Dear Wolfgang Jamann,

Many thanks for submitting your INGO Accountability Charter report. In times of conflict and climate change, when civil society organisations (CSOs) have an increasingly important role to play, the space for civil society is shrinking in many parts of the world. Strong accountability and the demonstration that we “walk our talk” have never been more important. It is also against this background that the Charter has initiated an alliance with seven national CSO accountability frameworks to strengthen our collective voice as we devise a shared Global Standard for CSO Accountability.

Before providing you with an individual assessment of your report, there were some issues that arose in all or many reports that the Independent Review Panel wants to share with you:

**Getting fit for the digital age**

Digitisation allows for unprecedented connectivity. At a time when citizens have increased levels of agency and literacy this is a game changer in the way CSOs work. Mobilisation and relationship building with large numbers of people to co-create the change they want to see is at the heart of most new CSO strategies – particularly in campaigning. Working with, not for stakeholders, is not just seen as the right thing to do, but also as the most impactful.

Important in this evolution is moving ICSOs from transparency to actively sharing information, from consultation to joint decision making and from taking responsibility for others to sharing mutually defined responsibilities.

The Charter has initiated the Digital Accountability project and Amnesty International, Greenpeace, Oxfam, Transparency International and others are already intensively involved in this project. We look forward to more cooperation with and among Member organisations on this particular issue and for these issues to be addressed more in future reports.

**Globalisation / National level accountability**

Decentralisation processes usually place more responsibility and capacity at the national level. To ensure an ICSO presents a unified, coherent voice and can protect its brand, a strong and globally shared understanding of mutual accountability is key. Thus, decentralisation often goes hand in hand with a stronger mandate for the ICSOs’ global accountability mechanisms. These should help national entities build capacity in the accountability practice, and also demand stronger delivery on global commitments. Charter Members are encouraged to ensure that all their entities adhere at least to the following minimum standards: transparency, effective and independent oversight, involving people we serve, coordination with partners, sound financial management and impact focus.

**Inclusion and diversity**

Many Charter Members still focus mainly on gender when demonstrating their accountability in terms of diversity. This is a lost opportunity. As we all know, there is also discrimination on the basis of disability, age, ethnicity, etc. Actively reaching out to these constituencies will strengthen their rights and their participation. For example, positive action can increase the employment of those with disabilities or from minority ethnic groups. Such inclusion is central
to a human rights based approach, but may also improve results by tapping into a wider base of experience. For further advice, click here on the outcome of a Charter webinar on inclusion or here to look at some good practice examples of Charter Members.

Please ensure that all points listed above are taken into consideration when further developing your accountability practices in the coming months and collecting data for the next INGO Accountability Charter report.

Organisation-specific feedback to CARE International
In general, CARE International’s second accountability report is very good, comprehensive, and complete. It has improved from the previous report.

CARE’s institutional commitment is underlined in a strong opening statement. Accountability is seen to protect and increase CARE’s good reputation and the confidence of others in the quality of their work. CARE International (CI) only reports for the International Secretariat which is so far the only entity that is signed up for Charter membership. The Panel encourages the International Secretariat to join the Charter as an entire federation. CI is already globally responsible for good governance and compliance with good accountability standards, a global programme strategy was accepted and CI also increasingly supports global advocacy and staff development. If their Performance Standards for Country Presences are fully aligned with Charter commitments there is no problem in using the Charter as one uniting framework for the entire Care family. Care Lead Members do not have to submit separate reports. CI has to show that it has practices in place to ensure that Care members in principle adhere to Charter commitments and draw on examples from the entire federation in its report.

Some feedback was followed up. However, weaknesses are still similar as in the previous report and can be observed e.g. in the area of anti-corruption procedures or environmental sustainability. The Panel urges CARE to track CO₂ emissions annually and compare data over time.

It is appreciated that the International Secretariat publishes Charter membership on their website (see here). However, it would be very much appreciated if CARE also prominently placed the Charter logo on their website. Only if people know what CARE has committed to, they can hold you to account.

