Accountable Now

GLOBAL STANDARDS LOCAL TRUST

CARE International
Independent Review Panel Feedback

CARE International Accountability Report (01 July 2014 - 30 June 2015)
Review Round November 2016

CARE International
Feedback from the Independent Review Panel
Review Round November 2016

21 December 2016

Dear Wolfgang Jamann,

Thank you for submitting your Accountability Report. We, the Independent Review Panel of Accountable Now, appreciate your efforts to continuously strengthen your accountability to communities, local partners, supporters, staff, donors, or other key constituencies. Our key focus is on accountability to those you serve. It is against this background that we critically discussed your report and came to the individual assessment below. Before we share this with you, however, we want to highlight a few issues of concern that we found throughout most of the nine reports assessed in the last review round.

Closing the feedback loop with stakeholders (NGO2, NGO9)

A recent study on 40 international civil society organisations' (CSOs') accountability practices – conducted by the *direct impact group* on behalf of Accountable Now – revealed that only three out of these 40 CSOs responded with an appropriate answer to a complaint test within three weeks.

This is alarming. All Members of Accountable Now should have a fully functioning feedback mechanisms in place. However, when checking your reports we found a consistent lack of reporting filed complaints per type, quantity, and region as well as a total lack of information on how they were resolved. We believe this is not an acceptable level of accountability. CSOs should not only have a mechanism in place but should first be capturing complaints with the appropriate level of detail and then monitoring their resolution and agreeing what actions need to be taken to ensure the same issues do not arise.

Feedback Labs, with whom Accountable Now collaborated on the *Digital Accountability project*, also serve as a valuable source of information on how to close feedback loops.

Collaboration with partners, communities and networks (NGO6, EC7 & SO1)

As part of the [10 Accountability Commitments](#), Accountable Now Members commit to working in genuine partnership with local communities and partners. With increased globalisation of information, more empowered citizens engage and civic space is challenged, it becomes ever more important to help local communities and partners to thrive. However, we found that coordination with local communities is still an overall weakness area among the Accountability Reports we received. Some "common" ICSO practices can have intended or unintended consequences on local communities. We would thus like to particularly highlight a lack of contributions to building local capacity and resources. Do you take into account local market conditions and think about working alongside local organisations building their capacity? We suggest that ICSOs should start to consider their impact on the sustainability and independence of local civil society in all their work (such as planning, budgeting, economic impact, etc.).

Adding to what people do to improve their lives (NGO3)

To state the obvious, impact measurement is important. However, many evaluations mentioned in received Accountability Reports focus on collecting relatively large amounts of data on people reached, however, this does not tell us much about the improvement in their lives. Moreover, we should critically ask ourselves: What is the ICSO's credit in this improvement and what positive impact is actually due to the people and beneficiaries themselves?

While we are of course aware that resources are limited, there is clearly no substitute for a robust and honest impact evaluation of our programmes and activities.

Organisation-specific feedback to CARE International:

CARE International's third accountability report is very good and comprehensive despite some repetitive parts. In terms of **institutional commitment**, the report starts off by a very commendable opening statement by Wolfgang Jamann, the Secretary General, which correlates accountability to impact and the transformation efforts of the whole organisation towards achieving their 2020 vision. CARE maintains its **reporting boundary** on behalf of the International Secretariat rather than the whole confederation. The Panel deeply believes that CARE Secretariat is in a much stronger position now to report on behalf of the whole confederation with its improved ICT infrastructure and continued progress on monitoring and evaluation.

CARE continues to demonstrate **Good Practice** in the area of monitoring, evaluation and learning (NGO3) through their different standards, tools and practices. The Panel praises

CARE for following up with subsequent assessments on their Performance Standards of Country Presence, for keeping the Electronic Evaluation Library up-to-date during the reporting period and for carrying out a meta-evaluation of its work to tackle gender based violence. CARE has furthermore provided additional information on some indicators (e.g. 3.13) which is appreciated but not part of the official Panel assessment.

CARE nevertheless did little to tackle the recognised **weakness areas** from the last report which are mainly around environment management (EN16 and EN26) and anti-corruption procedures (SO3 and SO4). The Panel recognises efforts currently under way by CARE to address these issues and looks forward to more progress on both critical issues. Also, the Panel would be interested in more details and elaboration on the following areas: the scale of organisation (2.8), compensation for highest governance body and senior managers (4.5), identifying and managing conflicts of interests (4.6), evaluating the Board's performance (4.10) as well as basis for identification and prioritisation of stakeholders (4.15).

