



CARE International FY2013 Report to the
INGO Accountability Charter based on the
GRI INGO Level C Reporting Template

August 2014

Table of Contents

1 Strategy and Analysis..... 3

2 Organizational profile..... 4

3 Report Parameters..... 8

4 Governance, Commitments, and Engagement Governance10

Performance Indicators 14

1 Strategy and Analysis

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

CARE International¹ is committed to responding to humanitarian emergencies while continuing to help communities be better prepared for future challenges through long-term social and economic development. Our work includes advocating for the rights of poor and vulnerable communities in international and national settings, and working with our local partners to further extend our ability to improve the lives of marginalized people. CARE focuses on women and girls as the key drivers of change in the fight against poverty.

CARE is committed to meeting international standards of quality and accountability. We want to make sure that the communities we work with have a say in planning, implementing and evaluating our response, and that we can measure our impact through monitoring activities and internal and external evaluations. CARE defines accountability as the means by which we fulfil our responsibilities to our stakeholders, such as donors and our beneficiaries, and the ways in which they may hold us to account for our decisions, actions and impacts. It is about accepting responsibility for the intended and unintended consequences of our work. We strive to be accountable to all our stakeholders, but first and foremost to the poor, vulnerable and disaster-affected people and communities with whom we work. CARE's humanitarian and overall accountability frameworks define our accountability commitments to each of our stakeholder groups, notably poor and vulnerable people.

An important part of being accountable to our stakeholders is ensuring that we share information in a transparent way or, where we are unable to satisfy an information request, we provide a reasonable justification why we are unable to provide this information. CARE posts a substantial amount of information on the internet, including strategic plans, annual reports, advocacy policy reports, program reports, research reports, external evaluations, and media releases – but in our [Public Information Disclosure Policy](#) we also define which information we have to keep confidential due to legal, operational, safety and security and practical considerations. We also believe that any stakeholder has the right to provide feedback to CARE, including a complaint, and that this feedback needs to be reviewed and receive a response.

This first report to the INGO Accountability Charter from CARE International is solely from the Secretariat's perspective, which represents a small fraction of our confederation's capacity and resources. We nevertheless see one of the Secretariat's key responsibilities as piloting and modelling accountability approaches, including our engagement with the INGO Charter, with the expectation that this will help promote good practice throughout the confederation.

Robert Glasser, Secretary General

¹ hereafter referred to as "CARE"

2 Organizational profile

2.1 Name of the organization.

CARE International Secretariat

2.2 Primary activities

CARE is currently undergoing an unprecedented and needed transformation called CARE 2020, which aims to first and foremost benefit the millions of women, men, girls and boys we work with every day to overcome poverty and social injustice. The principles of CARE 2020 guide us in our work: empowering women and promoting gender equality; reducing sexual and gender based violence; working through local partners; enabling poor people to become their own advocates; and developing innovative approaches to fighting poverty.

CARE programming falls into the following broad themes:

Gender and women's empowerment: In its new programme strategy approved at the end of its 2014 fiscal year, CARE focuses its programming on the empowerment of women and girls. During FY13, CARE's projects reached more than 51 million women and men. 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, as well as promote conciliatory measures for more equitable roles.

Emergency response: CARE supports emergency relief as well as prevention, preparedness, and recovery programs. CARE reported that in 2013 its emergency response and recovery projects reached over 4 million in 40 countries. 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.

Food security: CARE provides emergency food aid and supports the prevention of malnutrition through demonstrating proper breast feeding, providing education focusing on the cultivation and preparation of nutritious food, and improving infrastructure. Last year, CARE improved food security conditions for almost 3 million people by providing nutritional support, increasing access to quality food and improving food production systems.

Health: CARE's health programs are focused on maternal health and HIV/AIDS, but also address other areas such as nutrition, safe drinking water, health education, and training local health workers. CARE reached more than 53 million women, men and children last year with information and services to improve maternal health.

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 almost 400,000 people developing adaptation strategies to the effects of climate change, promoting ecosystem management and restoration, and reducing greenhouse emissions from deforestation.

