with key stakeholders and CARE's changing nature of collaborating with others, a global assessment was conducted, with the implications of CARE's shifting presence on practices of monitoring, learning and accountability in partnership under discussion. It focused on:

- Collaborative monitoring and learning with partners (of partnership outcomes and risks, co-creating evidence and learning);
- Tracking and actively shaping the partnership landscape
- Accountability and learning about the process of cultivating partnerships

Overall, while there are some examples of joint monitoring and learning mechanisms around prioritized learning themes, most participants were of the opinion that these efforts are uneven and frequently not sustained for a long enough period. Participants were unanimous in their view that putting in practice systematic and purposeful monitoring and learning would require better guidance and support, without which there would be many missed opportunities.

To take this forward, a dedicated position was approved by the CI Board in late FY15 and hired in in FY16 to support and inform CI-wide partnership approaches and definitions more broadly, drawing on the mapping of tools and resources compiled in FY14. CARE notes the review panel's recommendations to include more on partner selection and accountability; with the humanitarian partnership coordinator now in place we will report progress in the FY16 report. The National Directors Committee will be reviewing recommendations on this work in its meeting in November 2016. Focused mechanisms for improving transparency, participation and accountability of CARE's partnerships is being integrated into the new Accountability Framework.

II. Financial Management

Indicator NG07: Resource allocation.

Each year the Secretariat prepares an annual budget, linked to its Annual Operating Plan, which is endorsed and approved by the Finance, Audit and Risk Committee and the Board. Forecast updates are also prepared and shared during the year. At yearend, the Secretariat prepares annual financial statements which are audited externally by an international firm and endorsed and approved by the Finance, Audit and Risk Committee and the Board. The external auditors also review, test, and confirm the existence of the Secretariat's internal control system. The Secretariat's audited financial statements are submitted to the Swiss authorities and are available to the general public upon request, but are not published. The Secretariat also has a [Public Information Disclosure Policy](#) that allows such information to be shared if requested. A summary of the Secretariat's financial statements is however published externally within the CARE International Annual Report's combined financial statements - for example on page 21 of the CI Annual Report 2015: [click here for link](#). The Secretariat's accounting system is set up to track amounts by department, which enables tracking of amounts by purpose, and which ladder up to its Annual Operating Plan. The Secretariat's financial management rules contain guidance to all staff on their rights and responsibilities. The key principle is the need to request and obtain approval before spending Secretariat money. Double signatures minimise the risk of funds being misused.

Indicator NG08: Sources of funding by category and five largest donors and monetary value of their contribution.

Most of the Secretariat's budget is funded by contributions from CARE members, which are based on their respective annual revenues. For the 2015 fiscal year, CARE member contributions to the Secretariat amounted to a total of CHF 8,480,123 (98.9% of total Secretariat income). The five largest contributors in FY15 were CARE USA, CARE Canada, CARE UK, CARE Australia and CARE Deutschland-Luxembourg, the same as the year before.

III. Environmental Management

Indicator EN16: Direct and indirect greenhouse gas emissions by weight at the organisational level

In October 2015 the CI National Director Committee mandated CARE's Poverty and Environment Climate Change Network to provide CI-wide coordination and leadership on:

1. Establishing a CARE-wide travel policy
2. Preparing guidance on emissions monitoring and reduction
3. Re-examining our engagement with fossil fuel corporations

Work advanced throughout FY16 to implement these recommendations and processes and will be reported on further in the FY16 report. CARE notes and concurs with the panel's recommendations to track the Co2 emissions and enable data comparison overtime, with the aim to put in place the requisite mechanisms through the travel policy and the emissions monitoring and reduction commitments.

Indicator EN18: Initiatives to reduce greenhouse gas emissions at the organisational level and reductions achieved

As reported in the first report, a "Green Team" came together to develop an action plan recommending various measures to reduce and offset emissions for the Secretariat. One of the key recommendations was to seek alternatives to air travel, notably by improving communications infrastructure to encourage staff to conduct more meetings "virtually" and reduce air travel.