In response to the Panel's request, CARE uploaded the **logo** of Accountable Now to their website and continues to declare their membership to Accountable Now. The Panel urges CARE to add important organisational documents such as the 2020 Program Strategy and the comprehensive Accountability Framework, once finalised, to their website and to ensure the functionality of links provided in accountability reports. For example, the link provided to the CARE International FY15 annual report did not work and so did many links in the FY14 report when checked recently as part of assessing the current report.

In recognition of their efforts over the past three years to improve their accountability and their functioning complaints and feedback mechanism, the Panel would like to offer CARE the opportunity to submit **a full accountability report every two years with brief annual updates**. In a very brief interim report for the financial year 2015/2016, the Panel would only like to see an updated statement by the Secretary General, any crucial changes in comparison to 2014/2015 including on the governance structure and the Accountability Framework, and information on progress highlighted by the Panel in this year's Improvement Analysis.

Our intention is that this feedback letter, and any response you may wish to provide, is made publicly available on the Accountable Now website along with your report – as it is the case with all previously reviewed reports. 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 25 January 2017.

If you have any other feedback or comments on our work, please share them with us by sending them to the Accountable Now Secretariat.

Yours sincerely,

Mihir Bhatt

Rhonda Chapman

John Clark

Louise James

Jane Kiragu

Nora Lester Murad

Michael
Roeskau

Saroeun Soeung

Cover Note on CARE International's Accountability Report 2014/2015

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<table>
<tr><td colspan="2">PROFILE DISCLOSURES</td></tr>
<tr><td colspan="2">I. Strategy and Analysis</td></tr>
<tr><td>1.1</td><td>Statement from the most senior decision-maker

Full addressed

The Panel commends the opening statement by Wolfgang Jamann, the Secretary General, which correlates accountability to impact and the transformation efforts of the whole organisation. The opening statement expresses how CARE is held accountable against its vision and global Programme Strategy and refers to the new governance structure and a comprehensive Accountability Framework. The quote from the CARE staff member in Caucasus is also a strong indicator that the contribution of accountability towards impact is not restricted to top-level management but is being diffused across the organisation. An actual signature by Wolfgang Jamann would have been appreciated at the end of this statement.</td></tr>
<tr><td colspan="2">II. Organisational Profile</td></tr>
<tr><td>2.1</td><td>Name of organisation

Full addressed</td></tr>
<tr><td>2.2</td><td>Primary activities

Fully addressed

CARE shares a very sound analysis of their new transformation ambition towards CARE 2020 according to which CARE and their partners will support 150 million people from the most vulnerable and excluded communities to overcome poverty and injustice. In the full CARE 2020 Program Strategy (which unfortunately could not be located on the CARE website but only on CARE Members' websites such as CARE UK and CARE Canada), CARE expresses a solid understanding of how poverty and injustice are correlated and so directs its efforts to address the underlying causes of poverty and social injustice and to bring lasting change to the lives of poor and marginalised people. By prioritising three main approaches that will be used to achieve their vision makes, it becomes easy for CARE to monitor their contribution and also facilitates holding them to account by their stakeholders. CARE is commended for providing a very</td></tr>
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	good overview on how their current projects carry strategies that relate the programming outcomes and the number of participants in these projects. In the next full report, the Panel looks forward to more information on the progress of CARE in achieving their outcomes as outlined in the 2020 Program Strategy.
2.3 – 2.7	**Operational structure including national offices / Headquarter location / Number of countries / Nature of ownership / Target audience** *Fully addressed* The Panel welcomes CARE Peru to the confederation which is a step to become more relevant and representative of the people they serve and looks forward to more Global South Members joining the confederation. CARE took the last year's Panel question and confirmed their one collective presence in the 95 countries they work in. The Panel notes the fact that 68% of all project activities are carried out with at least some degree of partnership and also would like to learn more about the type of partners and the percentage of resources allocated to them.
2.8	**Scale of organisation** *Partially addressed* CARE provides a good overview on their budget, income, expenditure and other details. CARE responded to the Panel's question from last year by noting that numbers of supporters, volunteers and interns are not captured at confederation-wide levels. The Panel recommends CARE to include this data into their current reporting matrices since it informs the degree of scale of the whole confederation and given that this becomes easier with the upgraded ICT structure.
2.9	**Significant changes** *Fully addressed* CARE reports a notable change in leadership at the Secretariat. The Panel would like to congratulate Wolfgang Jamann for his new appointment as new Secretary General of CARE International and Abby Maxman as the new Deputy Secretary General. The Panel also looks forward to receiving information next year on the scope and detail of the changes made in governance and management that are being fully implemented in CARE.
2.10	**Awards received** *n/a*