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 almost 1 million people in 46 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 programmes 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 3.3 million people access safe drinking water and sanitation systems, develop governance mechanisms for management of water systems, and improve hygiene practices.

Economic Development: CARE supports increasing market linkages, promotes diversified livelihoods, organizes Village Savings and Loans Associations, and provides entrepreneurship training. CARE helped more than 1.6 million people to engage in economically viable activities through increased access to financial and non-financial services, participation in village savings and loan associations, value chain strengthening, market linkages, diversification of livelihoods and competitiveness in the labour market.

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 two specific areas; gender equality and climate change.

2.3 Operational structure of the organization

As noted above, the current report focuses on the activities of the CARE International Secretariat, which is located in Geneva, Switzerland, with offices in Brussels, Belgium and New York, U.S.A². Under the leadership of the Secretary General, the Secretariat coordinates and supports the CARE International confederation, represents the confederation at the United Nations and the European Union, and leads CARE's global advocacy. The Secretariat also houses the CARE Emergency Group and CARE International's Safety and Security Unit.

² From time to time CARE International Secretariat's governance and co-ordination role leads it to facilitate oversight of certain country operations. This was the case in July 2009 when the CARE International Secretariat registered as a foreign voluntary organisation in the Republic of Sudan. It should be noted that this report specifically excludes Sudan country operations.

The Secretariat serves the CARE confederation and coordinates interdependent approaches to coordinate its main functions, bringing together representatives from the CARE Members and Country Offices in functions such as emergencies, safety and security, advocacy, and communications. The Secretariat may also play a role in supporting projects and emergencies responses in countries where CARE does not maintain a permanent country presence. The Secretariat and all CARE Member are non-profit organizations incorporated under the laws of the respective countries where they are based.

CARE is structured as follows:

- **12 National Members** located in Australia, Canada, Denmark, Deutschland-Luxembourg, France, Japan, the Netherlands, Norway, 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 and implements program, advocacy, fundraising and communications activities in its own country and in developing countries.
- **Two Affiliate Members:** there were two Affiliate Members of CARE International at the end of the reporting period, CARE Peru and CARE India, whose membership further strengthens the global diversity of CARE's governance.
- **CARE's work at country level: during the reporting period, CARE worked in 87 countries around the world**, supporting 927 poverty-fighting development and humanitarian aid projects, reaching some 97 million people.³ CARE's work at a country level is managed by one of CARE's Members. This Member ensures appropriate and inclusive strategic planning and program development, sound financial management and control, and effective personnel hiring and management. CARE also supports projects in a small number of countries where we do not have a full Country Office.
- **CARE's Partnerships** are seen as the foundation of CARE's work since, by working with local groups and governments, we develop a deeper understanding of the context and build local capacity and ownership. CARE works with other national and international aid organizations and United Nations agencies to maximize the impact of our work, as well as being active members of a number of networks with the goal of alleviating poverty through policy change.
- **Donors'** support makes it possible for CARE to carry out our work. Donors include national governments, private individuals, the European Commission, foundations, corporations and United Nations agencies.

2.4 Location of organization's headquarters.

The CARE International Secretariat is located at 7-9 Chemin de Balaxert, 1219 Chatelaine, Geneva, Switzerland.

2.5 Number of countries where the organization operates.

During the reporting period (July 1, 2012 to June 30, 2013), most of CARE International

³ CARE International's annual report for 2013

Secretariat's staff were based at its Headquarters (HQ) in Geneva, Switzerland. Apart from the Secretariat's HQ in Geneva, the Secretariat operates Representation Offices to the European Union and to the United Nations in Brussels, Belgium and New York, USA⁴. Some Secretariat staff were also based in "virtual" offices around the world, including Panama, Bolivia, Ecuador, Canada, Kenya, Cambodia.

CARE worked in 87 countries around the world. Projects were implemented through a Country Office In countries where CARE works, managed by one of CARE's Members. This Member is responsible for ensuring appropriate strategic planning and program development, sound financial control, recruitment and management. CARE also supports activities in a small number of countries where there is not a Country Office, with oversight by a CARE member.