New investments are ongoing in telecommunications infrastructure within the CI Secretariat and a joined effort for a single Office 365 platform is underway. In the reporting period the Secretariat has improved its communications infrastructure, and has continued to use teleconference and other VOIP protocol with increased consistency to reduce travel and meetings. The CI Secretariat plays a major convening and facilitation role with multi-member and multi-location teams virtually. The new Strategic Leadership Teams will convene no more than once per year (rather than the two times per year in the previous governance structure); to specifically reduce cost and travel overall for the new governance structure and teams. Since FY 15, with greater momentum in FY16, the CI Secretariat Senior Management Team revitalized the Green team and engaged with the National Director's Committee to enable peer exchange and learning on member "Green Team's" best practices. The wider organisational effort, described above, is an important opportunity for establishing a coherent approach as CARE International to collectively reducing greenhouse gas emissions, with work underway in FY16 and FY17.

Indicator EN26: Initiatives to mitigate environmental impacts of activities and services

As in FY14, CARE's [Poverty, Environment and Climate Change Network](#) continued in FY15 to lead efforts to undertake an informed, intentional organisation-wide effort to mitigate environmental impacts of CARE International's activities. Members of CARE's PECCN facilitate the organisation's global response to climate change. The Secretariat, with and through the confederation, supports broader climate change advocacy work on a consistent basis.

During the FY15 reporting period, as captured through the PIIRs reporting mechanism, climate resilience was integrated CARE worked with more than one million people to build their resilience and help them adapt their lifestyles and livelihoods to a changing climate which can lead to more disasters. As a global leader in Community Based Adaptation approaches, CARE is spearheading the way to foster grassroots responses tackling local climate change impacts. Two highlights of this work in FY15 are described below.

Solar power and weather in Niger

In Niger, changing weather patterns, droughts and higher temperatures are making life increasingly hard for poor farmers. Through CARE's [Adaptation Learning Program](#) for Africa, women entrepreneurs have invested in their solar kit – a set of equipment used for charging mobile devices with solar power. Disconnected from the electric grid, and faced with long distances to towns and neighbouring villages, there is no reliable source of power available. Each time a phone is charged with their solar kit, the women are paid a fee of 75 Central African Francs (USD 0.12), which goes to a communal fund set up to provide access to credit. The solar kits are also part of the village's community early warning and response system and enable sharing of weather information helping farmers to adapt to the changing climate. Community volunteers equipped with rain gauges read the exact amount of rainfall and use their mobile phones to share the information to district authorities. Just a few hours later, weather information based on the volunteers' readings is broadcast on the radio, helping villagers to know when to plant their seeds.



Climate- resistant farming in Peru



Peru is home to 70 percent of the world's glaciers that are also quickly disappearing as the planet warms. The glaciers are an important water source; as they shrink, so do the water resources of local farmers. This causes farmers to rely on planting during the rainy season to have a good harvest. The glacial lakes they leave behind are also highly unstable and a growing threat to populations in the valleys below.

CARE Peru is helping local people learn how to monitor mountain glaciers and associated lakes to reduce vulnerability and risk. CARE's project helped to develop an early-warning system for glacial outburst floods, with planned evacuation routes and disaster responses.

We are also working with communities to adapt their farming practices to climate change. Farmers replace corn and wheat crops with forgotten varieties of cereals and native potatoes, which are more resistant to climatic hazards, need two to three times less water, and provide more nutrition for families.

IV. Human Resource Management

Indicator LA1: Size and composition of total workforce: number of employees (part and full-time) broken down by geographical region and responsibility levels and number of volunteers where possible.