Their overall approach to evaluation, monitoring and learning (NGO3) is seen as a Good Practice example for other Charter Member organisations. This includes a recently launched Program Information and Impact Reporting System (PIIRS) strengthening a culture of interconnected information and knowledge management throughout the confederation. The report uses a number of illustrative and interesting examples as evidence of their procedures in place. As in the previous year, we have written the “Improvement Analysis” for you and you find it attached to this letter. This document provides a baseline for you to summarise progress made in these areas and covered in more detail in the full report. Since CARE did not work with this document for the FY2014 report, the organisation is strongly encouraged to complete, adjust and complement this analysis from their perspective.

Our intention is that this letter, and any response you may wish to provide, is made publicly available on the Charter website along with your report. You can find the reports that were previously reviewed on our website. However, should there be errors of fact in the feedback above or in the note below, we would of course wish to correct these before publication. Please share these comments or amendments by 20 January 2016.
If you have any other feedback or comments on our work, please share them with us by sending them to the Charter Secretariat. We are also available for bilateral conversations with Members’ senior leadership team and look always forward to hearing your views.

Yours sincerely,

Louise James · Michael Röskau · Jane Kiragu

Rhonda Chapman · John Clark · Saroeun Soeung
CARE International
Reporting period: Fiscal year 01 July 2013 to 30 June 2014

PROFILE DISCLOSURES

<table>
<thead>
<tr>
<th>I. Strategy and Analysis</th>
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| 1.1 | Statement from the most senior decision-maker  
*Fully addressed*  
The Secretary General Wolfgang Jamann gives a strong statement on why accountability is of key strategic importance to achieving CARE’s objectives. Accountability is seen to protect and increase CARE’s good reputation and the confidence of others in the quality of their work.  
While it is acknowledged that thorough accountability requires additional work and resources, it also highlighted that this overall helps to better demonstrate CARE’s impact and to develop best practices. |

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<tr>
<th>II. Organisational Profile</th>
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| 2.1 | Name of organisation  
*Fully addressed* |
| 2.2 | Primary activities  
*Fully addressed*  
The answer given provides a good overview on CARE’s primary activities and how these relate to the Program Strategy which was agreed in 2014. CARE is commended for arriving at the first organisation-wide programme strategy after 70 years of existence. It is also positively noted that CARE is aware of the necessity to review their role and relevance in a rapidly changing context to which (international) CSOs have to adapt. The Panel is interested to hear in the next report what kind of questions were reflected within CARE and which answers were found. |
| 2.3 – 2.7 | Operational structure / Headquarter location / Number of countries / Nature of ownership / Target audience  
*Fully addressed*  
CARE took on board last year’s Panel feedback and provided more details around their complex organisational structure. Additionally, the Panel would like to know if Lead Members have one collective presence in a country if several of them work in the same country. |
| 2.8 | Scale of organisation  
*Fully addressed*  
CARE provides again relevant financial information on the International Secretariat and the whole confederation. It is positively noted that CARE followed up on last year’s request to provide a clarification between their |
assets and the Revolving Fund and Emergency Respond Fund.

However, as asked for in the last Panel feedback, this indicator not only asks for financial figures but also for numbers of supporters and volunteers/interns where relevant in order to provide an overall picture of the organisation’s scale. Numbers of employees are provided under indicator LA1.

2.9 **Significant changes**  
*Fully addressed*  
There were no relevant changes apart from a few leadership changes within the reporting period.

2.10 **Awards received**  
*n/a*

### III. Report Parameters

<table>
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<tr>
<th>Subsection</th>
<th>Description</th>
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| 3.1 – 3.4 | Report parameters / Date of most recent report / Reporting cycle / Contact person  
*Fully addressed* |
| 3.5 | Reporting process  
*Addressed*  
CARE can be commended for Senior Management Team ownership for the reporting process and for thoroughly reviewing the previous Panel’s feedback and guidance for compiling this report.  
It would be further interesting to know how CARE plans to use the Panel feedback to further mainstream accountability across all functions and levels in the organisation. Moreover, how is the report disseminated across the whole federation and how is feedback from other stakeholders collected? |
| 3.6 – 3.7 | Report boundary / Specific limitations  
*Fully addressed*  
This year’s report again mainly focuses on the Secretariat’s structure and its direct operations while where CARE International-wide data that is accurate and verifiable, it is be provided (e.g. combined financial statement, Program Information and Impact Reporting System). References include where the Secretariat has influence 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 membership. |
| 3.8 | Basis for reporting  
*Fully addressed*  
CARE is clear about which services it has outsourced to some specialists. The Panel acknowledges that IT services are outsourced. While this may be effective for the “services”, it is also critical that CARE has in-house strategic capacity to shape and implement its changing role in the digital age. Relevant information is also provided under 3.8 where CARE in principal agrees with last year’s recommendations to aim to report on CARE International-wide efforts. However, they also acknowledge 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.