2.6 Nature of ownership and legal form.

The current report concerns the CARE International Secretariat, which coordinates the activities of CARE International. The CARE International is an international foundation, registered under as a Swiss Foundation under the Swiss *droit privé* law and governed by the CARE International Board of Directors.

2.7 Target Audience, affected stakeholders and market served.

The Secretariat's primary function is to coordinate the activities of the 12 Members and two Affiliate Members of the CARE International confederation. During fiscal year 2013, CARE worked in 87 countries around the world, supporting 927 poverty-fighting development and humanitarian aid projects to reach 97 million people.⁵

While CARE strives to work directly with the poorest and most marginalized communities, CARE's programs have indirectly changed the lives of many more women, men, boys and girls through policy changes, replicated innovations or change that has been initiated by direct participants. An example of this is when partner organizations or governments of developing countries replicate and scale-up successful poverty-fighting programs. This happened in India where CARE applied the knowledge gained from its projects to support the improvement of health services provided by the Indian government for some 62 million people in the Bihar State.

2.8 Scale of the reporting organization.

For the 2013 Fiscal Year (1 July 2012 to 30 June 2013), the financial status of the Secretariat⁴ was as follows:

• Revenue	CHF 6,862,198
• Expenses	CHF 6,556,306
• Assets	CHF 3,218,535
• Liabilities	CHF 1,011,914

Comparable date for the combined membership for 2013 Fiscal Year is being finalised at the time of this submission and can be made available on request. For the 2012 Fiscal

⁴ Sudan country operations are excluded from this report – see footnote 2 in section 2.3.

⁵ CARE International's annual report for 2013

Year, the financial status for the CARE confederation as a whole was:

• Revenue	Euro 610,152,000
• Expenses	Euro 626,703,000
• Assets	Euro 551,402,000
• Liabilities	Euro 249,970,000

The activities of the Secretariat include co-ordinating 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 is financially supported by its member organisations.

The Secretariat also has overall responsibility for administering the Revolving Fund, which at the end of the reporting period amounted to CHF 2.5 million. 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 1.6 million. The aim of this fund is to provide funding to support a timely emergency response.

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 the momentum of CARE's Transformational Change initiative was increase following the establishment of a Transition Planning Team.

A European Oversight Committee was established to oversee the work of the EU Liaison Office in Brussels and strengthen collaboration among Members in Europe. At the end of the reporting period, this committee was composed of three National Directors from Europe-based CARE members, with the Deputy Secretary General and the Head of the Brussels office representing the Secretariat.

3 Report Parameters

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

This report is for the CARE International Secretariat's 2013 Fiscal Year, which covers the period from 1 July 2012 to 30 June 2013.

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

None. This is CARE's first report for the INGO Charter.

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.

Report Scope and Boundary

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; and (3) Recommendations by the Independent Review Panel: How to use the Charter reporting and vetting process to drive CSO quality improvements.

To assist in defining the scope and content of CARE's INGO Charter Report, a workshop for the Secretariat's Senior Management Team was organized in early June facilitated by an external consultant.

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

Although the focus of this report is on the Secretariat, it also refers to activities of the CARE confederation given the Secretariat's coordinating role. However, the Secretariat does not directly fundraise or oversee programs, apart from exceptions described in 2.3 above. The consensus of the Secretariat's Senior Management Team was that the current report should focus on the Secretariat's structure and operations while at the same time illustrating links to the broader confederation. Most of these references are where the Secretariat has influence on the CARE confederation as a whole, notably in the formulation of organisational standards and coordination of CARE international policies. Otherwise, reporting is primarily focused on Secretariat activities.

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) and occasional contracts for consultancy services.

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

N/A (this is the Secretariat's first 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.

