CARE International FY2014 Report to the INGO Accountability Charter based on the GRI NGO Level C Reporting Template

August 2015

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1   Strategy and Analysis

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

Transparency and accountability are almost stand-alone values for any contemporary institution or organization. These principles help to protect and increase the most valuable capital of a charity non-governmental organization like CARE International[1]: our good reputation and the confidence of others in the quality of our work. Increasingly, development and humanitarian actors are being scrutinized from various angles – from our supporters, the general public, the people that we work with, and even from within our organization. This is good, because that scrutiny helps us remain and become an even more relevant, efficient, and impactful actor – which is highly necessary in the changing and demanding environments that we are working in.

CARE is committed to responding to humanitarian emergencies – be they man-made or the result of a natural catastrophe. We also support the self-help capacities in communities to become resilient against external shocks, and at the same time unleash their potential for improving their own livelihoods. Our work includes political advocacy for the rights of the poor in global and local settings, addressing the underlying causes of poverty and injustice, which are often rooted in bad governance, discrimination and inequality. 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, despite the fact that this is often extra work, that it is not being funded sufficiently and draws on our precious available resources, including the time and energy of many of our staff. We do, however, believe in true partnerships - wanting to make sure that the communities we work with have a say in planning, implementing and evaluating our work. Our aim is to measure and demonstrate our impact through monitoring activities and internal and external evaluations.

In order to inform every interested party about our work, successes, challenges and intentions, we provide a substantial amount of information through public channels, on- and offline. Through 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 – being transparent about when and why we will not be able to provide information at times. As practiced through the Humanitarian Accountability mechanisms for years, we give opportunities for any stakeholder to provide feedback to CARE, including a complaint, and that this feedback needs to be reviewed and receive a response.

This is the second report to the INGO Accountability Charter from CARE International. It includes learnings and improvements gained from our membership in this initiative and will help the global CARE family to improve accountability approaches and develop best practices. CARE is grateful for the opportunity in this exciting joint endeavour.

Wolfgang Jamann, Secretary General / CEO

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[1] hereafter referred to as "CARE"

2   Organizational profile

2.1   Name of the organization.

CARE International Secretariat

2.2   Primary activities

CARE is continuing its journey of change, guided by a confederation-wide transformation ambition called CARE 2020, which seeks to build and evolve CARE's ways of delivering on its mission in its work with millions of women, men, girls and boys 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. Over the course of the reporting period and in line with CARE 2020, the CARE International Board approved in June 2014 a Program Strategy, 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. Across CARE, there is great momentum and inspiration for implementing the strategy, a sense that this is an opportunity to unite and galvanize around a clear purpose, as well as being critical for maintaining CARE's relevance in a rapidly changing context to which international NGOs need to adapt.

While CARE's programming that is reported on annually through the Project and Program Information and Impact Reporting System (PIIRS) and continues to fall 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 FY14, CARE's projects reached 72 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 FY14 its emergency response and recovery projects reached over 7 million people. 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.

Food 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 security conditions for 2.6 million people in 55 countries, by providing nutritional support, increasing access to quality food and improving food production systems.

Health: CARE's health programs are focused on sexual, reproductive and maternal health, but also address other areas such as nutrition, safe drinking water, health education, and training local health workers. CARE reached 37 million people in 46 countries through its SRMH programs.

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 million people in 53 countries 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 1.4 million people in 54 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 3.8 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 2.2 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. The main focus of CARE's economic development work is on the economic empowerment of women.

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.

2.3   Operational structure of the organization

In CARE International's first report (FY13), the focus was primarily on activities lead directly by the CARE International Secretariat, which is located in Geneva, Switzerland, with offices in Brussels, Belgium and New York, U.S.A[2]. This report also is prepared and submitted by the CI Secretariat on activities that are directly led or overseen by the Secretariat, in the capacity of oversight of CI-wide governance and 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-

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[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. These roles and requests evolve over time, and while the role vis-a-vis Sudan was maintained in the Fy14 reporting period, it was modified in FY15. As with FY13, this this report does not include Sudan country operations due to the exceptional circumstances.

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 FY14 report aim to consolidate and report where possible and the accuracy of the data is confirmed, with information and data that represents the entire CI confederation, for example through the PIIRs mentioned above, and in other cases primarily representing the CI Secretariat's role and direct authorities. Each section connotes the perspective from which the information is provided.

