



**Accountable
Now**

GLOBAL STANDARDS LOCAL TRUST



CARE International Independent Review Panel Feedback

**Accountability Report 2016/2017
Review Round June 2018**



CARE International

Feedback from the Independent Review Panel

Review Round June 2018

11 July 2018

Dear Laurie Lee,

Thank you for submitting your accountability report. We, the Independent Review Panel of Accountable Now, appreciate your efforts to continuously strengthen 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.

The Panel commends CARE International on its excellent and comprehensive report and for being one of the first Accountable Now members to submit a report under the new accountability framework and questions. CARE's fifth accountability report is overall comprehensive and engaging, with links to relevant policies, processes, and illustrative case studies.

In future, the Panel requests a reference table indicating where information on each question can be found in the report, as it was sometimes difficult to locate relevant information, particularly when it was located in several different sections of the report (please see the section on report format on page 2 of the [new reporting framework](#)). This will also help CARE to check whether all relevant information is included – some points weren't covered explicitly but information was found in linked documents (e.g. evidence base underpinning advocacy).

The Panel commends CARE on its adoption of a confederation-wide accountability framework in November 2016, and is impressed how quickly and comprehensively CI has been able to move to confederation-wide reporting. This progress on global reporting (K3) is seen as **good practice**, along with CARE's interactive online map displaying the organisation's reach and impact (A3), comprehensive and publicly accessible [online Wiki guide](#) to their accountability policies, the [Scale by Design Accelerator](#) initiative to support sustainable projects (B1), and a proactive and comprehensive approach to learning (B2) and advocacy planning and implementation (F1). The Panel also welcomes the many links provided to policies and further information. These will provide very useful guidance to other NGOs who are striving to address these issues.

The self-reflective identification of key priorities for improvement are also noted positively, and the Panel looks forward to reading updates on these areas in CARE's next report. Some of these points are amongst those identified by the Panel as **areas for improvement**: diversity and inclusion beyond gender and women's rights (C2), efforts to reduce negative environmental impacts (C4), identifying and reaching out



to key stakeholders (D1 and D2), stakeholder feedback and engagement of stakeholders (E1, E2, E3), stakeholder support of advocacy work (F2), information on pay/salaries (G2), key donors (G4), recruitment (H1), staff development (H2), and board oversight of adherence to policies (I2).

Finally, the Panel appreciates the fact that CARE includes its membership of Accountable Now on its [website](#), with reference to the 12 Accountability Commitments and a link to CARE's accountability reports.

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 any comments or amendments by 8 August 2018.

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

John Clark

Louise James

Jane Kiragu

Saroeun Soeung



CARE International's Accountability Report 2016/2017

Review Round June 2018

Comments on the Full Report

Opening Statement from the Head of Organisation

The opening statement by Interim Secretary General Laurie Lee demonstrates a strong institutional commitment to accountability, explaining how CARE defines accountability and how the organisation is working to strengthen its accountability practice. It also demonstrates a keen self-awareness of the issues needing greater attention.

Key developments include the implementation of a new governance structure, expansion of CARE membership in the Middle East, North Africa and Asia; progress towards data collection, monitoring and reporting across the global network, and increased transparency about reports of sexual harassment and exploitation. The Panel commends CARE on these highlights, as well as on ongoing efforts to increasingly include key stakeholders in governance and decision-making.

The Panel also appreciates that CARE sees its report to Accountable Now as a complementary mechanism to their internal analyses exploring their performance and how to continually improve. CARE's commitment to in future submit its accountability reports within 6 months after the end of the reporting period is noted positively – this will render the Panel's feedback more useful as it can feed into annual planning for the coming year.

Cluster A: Impact Achieved

A. The impact we achieve

1	Mission statement and theory of change CARE's vision, mission theory of change and 2020 Program Strategy are presented, together with the programming principles which guide how CARE works. The Panel notes positively that CARE is planning to conduct a consultative review of its global code of conduct, values, and programming principles next year.
2	Key strategic indicators for success