FY15 PIIRs reported staff data:

FY15 STAFF COMPOSITION

CARE countries: 95

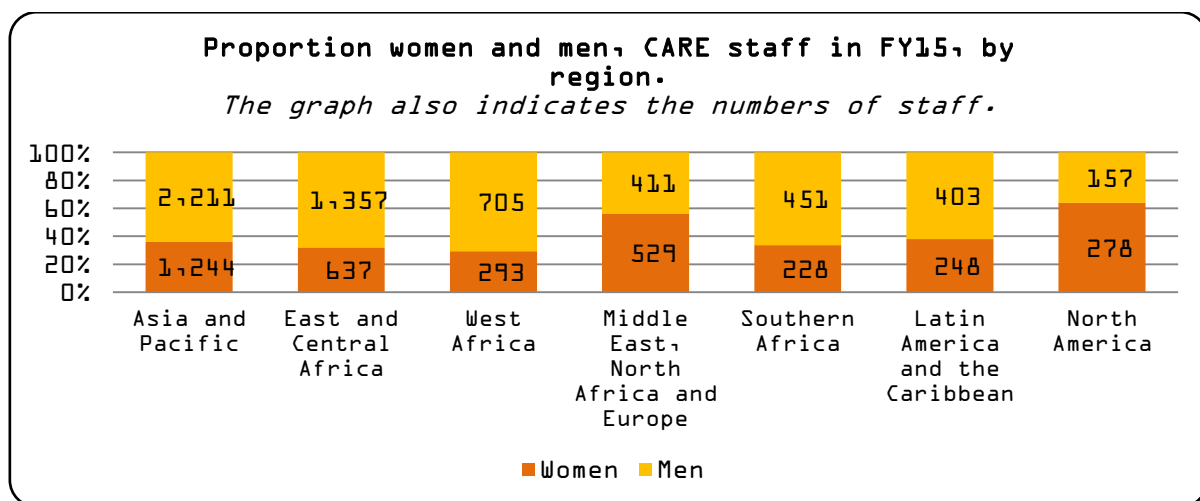
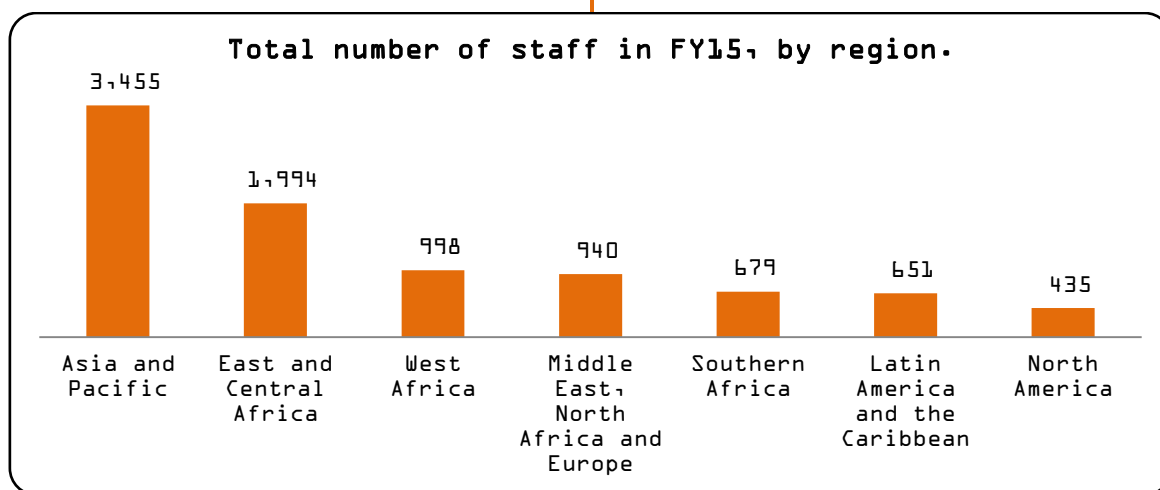
Total staff: 9,152