While this is a reasonable approach CARE is encouraged, as in the previous feedback, to present a clearer indication on how it ensures its Members also adhere and contribute to the achievement of the accountability commitments CARE has made at the Secretariat level. The CI Secretariat has oversight on governance and standards of accountability for the entire confederation. If these Care International Performance Standards for Country Presences are in line with Charter commitments (or can be brought into line with them), then reporting for the entire federation should not be a problem and would provide a good common frame for the entire federation.

3.10 – 3.11 Significant changes
Fully addressed
There were no specific changes from the previous reporting period that impact the scope of this report.

3.12 Reference table
Fully addressed
A referencing table is not necessary in CARE’s case because the organisation sticks to the reporting template’s order.

3.13 External assurance
Fully addressed
It is appreciated that CARE plans to share the feedback to this report with CARE Members and invite their comments. The Panel looks forward to outcomes of these discussions and possible amendments in CARE’s Accountability Framework.

It was decided by the Charter Board in 2014 to delete this indicator from the reporting template because all Charter Members’ reports are vetted by the Independent Review Panel anyways.

IV. Mission, Values, Governance, and Stakeholder Engagement

4.1 Governance structure
Addressed
Similar to the last report, the answer provides a very good and helpful overview of CARE’s governance structure, including relevant committees and responsibilities.

Moreover, the Panel looks forward to hearing more about the governance reform in FY2015. How does the governance model optimally support the CARE 2020 goals? The Panel is also interested in more details regarding the central risk management framework and how well it works in practice in the next report. In general, the linkage between CI and country offices could be clearer.

4.2 Division of power between the governance body and management
Addressed
The answer provides relevant information on the division of powers.
Nonetheless, as asked in the last Panel feedback, it would be interesting to know who evaluates the chief executive of both international and country level.

### 4.3 Number and independence of Board Directors

**Addressed**

It is understood that CARE’s Board consists of 14 national CEOs and 14 Board Chairs of the national Care entities. The Panel would be interested, as it already raised last year, to know how independence of the supervisory board and oversight of the management body is ensured if CEO Board Members are also allowed to vote. What is the role of affiliated members? How are high-level decisions taken?

### 4.4 Feedback from internal stakeholders

**Addressed**

In comparison to the previous year, the answer provides more specific information on cross-functional teams and committees with the aim to drive strategic and operational priorities, development and oversight of standards, enhance coordination, and enable ongoing feedback.

### 4.5 Compensation for highest governance body and senior managers

**Fully addressed**

The answer provided states that independent Board Directors do not receive any compensation and that salaries of senior executives and managers are based on undertaken periodic market surveys in the respective member contexts. More information on a thorough process for senior management salaries will be appreciated in the next report – as already inquired in the previous Panel feedback. It is suggested to look at World Vision’s 2012 report (p. 72-75) on this particular matter.

### 4.6 Conflicts of interests

**Addressed**

Relevant information is provided on the independent selection of Board Members by CARE members and on decision making and voting procedures. Nevertheless, as in their previous feedback, the Panel would like to encourage CARE to share more information on how potential conflicts of interests are identified and managed responsibly and how CARE ensures independence from governments, political parties or the business sector. Who is the authority in case of a conflict of interest? Please also include a link to CARE’s code of conduct in the next report.

### 4.10 Process to support highest governance body’s own performance

**Partially addressed**

The described self-assessment process for CARE International’s Board from previous years sounds progressive and commendable. For the next report, the Panel encourages CARE to share results from this evaluation, how these improve the effectiveness of the Board and on the governance reform agenda which is tabled for decision in FY2015. Moreover, information on procedures for term limits, internal accountability etc. would be welcome.