Under the leadership of the Secretary General, the Secretariat coordinates and supports the CARE International confederation, represents the confederation with the United Nations and the European Union, and leads CARE's global advocacy. The Secretariat provides CI-wide operational leadership, oversight and coordination by the CARE Emergency Group, and assures Safety and Security accountability and coordination through the CARE International's Safety and Security Unit.

The Secretariat serves the CARE confederation and coordinates interdependent approaches, bringing together representatives from the CARE Members and Country Offices and where relevant through regional offices, across multiple functional areas. As mentioned above, this includes CI-wide leadership and coordination in emergency preparedness and response, adherence to standards, Member engagement and accountabilities of safety and security, advocacy, communications, and fundraising. The Secretariat may also play a role in leading, coordinating or supporting projects and emergencies responses in countries where CARE does not maintain a permanent country presence. The Secretariat is registered in Switzerland under regulations governing Foundations, and all CARE Member are non-profit organizations incorporated under the laws of the respective countries where they are based.

CARE is structured as outlined below. Please note that in the FY14 reporting period CARE India Sustainable Solutions for Development (CISSD) became CARE International's newest National Member, while CARE Peru joined as a full member in June 2105, thus is still noted as affiliate status below, to align with the reporting period of this report:

- **13 National Members** located in Australia, Canada, Denmark, Deutschland-Luxembourg, France, India, 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.

- **One Affiliate Member**: there was one Affiliate Member of CARE International at the end of the reporting period, CARE Peru, whose membership is key to the global diversity of CARE's governance.

- **CARE's work at country level: during the reporting period, CARE worked in 90 countries around** the world, supporting 880 poverty-fighting development and humanitarian aid projects, reaching some 72 million people. [3]

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[3] CARE International's annual report for 2014

Snapshot of some headline numbers "at a glance" from the FY14 PIIRs report:

CARE countries: 90
CARE projects: 880
Total direct participants reached: 72,380,066
Total indirect participants reached: 218,119,692

- CARE operates at country, sub regional and regional levels through the membership. 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. 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. These Lead Members are responsible for assuring alignment with and annual reporting on the approved CI Performance standards of Country Presence that were developed by the CI Board sub-committee called the "CI Program and Operations Committee" and approved in FY12. The first full assessment was completed in FY14 through the approved performance standards, and is being institutionalized for annual reporting, analysis and accountability in FY15 and onwards.

- **CARE's Partnerships** are foundational to CARE's work in both humanitarian and development programming and advocacy. In FY12 and 13, CARE advanced a CI-wide process called the CI presence reviews, whereby CARE's role and relevance is deeply examined through the backdrop of the CARE2020 vision and transformational change priorities. Since these began, and evidenced in FY14, CARE continues to work increasingly in partnership and is undertaking analysis and assessment of its partnership work so as to refine organisational-wide guidance for global consistency and standards. Across the humanitarian and development industry there is wide recognition on 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 has maintained partnership on its workplan in FY13, 14 and 15, in recognition of the organisational need to assure consistent guidance, leadership and support for CARE's humanitarian and development practitioners, and in early FY15 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.

- **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.

2.4   Location of organization's headquarters.

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

2.5 Number of countries where the organization operates.

During the reporting period (July 1, 2013 to June 30, 2014), approximately half of CARE International 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, USA[4]. Some Secretariat staff were also remote-based or working within a CI member in Atlanta, Bulgaria, Bolivia, Ecuador, Canada, India, Kenya and Thailand.

As noted in section 2.3 above, CARE worked in 90 countries around the world during the reporting period of FY14, with 880 projects implemented under the oversight of "Lead Members" with support and engagement from all Members in countries where CARE works.

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 Secretariat 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 13 Members and Affiliate Member of the CARE International confederation. During fiscal year 2014, CARE worked in 90 countries around the world, supporting 880 poverty-fighting development and humanitarian aid projects to reach 72 million people.[5] 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 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 2014 Fiscal Year (1 July 2013 to 30 June 2014), the financial status of the **Secretariat**[6] was as follows:

- Revenue   CHF 7,816,455
- Expenses   CHF 7,959,207
- Assets   CHF 3,462,269
- Liabilities   CHF 1,398,400

Comparable data for the *combined* membership for 2014 Fiscal Year is being finalised at the time of this submission and can be made available on request. The FY14 annual report is also being finalised concurrent with the submission of this report, and will be available on the CARE

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[4] Sudan country operations not included in this report – see footnote 2 in section 2.3.
[5] CARE International's annual report for 2014
[6] Sudan country operations are not included in this report

International website in September 2015. For the 2013 Fiscal Year, the financial status for the CARE confederation as a whole was as follows, further details can be found on pages 24 and 25 of the CI Annual Report 2013 via this link: FY13 CI Annual Report Combined Financial Statements:

- Revenue   Euro 560,618,000
- Expenses   Euro 576,789,000
- Assets   Euro 574,254,000
- Liabilities   Euro 288,850,000

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 is financially supported by its member organisations.