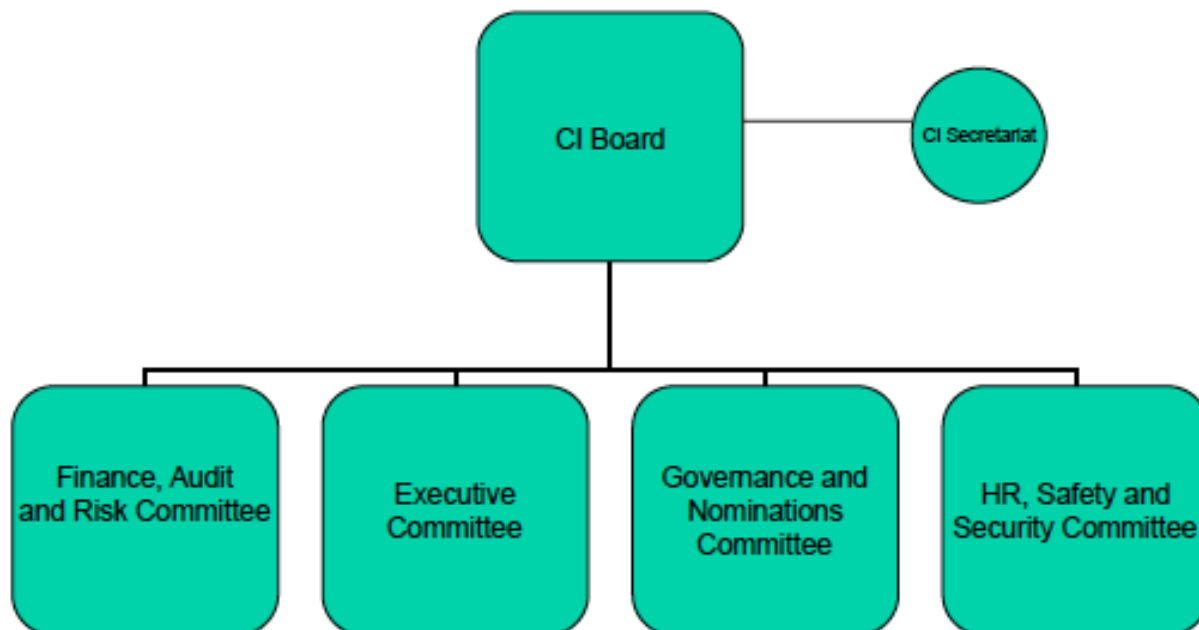
It is planned to share this report with other CARE members and invite their feedback.

4 Governance, Commitments, and Engagement Governance

4.1 Governance structure of the organization

The Secretariat is governed by the CARE International Board, which meets twice a year and is comprised of Board members from each of the CARE Members and Affiliate Members and the Executive Director of each Member and Affiliate Member. The Chair is 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 Affiliate Chair, but may be delegated to the Affiliate Executive Director. CARE International does not have a formal risk management framework, but rather carries out regular risk assessments and identifies areas requiring additional attention.

The current governance structure was established in November 2009, following an extensive review. There are currently four sub-committees of the Board, as illustrated below.



The Executive Committee addresses operational matters that arise in between meetings of the full Board. It acts on behalf of CARE International’s Board between meetings, 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, 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 General⁶ 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

⁶ The Secretary General is a non-voting member

amongst Board members. CARE's Secretary General and Deputy Secretary General also attend meetings.

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 Board and reports to the Chairperson of the Board.

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. CARE International's Board approved a new version of the Code for CARE International in June 2013 that includes revision of the document security policy and safety and security policies and standards.

In CARE's interdependent 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 and Country Offices who directly oversee country office operations to monitor and assure that organisational standards are met. The Transformative Change process currently underway is viewed as an opportunity to review gaps and strengthen and streamline mutual accountability within the confederation.

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

The CARE International Board is composed of 12 independent members and 2 associate members (the Chair who usually represents their respective national Boards) and the National Director/Chief Executive Officer of each of the 14 CARE members.

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

The Programme and Operations Committee and Fundraising and Branding Committee are examples of such advisory groups as they bring together CARE International Members and Secretariat staff and provide opportunity to give feedback. Secretariat staff are responsible for leading some of the Committees and provide administrative support.

