

## Improvement Analysis CARE International June 2018

### Inclusivity, human rights, women's rights and gender equality (C2)

The report's section on core policies for accountability include a policy on protection from sexual exploitation and abuse and child protection (PSEA/CP) and a gender policy.

The [PSEA/CP policy](#) outlines CARE's commitment to protect vulnerable adults and children from instances of sexual exploitation and abuse, in situations involving CARE employees and related personnel. It covers staff awareness and training on the policy, as well as reporting of incidents and appropriate action in response.

CARE's [gender policy](#) covers the incorporation of gender in programmatic and organisational practices and includes guidance on implementation. A [2015 report](#) on progress towards the commitments in the policy includes highlights as well as challenges and recommendations. The Panel would be interested in an update on progress in the next full report.

CARE has provided input into the Inter Agency Standing Committee's revised gender handbook and gender and age marker, offers training to external agencies on rapid gender analysis, and has a global gender cohort to increase access to technical assistance on gender equality across CARE. The Panel commends CARE on these efforts.

The report states that the policy is currently being updated to expand the definition of gender, including the recognition that gender is non-binary, and to better encompass commitments to diversity and disability inclusion. The Panel looks forward to an update in the next report, and *recommends more specific references to inclusion beyond gender and women's rights, and protection of human rights beyond sexual exploitation and abuse.*

### Responsible stewardship for the environment (C4)

CARE is committed to being a Climate Smart organisation, and recently adopted a flight travel policy to reduce their impact on the environment. The report references an analysis of carbon emissions as a global organisation in 2017 – is CARE able to provide the findings as well as the steps it plans to take to improve in this area? Is the



organisation looking into other ways to improve their environmental performance, apart from the efforts on flights and travel? Are both short and long-term environmental impacts considered?

An example of how CARE Austria is mitigating negative impacts is provided – including flight compensations with climate projects, green certified print materials, and the use of green energy. One example mentioned is that travel forms now include a section on carbon emissions to better monitor and offset carbon footprint.

The Panel would like to see information in the next report about organisation-wide efforts to reduce negative environmental impacts. Is there a global environmental policy and/or targets? Do other CARE Members and Country Offices also have procedures in place to operate in an environmentally-friendly manner? CARE's previous report referred to an assessment of environmental commitments by each CARE International Member, and a compilation of good practices from across the confederation – the Panel would like to know whether these have led to change and improvement in the organisation.

#### Key stakeholders and how they are identified (D1)

CARE identifies a wide range of stakeholders, noting that collaboration is key for achieving their goals and multiplying impact. The main actors they work with are “participants” (the most vulnerable and excluded communicates around the world, with an emphasis on women and girls), project partners, advocacy allies, research institutions, suppliers, donors and governments.

The information provided in this section seems to focus mostly on the value of partnerships, but there is no reference to how key stakeholders are identified. The Panel requests more information on this in the next report, noting that this has been an area of weakness for CARE in past reports.

#### Reaching out to those impacted or concerned by your work (D2)

While the report included comprehensive information about how CARE supports vulnerable and marginalised groups in engaging with power-holders, there was not much information on the specific ways in which CARE itself engages and communicates with its key stakeholders.

In the next report the Panel would like to see more on how CARE itself engages stakeholders at the national/sub-national level in country strategy planning and eliciting feedback on its programmes. Are there challenges in engaging particular groups or to community based approaches in general, and how does CARE overcome these?



### Stakeholder feedback (E1)

The report states that CARE is recognised as a practice leader on community-level feedback practices, and that they have an effective consultative process with community members and partners. More detail on what this looks like in practice and what the various avenues for providing feedback are (satisfaction surveys are mentioned; are there others?) is requested in the next full report.

It is noted that performance on the gathering and use of feedback varies greatly between country programmes, and the Panel appreciates CARE's efforts to make this more systematic by piloting the Constituency Voice Method with a focus on managing performance. The Panel looks forward to an update in the next report on the learnings and follow-ups from CARE's pilot of the method.

### Stakeholder engagement (E2)

The report refers to several ways in which CARE has been improving participation of potentially vulnerable and marginalised groups and helping them engage with service providers, governments and the private sector. One example is the Community Score Card which brings together service users, providers, and local governments to identify challenges and generate solutions.

As one of the co-conveners of the Core Humanitarian Standard's participation workstream, CARE advocates for the effective inclusion of women and girls in humanitarian decision-making, as well as for the inclusion of refugees in UNHCR decision-making.