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 2,471,310. 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 1.7 million. 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 FY14 was CHF 174,914 whilst its share in the Emergency Reponse Fund was negligible (CHF 183).

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 remained central to the work and analysis undertaken on behalf of the confederation, with various structural, systems, governance, process, behavioural and cultural dimensions being considered.

A European Oversight Committee was instituted the previous FY and established clarity of its role and mandate in how it oversees the work of the EU Liaison Office in Brussels and strengthen collaboration among Members in Europe. Changes in the leadership of several CI members occurred over the FY and those resulted in transition of representatives on this and other committees.

3 Report Parameters

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

This report is for the CARE International Secretariat's 2014 Fiscal Year, which covers the period from 1 July 2013 to 30 June 2014.

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

CARE submitted its first report for the INGO Charter in August 2014. This report represents the second submission, and takes into consideration the independent review panel feedback that was received in December 2015

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.

The CI Secretariat Senior Management Team (SMT) had several consultations and analysis points over the course of the FY15 to review and prepare for the FY14 report. In December 2014 the CI SMT reviewed and shared immediate comments and reflections on the initial feedback from the independent review panel. At the February 2015 CI Secretariat SMT retreat, there was an initial timeline developed for the development of the report. A small working group from the SMT reviewed the feedback with the guidance, as well as reflection on CARE's Accountability Framework, and developed a basic management tool to consider the feedback, CARE's response, and other areas that the SMT had recommendations for strengthening the INGO Accountability Charter guidelines (e.g. gender). CI also received support from a Master's student intern to consolidate different elements of an early draft.

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

As with the first submission, although the focus of this report is on the Secretariat, it also refers to

activities of the CARE confederation given the Secretariat's governance and coordination role. As it is currently structured, the CI Secretariat does not directly fundraise (though it maintains a senior Fundraising coordination and support capacity) and isn't responsible for line management of global operations, though it maintains some humanitarian operational capacity, as explained in 2.3 above. After further reflection, the CI Secretariat Senior Management Team continued its recommendation and approach from the first report as there is not yet the capacity to add extractive requests across the membership beyond the current coordination and agreed upon common standards and information sharing that exists. Thus, this year's report again primarily focuses on the Secretariat's structure and its direct operations while where CI-wide data that is accurate and verifiable, it will be provided (e.g. combined financial statement, PIIRs). 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 CI membership.

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.

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

This is CARE International's second report, which allowed reflection and learning on the process and content from the first submission, and the feedback from the independent review panel. While CARE International's change process progressed in FY14 and positioned some important decisions that were acted upon in FY15, there were no specific changes from the FY13 reporting period 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 with the ICSC, and made available to the CI membership. The Secretariat will be reviewing this report with other CI members over the coming months, beginning in September 2015 during a review in London to review its relevance and linkages with the CARE Accountability Framework, to inform potential changes to the Accountability Framework, and reflect on how to develop the FY15 report.

4 Governance, Commitments, and Engagement Governance

4.1 Governance structure of the organization

For the FY14 report there is no substantive change to the governance of the organisation, however governance reform featured prominently in FY15, and will be reported on in more detail in the next report. Thus, no material changes to what was reported on in FY13 in the governance structure described below.

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. CI Members maintain individual risk management frameworks as members of the confederation, and CARE International has worked with the Board's Finance, Audit and Risk committee on development of a central risk management framework in FY15. The CI Secretariat carries out regular risk assessments and identifies areas requiring additional attention.