### 4.12 Social charters, principles or other initiatives to which the organisation subscribes

**Fully addressed**
CARE International is involved in a large number of key networks/initiatives. Aligning the many initiatives that CARE International is part of is currently under review. The Panel will be interested to hear what the outcome is in the next report.

4.14 **List of stakeholders**  
*Fully addressed*  
CARE provides a detailed overview of its stakeholders at different organisational and operational levels.

4.15 **Basis for identification and prioritisation of stakeholders**  
*Fully addressed*  
The primary responsibility for overseeing stakeholder engagement is undertaken across and through the membership rather than from the International Secretariat.

CARE International coordinates the development, implementation and monitoring of programme and operational organisational performance standards and programming principles, which articulates CARE’s commitments to and with CARE’s myriad stakeholders.

### PERFORMANCE INDICATORS

#### I. Programme Effectiveness

| NGO1 | Involvement of affected stakeholder groups | Addressed  
The answer provides relevant information on CARE’s strategic approach and formats used to ensure meaningful stakeholder involvement: Code of Conduct, Evaluation Policy, Information Disclosure Policy, Humanitarian Accountability Framework, “After Action Review” workshops, a “Rapid Accountability Review (RAR)”, etc. How are these formats rolled out in practice? The Panel encourages CARE to describe if there is evidence that stakeholder engagement processes have positively affected the decision-making or reshaped policies / procedures. |
| NGO2 | Mechanisms for feedback and complaints | Addressed  
CI describes a comprehensive feedback system in place for the entire federation. The Secretariat received 10 formal complaints via its complaints system in the reporting period, all of which were monitored with the respective membership to assure due diligence and follow up. It is positively noted that the Deputy Secretary General is consulted by the dedicated focal point which supports building a strong accountability culture.  
However, as already requested last year, the Panel would be interested to know what types of complaints these entailed, and evidence that the complaints policy is well known among staff members, partners and beneficiaries of both CARE International and country offices. |
| NGO3 | Programme monitoring, evaluation and learning | Fully addressed  
The Panel would like to commend CARE again for their Evaluation Policy, their...
Program Information and Impact Reporting System (PIIRS) which was launched in FY13, requiring After Action Reviews and Rapid Accountability Reviews (both within a few months of the disaster event).

The in-depth assessment and meta-evaluation of CARE’s work to tackle gender-based violence (GBV) is positively noted. CARE engaged their stakeholders via an online survey and the report summarises positive but also critical feedback (e.g. that CARE’s impact is moderate and they need to engage more in advocacy).

The whole answer can be seen as **Good Practice** for other CSOs. Nevertheless, the Panel would be interested in further evidence that MEL and the mentioned reports have led to positive management response, what has happened due to e.g. After Action Responses, and that interventions are optimally coordinated with other partners.

### NGO4 Gender and diversity

**Fully addressed**
CARE conducts needs assessments and regular monitoring to promote meaningful inclusion of people who may be excluded on the basis of gender, age, poverty and other variables. Since their priority seems to be clearly around gender, critical information is provided on how CARE reviewed the piloting of their gender marker pilot for humanitarian programmes after one year of existence. It is positively noted that the gender marker will be scaled up across the organisation and more effectively aligned with the Inter-Agency Standing Committee’s (IASC) Gender Marker. The Panel looks forward to progress in this regard.

As already indicated last year, the Panel would like to learn more about CARE’s impact reports and how PIIRS (see NGO3) has helped to align the organisation’s projects and programmes with their focus on the most marginalised people.

### NGO5 Advocacy positions and public awareness campaigns

**Addressed**
CARE names several tools and procedures in place that ensure that advocacy positions are respectful of people’s dignity and coherent across the federation as well as evaluated at the end (e.g. Sign-off Procedures for advocacy and communications as outlined in their International Advocacy Handbook, After Action assessments, bringing in representatives from grassroots organisations etc.). It is stated that there has been an increase of global policy positions, as evidenced through the increase in total sign-off requests. Do these sign-off interventions make a difference regarding outcomes?

More information on the mentioned tools to monitor and evaluate impact and performance efforts would be welcome in the next report. How have these impact assessments also informed national campaigns? While the answer and handbook are generally commendable, information on corrective actions taken where appropriate and if CARE has a process in place to exit a campaign is again missing.