However, information about how key stakeholders are engaged in CARE's own activities was largely missing. How are those affected by CARE's programmes engaged in decision-making, design, implementation and evaluation? Are there policies or processes guiding this? Are there examples of how stakeholder input has impacted decisions and shaped programmes or policies? The Panel notes that CARE has already flagged this as an area for improvement, and looks forward to an update in the next report.

### Main likes/dislikes from stakeholders and organisation's response (E3)

While the report explained CARE's approach to feedback and the piloting of the Constituency Voice Method, there were little details about the actual feedback received (apart from a link to the findings of a CARE Denmark partner survey). The Panel requests more details in the next full report, including how CARE is responding to the feedback it receives.



## Stakeholders support your advocacy work and value changes achieved (F2)

It is stated that CARE engages stakeholders in finding solutions to the problems the organisation addresses, and adopts a joint advocacy approach with partners and allies. More information can be found in the Advocacy Handbook, which identifies the support of the public as a key condition for a successful advocacy campaign.

The handbook mentions that one of the key questions to ask when setting a goal is how important the goal is for the people CARE is working with, and whether they have identified it as a priority. There is also reference to capacity building, and empowering beneficiaries to take action.

However, overall there appears to be little reference to involving these key stakeholders/beneficiaries throughout the advocacy planning, implementation and evaluation process, or evidence that stakeholders value the successes CARE achieves.

## Pay scale, gender pay gap and top salaries (G2)

There does not seem to be information about pay scale, salaries or benefits in the report or on CARE's website. The gender pay gap is referenced in the report as one of the areas CARE is looking to improve making information publicly available about – however, there are no details about specific plans or a timeline.

This was identified as an area of weakness in CARE's last report, and the Panel had provided suggestions on how to provide this information (even if it is difficult to publish executives' salaries in one place, as stated in CARE's previous report). The Panel repeats the different possible approaches:

- Plan: publication of the remuneration of individuals holding key international management positions ([here](#), page 11)
- Article 19: comprehensive description of an internal review of salaries ([here](#), page 12)

Under the new reporting framework, salaries of top executives is required information (pay bands and number of top executives in those bands would suffice) and the Panel requests this information in the next full report. Can CARE also provide information in the next full report about percentages of women, nationals from developing countries, and disabled people in different levels of seniority?

## Largest donors and their contributions (G4)

The report lists CARE International's funding partners, but does not disclose the five largest donors and the value of their contributions. The Panel requests this information in the next report.



## Recruitment, employment and staff development is fair and transparent (H1)

The report does not outline policies or processes guiding recruitment, though the way CARE “hires and equips managers, leadership, and staff at all levels to uphold our accountability commitments” is identified as an area for improvement. The Panel requests information in the next report about how CARE ensures its recruitment and staff development processes are fair, transparent and value diversity.

The report states that 41% of CARE staff were female in FY17, an improvement from 29% in FY16, which the Panel commends. However, no other information is provided about diversity within the staff nor about the proportion of women and other diversity information in senior and top management, the council, and supervisory board. The Panel requests more data about the composition of the workforce in the next report, including local hiring, age, responsibility level (management/leadership, as well as interns and volunteers), and any targets that are in place. Furthermore, how does CARE ensure its hiring practices build local capacities and do not undermine the local NGO or public sectors?

## Staff development and safe working environment (H2)

CARE is committed to staff development, and the report outlines the training and skills sharing opportunities available to staff. The Panel would like to know how training needs are identified, how many staff actually undertake training/development, how CARE approached performance appraisals, and whether there are any relevant policies in place.

Although not linked in the report, CARE's [code of conduct](#) is available on their website, and the report states that this is being updated to be more accessible. However, the code focuses on the way CARE Members should operate when carrying out their work, rather than internal operations. Are there any policies or guidelines covering the working environment at CARE and staff behaviour, including bullying, harassment, discrimination, health and safety, etc?

## Board oversight of adherence to policies, resource allocation, potential risks, and complaints processes (J2)

The Supervisory Board meets quarterly and reports to the CI Council once a year. The Board has a Finance, Audit and Risk Committee which examines the top 10 risks on the risk register twice a year. Apart from this, how does the Board oversee adherence to policies, the 2020 Program Strategy, resource allocation, etc? Is there a periodic review? Several monitoring and impact assessment processes are mentioned throughout the report, but it was not clear where these processes sit and what the Board's role is. How do the Strategic Leadership Teams interact with the Board?