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 are determined by undertaking periodic market surveys that look at compensation levels by Geneva-based organizations (NGO, the public sector and private companies). The last market survey was carried out in 2009.

4.6 Conflicts of Interest

The Secretariat does not select Board Members; they are chosen by the CARE members themselves. Voting takes place by majority on all decisions and any member may submit resolutions to the Board, provided that such resolutions have the support of at least two members so that representation remains equitable.

All staff and Board members must abide by CARE International's Code of conduct.

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. In 2012 it was agreed to suspend self-assessments to allow the Board to focus more on the Transformational Change Process. It is planned to restart self-assessments once there is greater clarity about the new governance structure.

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

Apart from the INGO Accountability Charter, key networks in which the Secretariat is directly involved, or is a signatory to, include:

- [Code of Conduct for the International Red Cross & Red Crescent Movement and NGOs in Disaster Relief](#)
- [The Sphere Project](#)
- [Humanitarian Accountability Partnership International](#) (HAP)
- [Active Learning Network for Accountability and Performance in Humanitarian Action](#) (ALNAP)
- [People in Aid](#)
- [Voluntary Organisations in Cooperation in Emergencies](#) (VOICE)
- [Steering Committee for Humanitarian Response](#) (SCHR)
- Berlin Civil Society Centre

4.14 Stakeholder groups of the organisation

Primary responsibility for overseeing stakeholder engagement lies mainly at the level of CARE National Members rather than with the Secretariat. Apart from CARE Members, the Secretariat periodically interacts with various networks to fulfil the Secretariat's coordination and advocacy role. 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.

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

As described in 4.14 above, primary responsibility for overseeing stakeholder engagement remains at the level of CARE National Members rather than the CI Secretariat. CARE International's Programme and Operations Group, coordinated by

the Secretariat, oversees the development of the organizational standards and programming principles, which articulates CARE's commitments to our stakeholders.

Performance Indicators

I. Programme 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 programmes 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](#) is an example of these commitments.

An important part of being accountable to our stakeholders is ensuring that we share information in a transparent way or, where we are unable to satisfy an information request, we provide a reasonable justification why we are unable to provide this information. CARE posts a substantial amount of information on the internet, 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.

As an example, CARE Ethiopia established a voluntary Advisory Board made up of a diverse group of Ethiopians who are committed to the social and economic development of their country. The advisory board provides feedback to the overall direction being taken by CARE Ethiopia's leadership. In Nepal, CARE uses 'Public Hearings' to explain to communities how much funding they had for the program, how it was spent, the results they achieved and what rights people have to monitor their work. This worked very well in the Nepalese context where there is a culture of speaking out, and communities themselves later adopted this practice in order to hold their leaders to account.

CARE's Humanitarian Accountability Framework has two main purposes:

1. It provides a clear statement of CARE International's key commitments for our external stakeholders and our own staff.
2. It aims to help our staff prioritize their work to meet these commitments in a way that ensures that views of less powerful stakeholders, including those we work with at a community level, are appropriately sought and considered.

One of these commitments is that Country Offices that respond to a large-scale emergency should hold an After Action Review within a few months of the disaster event to promote learning and accountability. This is typically a two-day workshop that brings together staff who were involved with the response, with participants from the head office in country, field offices, different CARE members and the CARE Emergency Group and often local partners.

A key input for the After Action Review workshop is a "Rapid Accountability Review"

(RAR) that is typically carried out immediately prior to the workshop in order 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 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, so that they can be brought into discussions during the After Action Review.

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 believes that any stakeholder has the right to provide feedback, including those being targeted by CARE’s interventions, and that this feedback needs to be reviewed and receive a response.

The Secretariat set up a [complaints system](#) in 2011. While this policy applies specifically to the Secretariat, the system is set up to channel complaints anywhere within the CARE confederation. The expectation was that the Secretariat’s policy would form the basis for an umbrella policy for the confederation as a whole, while allowing maximum flexibility to CARE members to develop their own variations on the approach taken and ensuring consistency with existing member policies.