	<p>CARE measures the impact of its work and progress against their 2020 Program Strategy Goals through a set of 25 global outcome and change indicators – available online.</p> <p>The implementation of CARE's three priority approaches (strengthening gender equality, promoting inclusive governance, and increasing resilience) are also measured based on dedicated self-assessment tools for each priority. CARE's own score in its governance marker averages about 2 on the 0 to 4 scale ('Accommodating') which hopefully can be improved over time as CARE prioritises this issue with its partners. Regarding this indicator and other 'markers' is there any analysis of these markers to discern whether scores are higher in certain sectors, regions or countries?</p>
3	<p>Progress and challenges over the reporting period</p> <p>The Panel commends CARE for the provision of easy-to read figures and charts demonstrating the organisation's reach and impact in FY17 (including figures on FY16 for comparison). The interactive online map is a particularly user-friendly and engaging way to see this information disaggregated by region and country, and is identified as a good practice.</p>
4	<p>Significant events or changes regarding governance and accountability</p> <p>In November 2016, CARE adopted an organisation-wide accountability framework with three key elements: impact, organisational performance and collaboration. The core accountability principles of transparency, feedback and participation are integrated throughout the framework, and the framework is the basis for analysing CARE's performance. Are there specific AN commitments that are not yet included in members' annual reporting cycles?</p> <p>CARE has also developed an extremely comprehensive and publicly accessible online Wiki guide to their accountability policies, processes and practices. The wiki includes tools, case studies, and good practices and has country Profiles to showcase how different CARE offices are implementing accountability practices into their work and culture. The Panel highlights this as good practice.</p> <p>CARE has also been implementing their new governance structure which was approved in June 2016 and detailed in the last report. The new structure includes a two-tier governance system, separation of governance and management, greater diversity, and more inclusive participation mechanisms. As part of the governance reform, four Strategic Leadership Teams (SLTs) were set up in September 2016 to lead on CI-wide thought leadership, analysis, and shared action on the 2020 strategy. The SLTs bring</p>



	<p>together CARE staff to accelerate impact, and engage in spaces outside of CARE to bring ideas and learning into the organisation.</p>
<p>B. Positive results are sustained</p>	
1	<p><i>Sustainability of your work</i></p> <p>CARE's 2020 Program Strategy outlines how the organisation promotes lasting impact and inclusive development – through humanitarian action, innovative solutions, and by multiplying impact. Learnings from CARE's programmes are used to influence broader change and scale up effective solutions.</p> <p>CARE's Scale by Design Accelerator supports development practitioners within CARE and its partners to design innovative projects for scale and sustainability from the outset. The Panel commends this initiative as a good practice.</p> <p>The report also includes examples from CARE's projects and programs around the world as tangible evidence of sustainable change.</p>
2	<p><i>Lessons learned in the reporting period</i></p> <p>The report outlines several ways in which CARE assesses and shares learnings. "Top learning" reports are produced for key programmatic priorities and are used to drive improvement and dialogue with stakeholders; the Panel would suggest that CARE include action points in these reports to demonstrate how they will address the lessons learned in CARE's work and in collaboration with partners.</p> <p>A Learning and Needs Analysis report relating to CARE's humanitarian work was Published in December 2017. The Panel commends this effort, particularly the inclusion of a clear and concise executive summary and recommendations in addition to more detailed findings. This report has been shared internally and externally.</p> <p>A learning pilot was also initiated in 2017 to support country offices in reflecting on the impact of their programmes and what is and isn't working.</p> <p>The Panel would like to know more in the next report about how these learnings have shaped CARE's work – have the findings and recommendations resulted in changes to programmes, particularly regarding accountability, impact and localising planning?</p> <p>Overall, the Panel considers CARE's proactive and comprehensive approach to learning as good practice.</p>



C. We lead by example

1	<p>Leadership on strategic priorities</p> <p>CARE provides leadership through national coordination mechanisms, platforms and policy forums, as well as in regional and global forums. Examples of leadership on several of their programme priorities are provided. The adoption of their Rapid Gender Analysis by the Inter Agency Standing Committee as well as the fact that 13 organisations signed up for training from CARE on this topic suggest that CARE's leadership in this area is recognised and appreciated by its peers.</p> <p>The Climate Change and Resilience Platform leads on the integration of climate change and resilience across CARE's work. Active participation in COP meetings, including the hosting and facilitation of events, publication of policy papers and press releases, are examples of their leadership on these issues.</p> <p>CARE makes several of its tools available to the public and publishes reports on their performance and learnings in using them – allowing stakeholders to hold them to account. The Panel would be interested in further information about whether and how stakeholders are using these tools. Positive feedback on the tools and their promotion by external stakeholders would further evince trust in and appreciation of CARE's efforts.</p>
2	<p>Inclusivity, human rights, women's rights and gender equality</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p>



	<p>increase access to technical assistance on gender equality across CARE. The Panel commends CARE on these efforts.</p> <p>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.</p>
3	<p>Minimising negative impacts on stakeholders</p> <p>CARE operates in line with do no harm principles. The Policy on Protection from Sexual Exploitation and Abuse and Child Protection, as mentioned in C2 above, is the main policy reflecting CARE's efforts on this.</p> <p>CARE's advocacy handbook includes a section on risk management, outlining how they understand and mitigate unintended negative impacts on the people they work with, including partners. CARE's gender marker and conflict sensitivity wiki have more details.</p> <p>The Panel would like to know how these approaches work in practice, especially whether there are any challenges and how CARE works to overcome these.</p>
4	<p>Responsible stewardship for the environment</p> <p>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?</p> <p>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.</p> <p>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</p>



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.