Total women: 3,457

Total men: 5,695

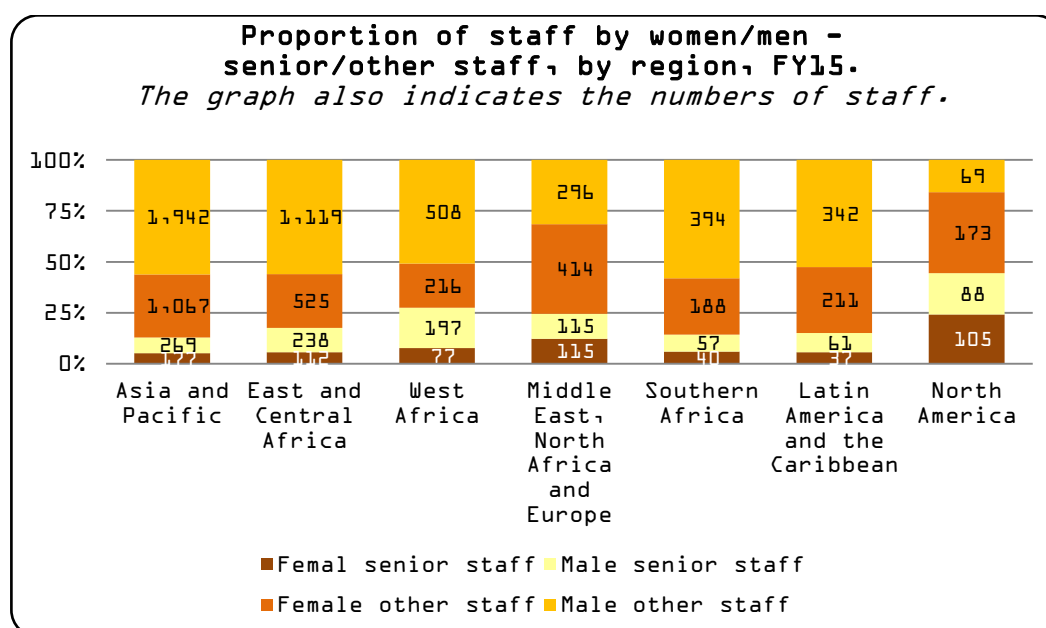
Total national staff: 8,622

Total international staff: 530



Staff composition by region, FY15.

Asia and the Pacific	East and Central Africa
Countries: 18 Total staff: 3,455	Countries: 12 Total staff: 1,994
Women: 1,244 Men: 2,211	Women: 637 Men: 1,357
National staff: 3,245 International staff: 210	National staff: 1,912 International staff: 82
Latin America and the Caribbean	Middle East, North Africa and Europe
Countries: 13 Total staff: 651	Countries: 32 Total staff: 940
Women: 248 Men: 403	Women: 529 Men: 411
National staff: 635 International staff: 16	National staff: 870 International staff: 70
West Africa	Southern Africa
Countries: 11 Total staff: 998	Countries: 7 Total staff: 679
Women: 293 Men: 705	Women: 228 Men: 451
National staff: 955 International staff: 43	National staff: 665 International staff: 14
North America	
Countries: 2 Total staff: 435	
Women: 278 Men: 157	
National staff: 340 International staff: 95	



The table below shows the level of responsibility (Intern/Staff/Senior Management) along with the geographical region/country of the CI Secretariat staff at the end of the reporting period. This data focuses on the CI Secretariat, recognizing that data on the CI-wide workforce maintains staff in the 95 countries reported in the FY15 PIIRs report, with a global workforce of approximately 9,100.

Region/Country	Intern	Senior Management Team	Staff	Grand Total
Africa			1	1
Kenya			1	1
Americas			2	5
Bolivia			1	1
Canada			2	2
Ecuador		1		1
New York			1	1
USA		1	1	2
APAC			4	4
Australia			2	2
India			1	1
Thailand			1	1
Europe	5		8	29
Belgium			7	7
Bulgaria			1	1
France			1	1
Germany			2	2
Norway			1	1
Switzerland	5		8	17
Grand Total	5		10	39
			39	54

The table below shows the breakdown of CI Secretariat by Grade with gender breakdown for FY15. In FY15 the CI Secretariat's Senior Management Team was comprised of 7 women and 3 men.