A focal point in the Secretariat is designated to receive, assess, transfer and track complaints. The initial assessment by the focal point includes determining the nature of the complaint, its sensitivity where it should be directed, which can be anywhere in the CARE confederation. The Secretariat’s Complaints Policy is periodically reviewed and revised as needed. During the reporting period, the CARE International Secretariat received 13 complaints, of which 10 of had been resolved by the end of the reporting period.

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

CARE has made a public commitment to meeting international standards of quality and accountability.⁷ CARE wants to ensure that communities we work with have a say in planning, implementing and evaluating our response, and that we can measure our impact through monitoring activities and internal and external evaluations. The Secretariat has a key role in programme effectiveness and impact.

To ensure this is happening we measure outcomes and changes that take place in people's lives as a result of our work through a series of monitoring activities, "After Action Reviews" and external evaluations. [CARE's Evaluation Policy](#) is one way of promoting accountability and transparency, as it requires that terms of reference, findings, lessons learned and recommendations of external evaluations of humanitarian action are placed in the public domain.⁸

As described in 5.1 above, CARE's Humanitarian Accountability Framework requires

⁷ <http://www.care-international.org/about-us/accountability.aspx>

⁸ CARE’s external evaluation reports can be downloaded from the [CARE Evaluations e-Library](#)

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 recent emergency response and to promote learning and accountability throughout CARE. 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.

CARE's Program Information and Impact Reporting System (PIIRS) was launched during the reporting period. Through surveying process, PIIRS gathered, processed and disseminated information on CARE's projects and participants for the previous financial year and customised reports were prepared for each CARE members. There was a strong emphasis on data quality in comparison to previous years. It is planned that the experience from this first year of PIIRS implementation will be used for an online pilot for FY14, which will allow CARE staff to access this project and participant data directly and produce web-based reports.

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

Per the CARE International Programme Strategy that was in its early stages of development during the reporting period of this report, and that was endorsed by the CI board in June 2014, CARE affirmed a focus on empowering and supporting women and girls of the most marginalized and excluded communities, and the Secretariat has an important coordination and advocacy role in achieving these aims. CARE has committed to a number of specific outcomes by 2020:

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

As described above, CARE has put in place a Project Information and Impact reporting System with the objective of strengthening a culture of interconnected information and knowledge management throughout the confederation. This system tracks on a yearly basis the proportion of project and program participants based several variables, including gender, age and other factors. By assessing this data yearly, CARE will be able to gauge the alignment of CARE's projects and programs with our organizational focus on the most marginalized and excluded populations. Needs assessment prior to the start-up of a project, as well as regular monitoring, are other key tools for promoting inclusion based on factors such as gender, poverty, age and other variables.

As CARE's Program Information and Impact Reporting System was established in FY13, the main focus in FY14 will be on publishing CARE's first global impact report in March 2014 (with an emphasis on Gender Based Violence programs), on making available data on line about participants in CARE projects and programs, as well as providing sector-specific guidance for improving impact measurement and program level.

CARE began development of a gender marker pilot for its humanitarian programmes

during 2013 that will be implemented during the next reporting period.

Indicator NGO5: Processes to formulate, communicate, implement, and change advocacy positions and public awareness campaigns.

Given that the Secretariat's primary stakeholders are CARE Members along with CARE Regional and Country Offices, the Secretariat facilitates their engagement with external stakeholders. CARE International's overall approaches to advocacy are guided by the [CARE International Communications Handbook](#) and tools such as the Advocacy Sign-off Procedures developed in 2009.

As a global confederation working in 87 countries, 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.

The CI Secretariat also develops and manages the necessary internal processes to ensure coherence and accountability mechanisms for the Confederation's advocacy work. In particular, the Secretariat led the development of sign off procedures that were adopted by the CARE confederation as a whole.

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 during the reporting period included:

- CARE prioritized its work around the 57th session of the UN Commission on the Status of Women, which focused on the elimination and prevention of violence against women and girls 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.
- CARE was 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.