The current governance structure was established in November 2009, following an extensive review, while a major governance reform process is ongoing in the confederation at the time of this report. There are currently four sub-committees of the Board, as illustrated below.
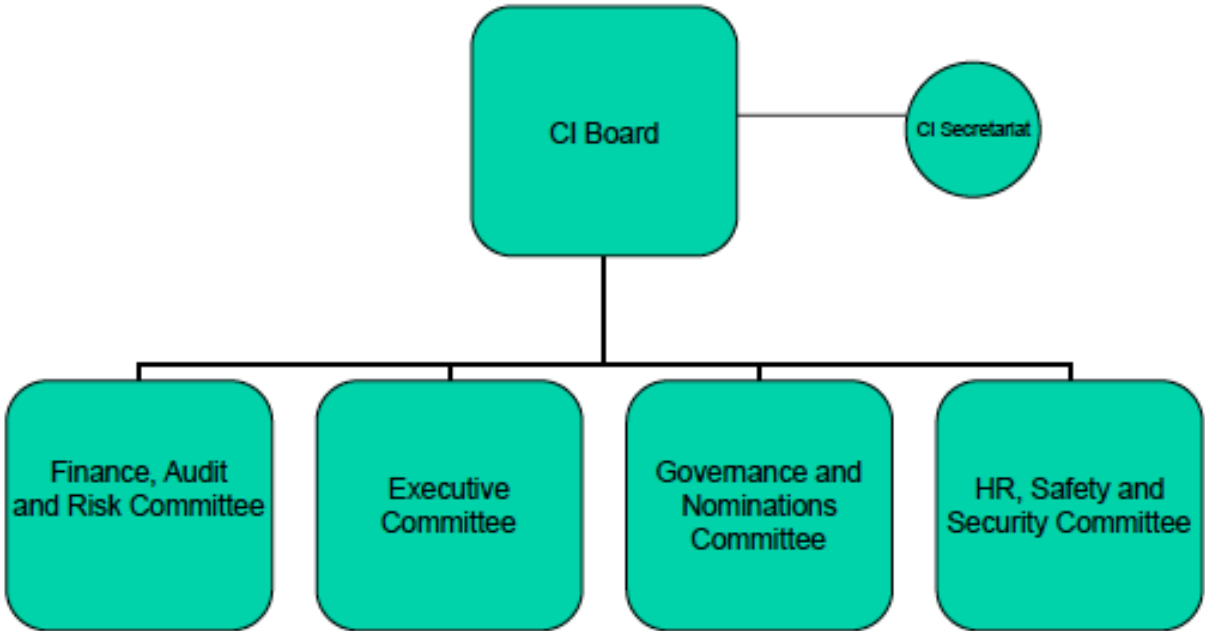
The Executive Committee addresses operational matters that arise in between meetings of the full Board. It acts on behalf of CARE International's Board between meetings, meeting at least quarterly and at times monthly or bi-monthly, and ensures the implementation of CI Board decisions. The Executive 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 General[7] 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.

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 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 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

In FY14 reporting period, the CARE International Board was composed of 13 independent members and 1 affiliate member (the Chair who usually represents their respective national

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[7] The Secretary General is a non-voting member

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, the Fundraising and Branding Committee and the Advocacy and Media Committee continued to function as active sub-committees of the CI Board, reporting to the Executive Committee, with the aim of 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.

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).

4.6 Conflicts of Interest

Board Members are chosen 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.

All staff and Board members are governed by and expected to 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. 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. The governance reform agenda, coordinated by a temporary Transformation Oversight Committee, that included members of the Governance and Nominations Committee, to advance the recommended revisions to the governance structure that were tabled for decision in FY15.

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)
- International Civil Society Centre

4.14 Stakeholder groups of the organisation

International stakeholders include each CARE National Members and the respective boards as well as regional offices, country offices and representatives, and the CI Secretariat. The Secretariat and the CI membership interact frequently with a wide range of networks, alliances, partners and external stakeholders, while the CI Secretariat specifically fulfills 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 Programme and Operations Group, coordinated by the Secretariat, coordinates 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. 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](#) 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.

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 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.

Regular reviews of the recurrent crisis in the Sahel or the Philippines 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.

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. While this policy applies specifically to the Secretariat, it is made available across the confederation, offering 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 periodically reviewed and revised as needed. During the reporting period, the CARE International Secretariat received 10 formal complaints, all of which were monitored with the respective membership to assure due diligence and follow up.

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

CARE is committed to adhering to international standards of quality and accountability.[8] CARE endeavors 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 maintains a leading coordination role in standards and strategy for programme effectiveness and impact.

The CI Performance Standards of Country Presence, that included detailed measures of success to inform adherence and monitoring, were approved and communicated across the confederation in FY12. A baseline assessment was undertaken in FY14. This provides guidance on performance standards vis-a-vis outcome and impact measurement, and positions the confederation to identify areas that require strengthening and/or focused investment. This includes monitoring and evaluation standards, , "After Action Reviews" and external evaluations. CARE's Evaluation Policy, and the Electronic Evaluation Library, are designed to enable accountability and transparency, as it requires standards related to terms of reference, findings, lessons learned and recommendations of external evaluations of humanitarian action are placed in the public domain.[9]

As described in 5.1 above, 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 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.