Grade	Female	Male	Grand Total
I	2	1	3
II	6	3	9
III	4	5	9
IV	6	2	8
V	3	2	5
N/A*	16	4	20
Grand Total	37	17	54

**Non-graded staff (N/A) are interns, staff seconded to the CI Secretariat from CI members and staff from our Belgium office.*

Indicator EC7: Procedures for local hiring and proportion of senior management hired from the local community at significant locations of operation.

CI Secretariat staff are based either in Switzerland, home-based in other countries or hosted by members, or – in the case of Regional Emergency Coordinators – based in regional offices managed by another member of the confederation. As noted in the PIIRs data for FY15 above, 8622 of 9,152 staff globally, are from the contexts in which CARE works (local staff). Local staff therefore represent over 94% of CARE International’s total global workforce. CARE is committed to aligning with local labour law in the 95 countries where it works, respecting local market practices, and engages in civil society coordination mechanisms to assure sensitivity to local NGO and public sector practices.

Indicator LA10: Workforce training to support organisational development.

Each CARE member and the CI Secretariat maintain dedicated human resources capacity, though there are not common approaches to workforce training. The heads of HR for the membership convene periodically through a working group to identify areas for HR harmonisation of practices and approaches. There is an e-learning centre called the “CARE Academy” that is available for all CARE staff globally, and other training is provided for targeted emergency capacities (leadership and operational) lead by the CARE Emergency Group. Some Working Groups across the Federation have also initiated annual ‘skills shares’, convening member and country office staff, e.g. around media relations or other operational areas. The CI Secretariat has reinforced its staff development approach by creating a Staff Development Committee to provide access to a centralized fund and support staff for their development needs, offering financial support for staff development when approved, as well as provide time off for demand-driven professional development.

Indicator LA12: Performance reviews and career development plans.

There is a regular performance management and interlinked professional development approach in place for the CI Secretariat, and across the membership, tailored to respective member contexts. Secretariat staff receive formal appraisal reviews based on annual objectives and development planning on an annual basis. Interim reviews are conducted mid-year to review progress against objectives and development plans. Regular one to one meetings between supervisors and their team members are encouraged to monitor progress and address any performance issues.

Indicator LA13: Diversity in your organisation displayed in the composition of governance bodies and employees.

The Secretariat has a commitment to provide equal opportunity and the achievement of excellence through diversity, but there have no specific standards. Demographic information of CI Secretariat staff and the wider employment across the membership is noted in the table above. The Secretariat does not currently track other forms of diversity (ethnicity, disability, etc.) at the organisation-wide level while it notes the panel’s recommendations to track this globally. As noted in INGO4 section above, at a systems level, CARE’s GED training (Gender Equity and Diversity) is a foundational aspect of our work to better understand and respond to issues of discrimination around sexual orientation, gender identity, ethnicity, religion, class, caste, disability, etc, both in the workplace and in our operations. This remains a key component of CARE’s focus on addressing the underlying causes of inequality of particularly vulnerable groups.

In the governance in the reporting period, the CARE International Board members are ex-officio representatives. There are two representatives from each CARE member on the Board, the Chief

Executive Officer and one of the members of the national CARE Board, usually the Chair or the Vice-Chair. The CARE International Board thus represents the diversity of the confederation. CARE's Governance and Nominations Committee considers gender and experience when recommending candidates for officer level positions. As of the end of the reporting period, the Chairperson of the CARE International Board was male and the Vice-Chair female; and the gender balance was 17 men and 11 women. The new governance of the supervisory board calls for a gender balanced board.

Indicator NGO9: Mechanism for your workforce to raise grievances and get response.