Indicator 6: (NGO6) Processes to take into account and coordinate with the activities of other actors.

In both humanitarian and long-term development settings, CARE works in partnership with a wide variety of actors, including other large international NGOs, national NGOs, U.N. agencies and government institutions, to avoid duplication and increase leverage and effectiveness. 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 927 projects worldwide.

Stakeholders in these processes are those that participate in coordination mechanisms, which exist both at international and national levels, including governments, multilateral institutions, national and international NGOs, representatives of the private sector, community leaders and representatives, donors and others. In addition, CARE carries out yearly surveys with partners who rate CARE's effectiveness, impact, transparency, etc. These surveys are anonymous to ensure confidentiality of respondents and obtain honest and sincere feedback on CARE's role as a partner. In a recent survey, 104 partners responded about CARE's work and quality of partnership. The survey included the following questions (where partners state agreement or disagreement with the statements in a continuous scale):

- CARE staff accepts constructive feedback.
- I have a good communication with CARE staff.
- We take decisions with CARE staff in a participative way.
- CARE staff sometimes does not listen to the opinions of others.
- CARE staff accepts when they make mistakes and work toward addressing them.
- CARE's processes are sometimes slow and complex and this makes working with CARE difficult.
- CARE complies with agreed to commitments and timelines.
- CARE staff value the work of my organization.
- CARE does not sufficiently consult with others about its actions.
- CARE shares information with others.
- CARE sometimes takes credit for results obtained by others.
- CARE plays a complementary role to that of other actors.
- CARE tends to dominate processes.

The partner survey results are shared with partners for transparency and work together to identify improvements where necessary. CARE carries out in all of its evaluations an evaluation of partnerships, identifying successes and gaps. The analysis helps further partnerships and working to redress any weaknesses.

A bi-annual tool, the Program Quality Assessment Tool, is used in all programs to assess the extent to which programs adhere to our partnership principles.

CARE has long-standing partnerships with organizations and groups it partners with and uses regular dialogues and assessment tools for evaluating the quality of partnerships, as well as the performance of partners vis-a-vis the established program goals.

CARE engages in different types of partnerships, most commonly for emergency response, the implementation of long-term development programs, as well as for pursuing advocacy objectives. CARE's evaluations typically include an assessment of the partnerships we engaged with for implementing the program/project.

II. Financial Management

Indicator NGO7: 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 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 statements⁹. Double signatures minimise the risk of funds being misused.

Indicator NGO8: 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 2013 fiscal year, CARE member contributions to the Secretariat amounted to a total of CHF 6,781,398 (99% of total income).

III. Environmental Management

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

The Secretariat carried out a baseline inventory assessment in 2008, at which time emissions were calculated to be approximately 217 tonnes of carbon dioxide equivalent. This represented nine tonnes of carbon dioxide equivalent per staff member. The primary contributor to the estimated emissions relates to air travel, which accounts for 92 per cent of the total, while office-related emissions and commuting represented 4 per cent each. Most of the travel was in connection with CARE's humanitarian work.

⁹ Differences between amounts within the Combined Financial Statements and amounts within this report relate to Sudan country operations which are excluded from this report.

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

At the time the carbon footprint inventory was carried out, a “Green Team” composed of volunteers of Secretariat staff was functioning. As part of follow up from the baseline inventory, the Green Team helped 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.

The baseline exercise helped raise awareness amongst staff. The Secretariat has since improved its communications infrastructure, notably the addition of video conferencing facilities. Due to staff turnover and prioritisation over the past couple of years of the transformational change process, the Green Team is no longer functioning and there have been no further inventory assessments so the Secretariat is not yet in a position to say whether emissions have been reduced in relation to the baseline. The Secretariat’s Senior Management Team is discussing the possibility of conducting another inventory assessment.

Indicator EN126: Initiatives to mitigate environmental impacts of activities and services

Similar to its other accountability-related initiatives, the Secretariat would like to use our carbon inventory assessment to contribute to relevant learning across the CARE confederation. One of the roles of the Green Team had been to connect up with similar groups in other parts of CARE (Members and Country Offices) to share learning.