### NGO6 Coordination with other actors

**Fully addressed**
The answer provides thorough information on CARE’s different partners and their roles. The organisation carries out commendable annual surveys with their
partners who rate CARE’s effectiveness, impact and transparency. The anonymous results are shared with all partners. More details as well as survey questions were shared in CARE’s last report.

Other relevant information on CARE’s approach to cooperation and partnerships is shared in 2.3 (page 7) and the Panel would appreciate results from CARE’s organisation-wide mapping effort of partnership strategies and tools (FY15) that have been developed and used in the past 20 years.

As indicated last year, relevant outcomes of these surveys would be welcome in the next report. The Panel would also be interested to know how CARE ensures how their partners are actually identified and that they also meet high standards of accountability.

### II. Financial Management

**NGO7 Resource allocation**  
*Fully addressed*

Full externally audited financial statements are available to the public upon request; a summary is published in the [Annual Report](#) (p. 24/25). CARE’s Secretariat’s accounting system is set up to track amounts by department, which then ladder up to its Annual Operating Plan. In addition to this, the Panel encourages CARE again to share more on how they track the use of resources including cash and in-kind contributions on the intended purposes.

**NGO8 Sources of Funding**  
*Fully addressed*

99% of CARE International’s total income comes from CARE Members.

### III. Environmental Management

**EN16 Greenhouse gas emissions of operations**  
*Partially addressed*

CARE carried out a baseline inventory assessment in 2008, which noted that the primary contributor to the estimated emissions related to air travel. However, no direct or indirect greenhouse gas emissions have been collected since and the Panel urgently encourages CARE again to obtain and publish this data and to track comparison over time. CARE is advised to have a look at e.g. Oxfam International’s 2012-2013 report (see [here](#), p. 79-82) as a good example in this regard.

Moreover, the Panel would appreciate an update in the next report on “Towards a Climate Smart CARE” and on the related set of recommendations, which overall sounds like a commendable effort.

**EN18 Initiatives to reduce emissions of operations**  
*Addressed*

As suggested by their “Green Team”, CARE is seeking alternatives for air travel, which is the highest contributor to the estimated emissions. The Panel supports that the Senior Management Team is establishing a coherent approach to collectively reduce greenhouse gas emissions. It also suggests setting concrete emission reduction targets. As asked in the last report, it would be interesting to see if the initiatives taken since 2008 (e.g. conducting more “virtual” meetings) have indeed helped to reduce CO₂ emissions.
### Initiatives to mitigate environmental impact of activities and services

**Addressed**

The report states that during the FY14 reporting period, as captured through the PIIRs reporting mechanism, climate resilience was integrated across 30% of CARE’s long-term development projects, with 218 long-term development projects across 53 countries. This, as well as CARE’s consistent support of a broader climate change advocacy, can be commended.

As stated in last year’s feedback letter, advocacy on this issue would profit from engagement to reduce CARE’s CO₂ footprint. It would be helpful to identify the main environmental impacts of CARE’s activities.