III. Report Parameters	
3.1 – 3.4	**Reporting period / Date of most recent report / Reporting Cycle / Contact person** *Fully addressed*
3.5	**Reporting process** *Fully addressed* CARE responded to the Panel's request from last year by providing a very good overview on the process for defining the report and using it across the confederation by informing National Directors and other senior programme, financial and operations staff from the membership about Accountable Now. The Panel also values CARE's plans to share this report and a summary of key recommendations for improvement with the new global governance and leadership structures, specifically tasking the new Organisational Development & Accountability Senior Leadership Team (SLT) to take it forward and build recommendations into the new accountability Framework. The Panel praises CARE for putting the report central to their efforts to the development of the New Accountability Framework. The Panel requests CARE to share a link to their Accountability Framework and encourages putting that in the public domain. Also, the Panel would be interested to understand how the Accountability Framework will push the accountability agenda within CARE on both the international and national levels. Also, the Panel would like to take this opportunity to acknowledge the very productive call with CARE Secretary General and Deputy Secretary General last year and looks forward to continued engagement.
3.6 – 3.7	**Report boundary Specific limitations** *Fully addressed* This report is developed and submitted by the CARE Secretariat based on data and activities of the CARE confederation given that the Secretariat does not directly fundraise and does not directly oversee line management of global operations, apart from some humanitarian operational capacity. The report thus focuses on CARE Secretariat's overall coordination, leadership and governance on the CARE confederation as a whole, notably in formulation, oversight, coordination and monitoring organisational performance standards and CARE international policies. It is specified where the reporting focuses on the Secretariat and where the data or information represents the full CARE International membership. The Panel deeply believes that CARE Secretariat is in a much stronger position now to report on behalf of the whole confederation.

3.8	*Basis for reporting* *Fully addressed* CARE continues to outsource some specialist services including IT via their Members to enhance organisational efficiency and performance effectiveness without adding or duplicating capacities. The Panel recognises the efforts of CARE to harmonise ICT across their membership and looks forward to receive updates on that in the next report.	
3.10 – 3.11	*Changes in reporting parameters* *Fully addressed* CARE notes no significant changes between FY14 and FY15 that impact the scope of this report. Changes described have progressed in FY15 which will be included in the upcoming report.	
3.12	*Reference table* *n/a*	

IV. Mission, Values, Governance, and Stakeholder Engagement

4.1	*Governance structure* *Addressed* CARE provides a very comprehensive overview on their new governance structure which was approved in June 2016. The new governance structure aims to ensure a more agile, effective, diversified decision-making along with stronger accountability lines. The Panel would like to understand the specific responsibilities of the Council, being the highest authority of CARE, in addition to its main role of appointing and delegating authority to the Supervisory Board as well as the levels of engagement and interaction amongst the different committees. It would be also interesting for the Panel to know the formation, responsibilities and composition of the Governance and Nominations Committee, a subsidiary body of the Council, and the other committees that will serve under the Supervisory Board. The Panel hopes that CARE will strive to ensure gender balance of the STLs and their representation of the while confederation. The Panel looks forward to more information on the effectivities and the efficiency of the new governance structure. Also, in order for the new governance structure to enable CARE to achieve its 2020 Vision, the Panel highlights the importance of including a strong Global South voice on the Supervisory Board which would balance the largely North-dominated Council (11 out of 14 Members are North based). Also, the Panel flags that power might be concentrated in the management if National Directors and not Board Members are represented in the	