The Secretariat also supports broader climate change advocacy work. For example, at the UN Climate Change Conference (COP17) in Durban, CARE worked with partners to call for action to reduce the effects of climate change on the poor and vulnerable, including securing better policies to help people adapt to climate impacts, limit deforestation, improve support for small-scale agriculture and tackle gender inequality.

Members of a dedicated Secretariat in CARE’s [Poverty, Environment and Climate Change Network](#) (PECCN) facilitate the organisation’s global response to climate change. During the reporting period it is estimated that CARE worked with almost 400,000 people in 25 countries to develop adaptation strategies to the effects of climate change, promoting ecosystem management and restoration, and reducing greenhouse emissions from deforestation.

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.

The table below shows the functional responsibility along with the geographical region/country where the 39 staff and 4 interns in the Secretariat were based at the end of the reporting period.

Row Labels	Employee	Intern	Manager	Total
Africa				
Kenya	1			1
Asia Pacific				
Australia			1	1
Cambodia	1			1
India	1			1
Europe				
Bulgaria	1			1
France	1			1
Germany	1			1
Italy	1			1
Switzerland	13	4	9	26
Belgium	3		2	5
Americas				
Canada	1		1	2
Ecuador			1	1
Panama	1			1
Total	25	4	14	43

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

The majority of Secretariat staff are based either in Switzerland, home-based or – in the case of Regional Emergency Coordinators – based in CARE USA regional offices. The Secretariat’s based in Geneva has contributed to Swiss citizens being the largest single constituent group by nationality (24% of the Secretariat’s total workforce) as described in 5.16 below. There were no Swiss citizens in senior management positions at the end of the reporting period.

Indicator LA10: Workforce training to support organisational development

Capacity building assessment is component of the annual appraisal process for each staff member, but the Secretariat does not have a systematic way of evaluating development needs and budget resources. The exception is training undertaken by the CARE Emergency Group with its own staff and within CARE more generally based on systematic assessments.

Indicator LA12: Performance reviews and career development plans

All Secretariat staff are subject to formal appraisal reviews which includes objective

setting 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. At the end of the reporting period, the Secretariat had 39 employees of which 79% were women. Secretariat staff include citizens from 16 different countries, of which 55% from Western Europe (24% from Switzerland) and 21% from North America (Canada and the USA). Other nationalities include Armenia, Australia, Columbia, Ethiopia, India and South Africa. The Secretariat does not currently track other forms of diversity (ethnicity, disability, etc.).

The Secretariat has little control over appointment of CARE International Board members. There are two representatives by 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.

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 higher management, including the Secretary General. Short of referral to legal process, 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.

V. Responsible Management of Impacts on Society

Indicator SO1: Impact of activities on the wider community.

With the exception of our humanitarian work, where the Secretariat frequently has an operational role in large scale responses, our ways of working do not include directly engaging with communities as service deliverers in the way that is traditionally

understood by entering, operating in and exiting an intervention. Even in large-scale humanitarian operations, direct involvement by Secretariat staff is typically limited to a few months. Impact of both our coordination and operational activities are informed mainly by systems described in 5.1 – 5.4 above.

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

The Secretariat’s complaints systems for staff and external stakeholders described in sections 5.17 and 5.2 above function as an effective “whistle-blower” system. The Secretariat does not have specific anti-corruption policy but rather supports strengthening of anti-corruption mechanisms for the CARE confederation as a whole.

Indicator SO4: Actions taken in response to incidents of corruption

Depending on the entity involved the issue may be dealt with through different channels, including:

- Secretary General
- The relevant CARE International Board Committee

There were no incidents of corruption recorded during the reporting period.

VI. Product Responsibility

PR 6: Ethical Fundraising: 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 have any direct fundraising activities itself. This is the responsibility of CARE members and Country Offices. The Secretariat occasionally receives donations, in which case follow up may include meeting with donors to be able to verify the fund source and fund destination as appropriate.