If an employee believes him or herself to have been treated unfairly, s/he is encouraged to discuss the situation with her/his respective manager, who will attempt to mediate and seek resolution of the problem as appropriate. If the problem cannot be resolved at this level, the employee is entitled without fear of prejudice to consult with and/or seek assistance from HR or the higher management, including the Secretary General. While there are legal process and referrals, and mediation capacity to be drawn upon as needed, the Secretary General's decision in all matters of grievance shall be considered final.

Since June 2008 the Secretariat has had an elected non-management staff representative with whom members have the opportunity to confidentially discuss any questions or problems related to their working conditions, and to communicate questions, suggestions or complaints to Senior Management. The staff representative has regular meetings with the Secretary General and Deputy Secretary General. CARE notes the panel's feedback on grievance resolution, specifically related to the SG as the highest decision maker related to grievances. In the reporting period the staff representatives continued to serve as a conduit to the senior management and the SG and there have not been cases of escalation.

V. Responsible Management of Impacts on Society

Indicator SO1: Impact of activities on the wider community.

Where CARE International is operational, there are a range of impacts on the wider communities CARE serves, and indeed its program approach seeks to provide positive impact with and for clearly defined impact groups in all its work. CARE's global Program Strategy provides the framework for member accountability to impact; and organisational wide impact indicators were refined in FY15 and monitored in FY16. Across the confederation membership, there are different approaches to response in local contexts, but environmental and other impact assessment on local communities is integral to CARE's presence in each country and project, guided by best practice and donor requirements. Projects and programs are informed by environmental impact assessments and impact and outcome goals are defined and monitored over time. With global technical leadership from CIUK's inclusive governance team with CI's Program Director and governance team, community accountability mechanisms such as the community scorecard are used at community and other levels for forward accountability.

Indicator SO3: Process for ensuring effective anti-corruption policies and procedures?

The Secretariat's complaints mechanism is in place and functioning, as mentioned above. With the benefit of the study commissioned by the INGO Accountability Charter by the Direct Impact Group in FY16 CARE is internalizing the feedback from the report received in July 2016 and will use it to

inform and strengthen our practices and processes. Concurrently, each CARE member maintains anti-corruption and related policies and practices. Managing “Lead Members” provide standards, technical assistance, training and guidance for investigating and legal reporting of complaints and allegations of fraud and corruption. In June 2016, the CI Finance Directors and CI Operations heads reviewed and convened a task force to put in place a CI-wide policy and procedures in FY17. The CI Secretariat supports and plays a convening and coordination role in strengthening of anti-corruption mechanisms for the CARE confederation as a whole, in its roles with these inter-member groups.

Indicator SO4: Actions taken in response to incidents of corruption

The CI Secretariat tracks fraud and loss policies from the confederation and maintains its complaints mechanism as outlined above. Members are contacted immediately and incidents are tracked through to assure due diligence to investigate and report on incidences and allegations of corruption. As above, in June 2016 the CI Secretariat convened CI Finance Directors and Operations heads, including a review of a CI-wide inventory of fraud and corruption policies and practices across the membership. While individual policies, standards and practices exist in each member, a task force was established with representatives from legal, finance, and six members, with the CI Secretariat, to develop CI-wide recommendations on standards and policy in FY17.

VI. Product Responsibility

Indicator PR6: Programs for adherence to laws, standards, and voluntary codes related to ethical fundraising and marketing communications, including advertising, promotion, and sponsorship.

The Secretariat does not proactively run direct fundraising programs but provides a global coordination and best practice function to CARE’s members which includes corporate engagement guidelines and support more generally on how to run ethical fundraising programs in the context of their local market. CARE’s overall approach to working with corporate partners is focused not just on raising income, but influence and impact for the poor communities we serve and the Secretariat offers conflict resolution if there are disagreements between members. CARE members raise funds in adherence to and accordance with local laws, fundraising standards and codes, and new members are supported when they are setting up their new fundraising operations. The Secretariat assures due diligence in alignment with fundraising practices and global guidelines on the relatively small donations it receives directly and reports on those accordingly. As with all parts of CARE restricted and unrestricted donations are coded, monitored and reported on.



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