		Council in addition to the National Directors Committee which they serve on anyway.
4.2		***Division of power between the governance body and management*** *Fully addressed* The Chairperson of the Supervisory Board will be the de facto Chair of the Council and thus will conduct annual performance reviews and performance assessments of CARE Secretary General. National Directors of Members report to their Boards while Country Directors report to the management of their lead CARE Member. The Panel highlights that since Country Operation offices are all independent and registered entities that are usually required by laws to have boards in place, it is suggested by the Panel to shift their accountability to national boards. The governance model of ActionAid is relevant in this regard. The Panel requests CARE to share its revised Code and also to make it available in the public domain.
4.3		***Independence of Board Directors*** *Fully addressed* In its old governance structure, CARE's Board consists of 14 national CEOs and 14 Board Chairs of the national CARE entities. CARE took on board the Panel's previous question about how decisions are made by noting in 4.6 that based on the CARE International Code, some decisions require a qualified majority while in others a simple majority suffices. In line with the new governance reform, CARE's Supervisory Board will, as referred to in 4.1, consist of up to 12 independent voting members while the number of Council members (without any management responsibility at CARE) will reflect the number of Members and Affiliates. The Panel would be interested in knowing the number and names of transitioning Members, if any.
4.4		***Feedback from internal stakeholders*** *Addressed* CARE provides specific information on cross-functional teams and committees, as part of their old governance structure, which aim to: drive strategic and operational priorities; devise development and oversight of standards; and enhance coordination, and enable ongoing feedback. The Panel would be interested to know more about the learning piece of the Program and Operations Committee (POC) and how the findings are integrated into instituting the new SLTs under the new governance structure. As mentioned earlier, in order for the SLTs to provide a forum for engagement with all internal stakeholders, representatives from country operations in the Global South need to be strongly represented.

4.5	**_Compensation for members of highest governance body_** _Partially addressed_ CARE reports that National Members report through respective mechanisms in their local contexts on the compensation packages of their senior managers. In times where scrutiny of CSOs is increasing, it is of paramount importance to have clear mechanisms to have transparent and fair senior management salaries. The Panel encourages CARE's new Supervisory Board to add this as a priority for the new committee responsible for compensation and to encourage Members to harmonise processes on compensation with a stronger role for National Members' Boards in this process. Actual figures of executive salaries would be welcomed in the next report. The Panel refers CARE to World Vision's Accountability Report 2014 (page 50) and to the Pay section on Amnesty International's website, which both transparently discloses the compensation for their senior managers.
4.6	**_Conflicts of interests_** _Partially addressed_ CARE notes that Boards are selected by the Members and the voting system under both the old and new governance structures to ensure diversity and to allow adequate voice of small and large Members. CARE also provided a link to their Code of Ethics and Code of Conduct which follows that of the IFRC. Nevertheless, as in their previous two feedback letters, the Panel would like to encourage CARE to share more information on _how_ the Governance and Nominations Committee will ensure potential conflicts of interests are identified and managed responsibly, via for e.g. conflict of interest statements, and how CARE ensures independence from governments, political parties or the business sector on both the international and national levels. Who is the authority in case of a conflict of interest?
4.10	**_Process to support highest governance body's own performance_** _Partially addressed_ CARE describes the continuing evaluation and assessment process of their Board but does not provide the results of such assessment as requested by the Panel last year. The Panel, however, acknowledges CARE's answer to last year's question on term limits by confirming the introduction of term limits under the new governance structure and seconds the introduction of regular assessments and most importantly external feedback. The Panel expects to be updated in next year's report on this promising process.

4.12	**_Social charters, principles or other initiatives to which the organisation subscribes_**
	Fully addressed
	CARE continues to be a member of a number of accountability networks and initiatives in both the humanitarian and development spheres. The Panel would be interested to know more about how commitment to all these initiatives is internally aligned.
4.14	**_List of stakeholders_**
	Fully addressed
4.15	**_Basis for identification of stakeholders_**
	Partially addressed
	CARE 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. The Panel would appreciate more information on the different processes and methodologies undertaken by the membership in this regard. The Panel acknowledges that CARE stakeholders are myriad but encourages CARE to prioritise stakeholders that are fundamental in contributing to their vision and to provide some examples to exemplify their approach.

PERFORMANCE INDICATORS

I. Programme Effectiveness

NGO1	**_Involvement of affected stakeholder groups_**
	Addressed
	CARE notes that their Code of Conduct and the Evaluation policy (link provided does not work but another link could be located) which calls for community participation on the project and programme cycles. The Panel acknowledges that CARE works to strengthen stakeholder engagement via several mechanisms: Advisory Boards, Community, Development Forums, community scorecards, regular partner 'peer reviews' and memorandum of understandings. The Panel seconds CARE's efforts to address the identified gap that most input stays within the country, which is the most relevant space for improvement but fails to address broader systemic issues and hampers CARE's capacity to capture trends. The Panel commends the extensive elaboration on how the Rapid Accountability Reviews (RARs) are used in humanitarian settings and requests CARE to share the summary of RARs that are compiled annually since this could be a potential good practice which might be worth referring to.