Since 2013 CARE ensures that there is a 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. For instance in the case of the Syria response and the response to Typhoon Haiyan management response plan have been developed and monitored for at least 1 year or until the next response review (in the case of a protracted crisis such as Syria). In addition, 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.

CARE's Program Information and Impact Reporting System (PIIRS) continued operating 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.

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[8] http://www.care-international.org/about-us/accountability.aspx

[9] CARE's external evaluation reports can be downloaded from the CARE Evaluations e-Library

In FY14, CARE carried out an in-depth assessment and meta-evaluation of its work to tackle gender-based violence. It reviewed CARE's work to tackle GBV based on program evaluations carried from 1 July 2011 to 30 June 2013. Some of CARE's most successful programs were in sub-Saharan Africa, where staff worked in countries like Burundi and Uganda to address violence at home, to engage men and boys as champions of change and to mobilize community action against GBV. In Benin, the Democratic Republic of Congo and Zambia, CARE and partners supported services for survivors of GBV and worked with coalitions and networks to advocate for policy change in line with international agreements for addressing GBV. In fiscal year 2014, our programs tackling this abuse reached 1.6 million people in 50 countries.

An online survey was carried out in January 2014 to assess how partners and allies view CARE's contribution to end GBV. More than 100 responses were received from representatives of community-based organizations, international and national NGOs, national and municipal government officials and research institutions from Asia and the Pacific, Europe, Latin America and the Caribbean, the Middle East and North America. Notably, three quarters of all survey respondents worked for a NGO.

The survey canvassed CARE's partners and allies' views on the impact of CARE's programs and the quality of their relationship with CARE. Nearly 40 per cent of respondents identified CARE programs as of excellent quality, while nearly half 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 impact on GBV, more than half said that programs had a significant impact. However, nearly 40 per cent said CARE's impact was moderate and that CARE needed to engage more in advocacy and work more closely with organizations that provide legal advice for victims.

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 is 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 (PIIRS) 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.

CARE has reviewed the piloting of the gender marker after 1 year based on which it was decided to
(a) scale up the CARE Gender Marker pilot through a phased approach, across the organisation.
(b) develop additional tools and guidance for application to implementation phase ,
(c) adapt the tool and guidance to integrate them into organisational processes such as EPP,
Strategy and Proposal stages, and
(d) align the CARE tool more effectively with the IASC Gender Marker particularly in terms of
coding and ensuring the utilization of the same components.

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

CARE has in place sign-off procedures for advocacy and communications outlined in CARE International's communications handbook. The CI Secretariat facilitates the approval of positions on sensitive issues, e.g. in this period on abortion, which provide CI-guidance. Positions are also developed for specific issues and processes that we are targeting to ensure coherence and use our reach. e.g. post 2015, climate change etc. After Action assessments are done for our main areas of engagement.

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. When possible, CARE supports bringing representatives from grassroots organizations to ensure a voice on policy processes. For internal approvals, CI applies adheres to its "sign-off" criteria facilitates required consultation processes and follows up on implementation.

Over the reporting period there has been an increase of global policy positions, as evidenced through the increase in total sign-off requests. Teams are comprised from different parts of the confederation for main advocacy engagement and keep track of who uses CARE materials. CI undertakes after-action reviews as one assessment mechanism of CI's global advocacy strategies and objectives.

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.

As a global confederation working in 90 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 levels 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 880 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. 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.

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, 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[10] - for example on page 25 of the CI Annual Report 2013 via the following link: FY13 CI Annual Report Combined Financial Statements. The Secretariat's accounting system is set up to track amounts by department, which then 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 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 2014 fiscal year, CARE member contributions to the Secretariat amounted to a total of CHF 7,776,306 (99.48 % of total Secretariat income) . The five largest contributors in FY14 were CARE USA, CARE Canada, CARE UK, CARE Australia and CARE Deutschland-Luxembourg.

III. Environmental Management

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

As reported in the FY13 report, in 2008, the CI Secretariat carried out a baseline inventory assessment that calculated emissions overall and per staff member. It noted that the primary contributor to the estimated emissions related 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

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

travel was in connection with CARE's humanitarian work. While there wasn't further work coordinated at the CI Secretariat focused level in the subsequent years, there have been advancements in analyses and development of a confederation-wide approach to emissions and becoming "Climate SMART" in CARE.