### IV. Human Resource Management

<table>
<thead>
<tr>
<th>LA1</th>
<th>Size and composition of workforce</th>
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<tbody>
<tr>
<td><strong>Fully addressed</strong></td>
<td>The answer provides a relevant breakdown of staff members according to gender, national or international status, staff level / grade (including volunteers), or to where employees were based (not where they are from) in FY14.</td>
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<table>
<thead>
<tr>
<th>EC7</th>
<th>Procedure for local hiring</th>
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<tbody>
<tr>
<td><strong>Addressed</strong></td>
<td>It is stated that 8,780 of 9,172 staff globally are local staff, which thus represents over 96% of CARE International’s total global workforce. 100% of senior management for their five regional offices were hired from the local community. While these are commendable figures, it would also be interesting to know how CARE’s hiring practices build overall local capacity and do not undermine the local NGO or public sector.</td>
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<table>
<thead>
<tr>
<th>LA10</th>
<th>Workforce training</th>
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<tr>
<td><strong>Addressed</strong></td>
<td>Capacity building assessment is a component of the annual appraisal process for each staff member. The “CARE Academy” offers e-learning and different working groups initiate annual “skill shares”. However, as mentioned in last year's feedback, CARE is encouraged to also identify overall training needs and to devote a certain percentage of the budget to fulfil them. The Panel looks forward to some more information on the international staff development planned for FY15.</td>
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<table>
<thead>
<tr>
<th>LA12</th>
<th>Global talent management</th>
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<tr>
<td><strong>Fully addressed</strong></td>
<td>All staff is subject to formal annual appraisal reviews and mid-year interim reviews. It would be interesting to know if all employees have actually received such a performance review and if there is evidence that these appraisals work well in practice i.e. support achievement of Care 2020 goals. CARE recognises in LA10 that staff development can be enhanced through more systematic review processes, including the alignment of professional development to support organisational development. The Panel looks forward to progress in this regard.</td>
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<th>LA13</th>
<th>Diversity of workforce and governance bodies</th>
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<tr>
<td><strong>Fully addressed</strong></td>
<td>Only 37% of CARE’s global staff were women in the reporting period (see data in LA1). On the other hand, CARE International’s employees were 71% female and</td>
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</table>
the Secretariat’s Senior Management Team was comprised of 7 women and 4 men in FY14. Furthermore, CARE’s Board represents the diversity of the confederation. Gender and experience are the main categories for recommending candidates for officer level positions. However, what is the current gender ratio within the Board?

As mentioned in the report, “gender is only one of many characteristics that shape the course” (page 25) of CARE’s mission, the Panel encourages CARE again to clarify why it currently does not see any importance in tracking other forms of diversity such as disability or ethnicity and why there are no specific standards in place.

**NGO9**

*Mechanisms to raise grievances*

*Addressed*

CARE describes a solid process for staff to raise grievances within the organisation including an elected non-management staff representative with whom staff members can confidentially discuss any problems.

As asked in their previous feedback, the Panel would like to know if concerns raised were resolved in a satisfactory manner. The Panel is further interested to understand why the Secretary General is the last decision-maker in cases of grievances. Potentially this should be escalated up to the Highest Governance body – in particular if the Secretary General is him/herself involved.

**V. Responsible Management of Impacts on Society**

**SO1**

*Managing your impact on local communities*

*Addressed*

It is noted that in most cases, the members from the Global North do not implement projects or programmes in their countries, but focus on advocacy and fundraising. However, even these activities might cause impacts in different contexts. Moreover, even if CARE International operates only for a few months and not directly, their activities most probably also have indirect impacts (positive or negative) on local communities which triggers the need for feedback loops and exit strategies.

As questioned in the last feedback, the reference to 5.1 – 5.4 is presumably to NGO1 and NGO4 but should be clarified in future reports.

**SO3**

*Anti-corruption practices*

*Partially addressed*

The Panel would like to repeat its concerns from the previous feedback: CARE is encouraged to carry out risk analyses (in line with the new and central risk management framework – see 4.1) beyond their whistle-blower system. Moreover, strengthening anti-corruption mechanisms for the CARE confederation as a whole should be supported by effective policies in place at the Secretariat level since it is stated that CI is responsible for good governance and accountability standards globally. Do some national members already have formalised written procedures?

As questioned in the last feedback, the reference to 5.17 and 5.2 is not clear to the reader and should be clarified in future reports.
### SO4

**Actions taken in response of corruption incidents**

*Partially addressed*

The CARE Secretariat compiles fraud and loss policies from the confederation, and follows up with members as cases require, assuring that the due diligence to investigate and report on incidence of corruption appropriately. CARE is highly encouraged to state and publish the number and kinds of incidents of corruption in the reporting period and any action being taken – i.e. how they were addressed.

### VI. Ethical Fundraising

**PR6**

**Ethical fundraising and marketing communications**

*Addressed*

Fundraising activities are part of the responsibilities of CARE members and Country Offices who adhere to local laws and standards. How is this actually ensured?

The Secretariat maintains Senior Fundraising capacity to assure common policies, consolidate KPIs, and develop and monitor corporate engagement policy, among other functions. It occasionally receives donations in which case follow-up “may” include meetings with donors to be able to verify the fund’s source and destination as appropriate. As mentioned in last year’s feedback, this sound rather vague and a clear process should be established in the near future. Are donations to the Secretariat publicised?