	Finally, is there evidence that current stakeholder engagement processes have positively affected CARE's decision-making? Also, the Panel would be interested to understand how the emerging accountability practice at CARE reflects on their engagement with partners. Do local partners continue to be viewed as accountable to CARE or is there a degree of mutual accountability?
NGO2	**Mechanisms for feedback and complaints** *Addressed* CARE's feedback mechanisms include reporting hotlines in countries, and individual member policies, practices and guidelines to provide safe space for feedback, review and response. CARE has its own Complaints Policy and System (link provided also did not work and another link was found) with a dedicated staff member who consults the Deputy Secretary General and on a quarterly basis include a review and follow-up by the head of Human Resources and the Director of Safety and Security. Based on last year's request, CARE reported that they received an average of 12 complaints during the reporting period that ranged from HR and recruitment processes and related to allegations and disputes. In the reporting period, complaints were tracked and monitored with the membership and some were channelled through the Secretariat. The Panel, however, is interested, as per the earlier request, to know about efforts undertaken to publicise the complaints system, both internally and externally. The Panel refers CARE to good practice (pages 51-53) from other Members of Accountable Now on this issue. The Panel notes the negative feedback on CARE USA's fundraising approach on the Charity Navigator platform to which it appears that there was no response to address the persisting issues over a two-year period. The Panel requests CARE to investigate this issue and to report on how it was addressed in the next report. The Panel also takes note of the usefulness of the Impact Study commissioned by Accountable Now and looks forward to more updates on how the findings are being integrated to improve the complaints and feedback system.
NGO3	**Programme monitoring, evaluation and learning** *Fully addressed* CARE continues to demonstrate good practice in the area of monitoring, evaluation and learning through their different standards, tools and practices. The Panel praises CARE for following up with subsequent assessments on their Performance Standards of Country Presence to inform CARE offices' adherence to critical operational functions leading to programme effectiveness and impact. The Panel is interested to know more about the lessons learnt from this process and how it informs the future of CARE's work in some countries and the identified gaps that require support. The Panel commends CARE for keeping the Electronic Evaluation Library up-to-date in the reporting period

		and for carrying out a meta evaluation of its work to tackle gender based violence with a focus on partners' views on the contribution of CARE during this issue in crisis settings which demonstrates how CARE's work is valued. The Panel, however, would like to know how the newly developed 25 indicators for programme strategy will be reflected in the different standards and tools such as PIIRS.
		Moreover, the Panel would like to clarify information presented in 2.5 on the number of direct and indirect participants in Latin America and the Caribbean since the indirect participants are more than 13 fold that of direct participants. Ensuring a systematic, robust methodology across National Members and country operations to ensure the accuracy of these numbers would be highly appreciated. Furthermore, the Panel would like to refer CARE to Transparency International's Impact Report and Amnesty International's Impact Report 2012-2013 which outline their overall impact. Given your CARE 2020 Vision, the Panel thinks a similar study can be useful to demonstrate the organisational impact.
NGO4	*Gender and diversity*	
	Addressed	
	CARE provides an excellent overview on how diversity work particularly on gender, has progressed via building capacity and alignment, accountability, strategies and guidance and knowledge generation and learning. The Panel acknowledges enhanced capacity on gender via hiring a Head of Gender Equality, the Gender Network, various working groups and trainings which are all essential in multiplying the contribution of CARE to this agenda. CARE also picks-up on the request of Panel in last year's feedback by linking in NGO3 to the impact of CARE's work on gender which seems to go in-line with their focus on women and girls as part of the CARE 2020 vision. Also, the annual report on Gender Policy Commitments is a good way to show how monitoring of policy implementation is made and the Panel looks forward to more internal initiatives that tracks other policies. These along with the GBV Strategy and guidance notes are good indicators on how gender issues are mainstreamed.	
	The Panel also notes that CARE addresses power imbalances by focusing on other marginalised groups such as orphans or ethnic groups which is a good step in addressing diversity in its general sense and would appreciate an aggregation of the number of both direct and indirect beneficiaries by gender. The Panel acknowledges the good results generated by PIIRS and requests similar results on the Gender Marker.	
NGO5	*Advocacy positions and public awareness campaigns*	
	Addressed	
	The Panel notes that CARE concentrates its advocacy on influencing decision makers and acknowledges the efforts to empower local voices at international	