In FY14 CARE International's Poverty Environment and Climate Change Network spearheaded consultations and research to develop a business case "Towards a Climate Smart CARE" that was put forward for the CI Executive Committee of the Board's directional endorsement in FY15. This effort is sponsored by a CI National Director, and work continues with the aim of refining and ultimately implementing a set of recommendations to tackle physical risks to CARE programming posted by climate change, travel and procuring goods and services, who CARE partners with, and coalescing efforts on funding, resourcing and implementing climate change programming across CARE.

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.

The baseline exercise helped raise awareness amongst staff. The Secretariat has since improved its communications infrastructure, and has continued to use teleconference and other VOIP protocol with increased consistency to reduce travel and meetings. While this volunteer team was dormant in recent years, in FY15 the CI Secretariat Senior Management Team tabled this discussion, while viewing the wider organisational effort, described above, as an important opportunity for establishing a coherent approach as CARE International to collectively reducing greenhouse gas emissions.

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

As outlined above, efforts are underway across the confederation, lead by CARE's Poverty Environment and Climate Change Network, to undertake an informed, intentional organisation-wide effort to mitigate environmental impacts of CARE International's activities.

The Secretariat, with and through the confederation, supports broader climate change advocacy work on a consistent basis.

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 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.

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.

FY14 PIIRs reported staff data:

CARE countries: 90
Total staff: 9,172

Total women: 3,358	**Total national staff:** 8,780
Total men: 5,814	**Total international staff:** 392

The table below shows the functional responsibility along with the geographical region/country where the CI Secretariat were based 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 90 countries reported in the FY14 PIIRs report, with a global workforce of approximately 9,000.

Region	Emp'ee	Emp' ST	Intern	Manager	Volunteer	Total
Africa	2					2
Kenya	1					1
Ghana	1					1
Asia Pacific	2			1		3
Australia				1		1
Thailand	1					1
India	1					1
Europe	21		3	11		37
Belgium	3			2	1	6
Bulgaria	1					1
France	1					1
Germany	1					1
Switzerland	14		3	8	1	26
United Kingdom	1			1		2
Americas	6	1		3		10
Bolivia	1					1
Canada	1			2		3
Ecuador				1		1
Panama	1					1
USA	3	1				4
Total	**31**	**1**	**3**	**15**	**2**	**52**

The table below shows the breakdown of CI Secretariat by Grade with gender breakdown for FY14. In FY14 the CI Secretariat's Senior Management Team was comprised of 7 women and 4 men.

Count of Employee	Column Labels		
Row Labels	F	M	Grand Total
-	7.69%	1.92%	9.62%
I	5.77%	0.00%	5.77%
II	17.31%	3.85%	21.15%
III	11.54%	11.54%	23.08%
IV	15.38%	1.92%	17.31%
Non graded	7.69%	3.85%	11.54%
V	5.77%	5.77%	11.54%
Grand Total	**71.15%**	**28.85%**	**100.00%**

Non-graded staff are the Secretary General, and staff seconded to the CI Secretariat from CI members.

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 – 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 FY14 above, 8780 of 9,172 staff globally, are from the contexts in which CARE works (local staff). Local staff therefore represent over 96% of CARE International's total global workforce.

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 endeavours to offer financial support for staff development when available, as well as provide time off for demand-driven professional development, however it is recognized that this can be enhanced through more systematic review processes and through the performance management process to align and support professional development to support organisational development. Reflections on FY14 informed some FY15 planning on staff development for the Secretariat for future application.

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.).

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.

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 and Deputy Secretary General.

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. Across the confederation membership, there are different approaches to response in local contexts. In most cases, the members from the Global North do not implement projects or programs in their countries, but focus on advocacy and fundraising. In terms of the CI Secretariat, the CARE Emergency Group maintains an operational role in large scale responses, but over recent years there has been an intentional shift in the long term development work away from direct service delivery where appropriate. In large-scale humanitarian operations, Secretariat staff on the ground response is typically limited to a few months. Impact of both our coordination and operational activities are informed 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 a "whistle-blower" system. There are anti-corruption and related policies across the CI membership, tailored to respective contexts. The CI Secretariat supports strengthening of anti-corruption mechanisms for the CARE confederation as a whole.

Indicator SO4: Actions taken in response to incidents of corruption

The CI 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.

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 carry out 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. The CI Secretariat maintains Senior Fundraising capacity to assure common policies, consolidate KPIs and develop and monitor corporate engagement policy, among other functions. Each member raises funds in adherence to local laws, standards and codes.