	scenes such as the World Humanitarian Summit with clear exit strategies. The Panel praises the corrective action based CARE's engagement with the Commission on the Status of Women. The Panel is interested in knowing in the next report how CARE manages to balance risks and impact within its new governance structure and the role of the independent Supervisory Board in particular. The Panel refers CARE to Amnesty International's good practice in this regard (see pages 17-19 in Accountability Report 2015). Finally, the Panel looks forward to updates in the next report about changes to advocacy and policy for the confederation and how they are foreseen to enhance the impact of CARE's advocacy work.
NGO6	**Coordination with other actors** *Fully addressed* CARE provides relevant information on their partnership approach and the inclusion of partnerships with varying degrees in all their projects. The Panel acknowledges the new direction CARE is taking regards partnership in line with their CARE 2020 vision by shifting from one of a direct implementer to more of a facilitator and convener which is altering the organisation's core competencies, culture and overall business model. The Panel notes the global assessment carried out by CARE which flagged the need for putting in practice systematic and purposeful monitoring and learning. The Panel further welcomes the new hire to inform partnership approaches across membership and also looks forward to receive updates on how accountability of partners will be pushed forward by the efforts of the humanitarian partnership coordinator. In this regard, the Panel points to the efforts underway to develop the Global Standard for CSO Accountability, which can be used by CARE to drive accountability of partners across the globe.
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 2015 (p. 20-21). CARE adopts a double signature to avoid misuse of funds. CARE also notes their Public Information Disclosure Policy which the Panel suggests to revise to be in-line with the more elaborate Open Information Policy of CARE UK that specifies which information should be disclosed. ActionAid's Open Information Policy is also a good practice. Further, the Panel repeats its request for CARE 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*

	98.9% of CARE International's total income comes from CARE Members.
III. Environmental Management	
EN16	***Greenhouse gas emissions of operations*** *Partially addressed* No updated data was submitted on CARE's greenhouse gas emissions. CARE reports efforts to establish an organisation-wide travel policy and looks for more details in the FY16 report which could hopefully address this commitment. The Panel refers CARE to how Greenpeace uses CloudApps Sustainability to receive detailed reports on their current and historic greenhouse gas emissions and also to receive a benchmark of their Environmental Performance (see page 30 in Greenpeace Accountability Report 2014) and to the good practice of Oxfam and Plan International (see pages 88-94).
EN18	***Initiatives to reduce emissions of operations*** *Addressed* CARE reports on efforts to reduce travel related emissions via an improved IT infrastructure to limit air travel including by members of the new governance structure. CARE reports on ensuring continuity and transfer of lessons learnt from the Green Team to the new National Director's Committee something that the Panel commends. The Panel suggests that CARE and their Poverty and Environment Climate Change Network check good practice in this area in Oxfam's International Accountability Report 2013/14 (pages 34-39) and Plan's International Accountability Report 2013/14 (pages 31-34). The Panel urges CARE, National Members and Country Offices to look for sources of Co2 emissions beyond air travel.
EN26	***Initiatives to mitigate environmental impact of activities and services*** *Partially addressed* CARE's Poverty, Environment and Climate Change Network continued in FY15 to lead efforts to undertake an informed, intentional organisation-wide effort to mitigate environmental impacts of CARE International's activities. CARE also provides two interesting examples about grassroots initiatives on how they support local communities mitigate and respond to climate change in the Niger and Peru. These initiatives are praised but the Panel would be interested in more general details how National Members and Country Offices internally mitigate their environmental impacts.
IV. Human Resource Management	
LA1	***Size and composition of workforce*** *Fully addressed*

	CARE provides an illustrated comprehensive data about their global work force divided by gender, geographic region, national vs. international staff and staff grade in the different regions and within the Secretariat.
EC7	**_Procedure for local hiring_** _Addressed_ CARE reports that local staff represents over 94% of CARE International's total global workforce – which is slightly lower than in FY14 (96%). The Panel reiterates its request from the last year's report about how CARE's hiring practices build overall local capacity and do not undermine the local NGO or public sector. The Panel refers CARE to Amnesty International's Accountability Report 2013 (page 32) in which they describe how the avoid undermining the local public sector by their hiring practices via conducting local salary benchmarking exercises. CARE would be also welcome to share more information on how local leadership talents are retained and developed at the country level.
LA10	**_Workforce training_** _Addressed_ CARE continues to consider capacity building assessment as 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". CARE picked-up on the Panel's feedback by providing information on the Staff Development Committee established to provide access to a centralised fund and support staff for their development needs. The Panel would like to know more information on this fund in the FY16 and encourages CARE to promote this model to other National Members and Country Offices.
LA12	**_Global talent management_** _Addressed_ As in previous years, CARE continues with formal annual appraisal reviews and mid-year interim reviews for staff members. Have all employees indeed received an appraisal in FY2015? The Panel would be interested to know how CARE plans to frame these processes within the CARE 2020 vision through linking the Vision to the performance of staff.
LA13	**_Diversity of workforce and governance bodies_** _Addressed_ Based in the data provided in LA1, women continue to represent 37% of the global work force and 39% of the International Board if compared to 68.5% of women working at Secretariat. The Panel praises CARE for maintaining a strong women presence at the Secretariat level including in senior positions. The Panel urges CARE to maintain a diversified Supervisory Board and to initiate

	knowledge and experience exchange amongst regions where women have good representations (Middle East, North Africa and Europe and North America) and the other areas where the ratio is not in favour of females (Africa, Asia and Latin America). This is in-line with the internal recommendation in the Progress Toward Gender Policy Commitments (see slide 3) on the need to put measures in place to ensure equality and diversity in senior leadership. The Panel encourages CARE again to clarify, rather than acknowledge, 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. The Panel believes that the improved IT infrastructure of CARE can make this possible.
NGO9	**Mechanisms to raise grievances** *Addressed* CARE describes their 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 but no reported cases were escalated during the reporting period. The question is: Could concerns raised be resolved in a satisfactory manner? Currently, the policy stipulates that the Secretary General is the final decision maker on all staff grievances. The Panel urges CARE to revise their policy on staff grievances to be on the same foot with the external Complaints Policy which outlines a clear process of escalation of grievances with the Chairperson of the CARE International Board as the final decision maker.
**V. Responsible Management of Impacts on Society**
SO1	**Managing your impact on local communities** *Addressed* CARE's global Program Strategy ensures positive impact on the society and in local contexts the impact is part of CARE's presence in each country. CARE also reports on using community accountability mechanisms such as the community scorecard to identify impact. The Panel would be interested to know some examples either from CARE project's evaluations or from the community accountability mechanisms where CARE has had positive or negative impacts on society and how negative impacts, if any, were addressed.
SO3	**Anti-corruption practices** *Partially addressed* CARE reports that Lead Members have standards, technical assistance, training and guidance for investigating and legal reporting of complaints and allegations of fraud and corruption. The Panel refers CARE to good practice from Plan International's Accountability Report 2014 (page 38) which outlines that the assessment of risks of fraud and corruption draws on an organisation-

	wide matrix while training of staff on the policies and procedures take place locally which reached at that time 40% of staff in country. The Panel acknowledges efforts by CARE via the task force that brought together CARE International Finance Directors and Operations Heads to put in place a CI-wide policy and procedures in FY17. Is there evidence that relevant current policies are well known and applied? The Panel looks forward to more updates on this critical issue.
SO4	**Actions taken in response of corruption incidents** *Partially addressed* CARE does not list any incident of corruption for FY15. The CARE Secretariat continues to track fraud and loss policies from the confederation and maintains its complaints mechanism. Members are contacted immediately and incidents are tracked through to assure due diligence to investigate and report on incidences and allegations of corruption. The Panel encourages CARE 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. The Panel refers CARE to a recent blog post by Jeremy Sandbrook on how corruption needs to be seen, not as an overhead, but rather as programme related while giving very useful examples from the sector.
VI. Ethical Fundraising	
PR6	**Ethical fundraising and marketing communications** *Addressed* CARE provides a global coordination and best practice function to its Members which includes corporate engagement guidelines and support more generally on how to run ethical fundraising programs in the context of their local market. The Panel acknowledges that CARE's restricted and unrestricted donations are coded, monitored and reported on and repeats its question on whether these donations are publicised. The Panel also requests that CARE makes its corporate engagement guidelines (link here) available on the CARE website. Which complaints were received in FY15 with regards to CARE's fundraising and communications activities?