Cluster B: Stakeholder Involvement

D. Key stakeholders are identified with great care

1	<p>Key stakeholders and how they are identified</p> <p>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.</p> <p>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.</p>
2	<p>Reaching out to those impacted or concerned by your work</p> <p>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.</p> <p>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?</p>
3	<p>Maximising coordination with others operating in the same space</p> <p>CARE identifies working in partnership as a key strategy for achieving its impact goals, and the majority of work is implemented with partners. Partnership is a core program principle and is part of CARE’s Humanitarian and Emergency Strategy.</p> <p>The report flags a lack of systematic approach to accountability towards CARE’s partners, and the Panel appreciates that this has been identified as an area for improvement. Key points CARE is looking into include respect, communication, information sharing, shared capacity, shared vision and</p>



	<p>goals, and mutually beneficial operations. The Panel would be interested in learning what concrete actions will be taken to improve in these areas.</p> <p>The Panel appreciates the inclusion of some examples of good practice from CARE Uganda and CARE Caucasus. There is also a helpful graph depicting the degree to which projects which are implemented with partners, broken down by region. The data indicate a slight drop in the % of projects implemented with/through partners in all regions except LAC. Is there an evident explanation for this? Does CARE have targets, and are these results satisfactory or are there plans to improve?</p> <p>CARE is a signatory to agreements adopted at the World Humanitarian Summit, which call for national and local leadership of humanitarian response supplemented (not led) by international actors, and the report outlines the ways in which CARE will deliver its localisation approach. Information on how this is unfolding will be welcome in the next full report.</p> <p>The Panel notes positively efforts across the confederation to support one another in improving partnership and localisation efforts.</p>
<p>E. We listen to, involve and empower stakeholders</p>	
<p>1</p>	<p>Stakeholder feedback</p> <p>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.</p> <p>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.</p>
<p>2</p>	<p>Stakeholder engagement</p> <p>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</p>



	<p>users, providers, and local governments to identify challenges and generate solutions.</p> <p>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.</p> <p>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.</p>
3	<p>Main likes/dislikes from stakeholders and organisation's response</p> <p>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.</p>
4	<p>People and partners have gained capacities that last beyond your immediate intervention</p> <p>This is covered in the section on CARE's reach and impact, with commendable initiatives to encourage sustainable solutions and examples of sustainable change in CARE's programmes around the world. More detailed feedback under question B1.</p>
<p>F. Our advocacy work addresses the root cause of problems</p>	
1	<p>Evidence regarding the root causes of the problems you address</p> <p>While the report does not specify how CARE gathers evidence regarding the root causes of the problems it addresses in its advocacy work, the linked CARE International Advocacy Handbook details the advocacy planning and implementation process. CARE identifies problems and their root causes using tools such as problem trees, conducts contextual analysis and ongoing research to stay abreast of any changes to the issue, and considers other actors and CARE's added value in addressing the issue. An example from Latin America of how CARE undertakes these efforts in coordination with local actors is provided.</p>



	<p>The Panel considers CARE's comprehensive approach to advocacy planning and implementation a good practice, and commends CARE for publicly sharing its approach as well as case studies and examples in its Advocacy Handbook.</p>
2	<p>Stakeholders support your advocacy work and value changes achieved</p> <p>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.</p> <p>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.</p> <p>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.</p>

G. We are transparent, invite dialogue and protect stakeholders' safety

1	<p>Availability of key policies and information on your website</p> <p>Information on CARE's strategy, governance, programmes, policies, and codes/standards they are part of are available on the website, in the annual report, and in detailed online portals such as the accountability wiki – often in multiple languages. The availability and sharing of a broad range of information, including evaluations, learnings, toolkits etc is commendable; however, these are not always easy to locate.</p> <p>For example, the 2020 Program Strategy is referenced on the website under "how we work", but the strategy document is not linked there. It is linked under "global network" but only in English – although a search of the website reveals French and Spanish translations.</p> <p>The accountability wiki is not linked on the main accountability page and there does not appear to be a section on finances on the website. A complaints policy is linked but this was last updated in June 2011 and does not refer to the online CARE Line. This is mentioned on the website, but only for the specific purpose of reporting abuse or harassment, although it</p>
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	<p>actually covers a much broader range of complaints. A financial overview is provided in the annual report – are audit reports also published?</p> <p>The Panel notes positively the planned improvements on public transparency, with an aim to strengthen the information that is made publicly accessible, and looks forward to progress in the next report.</p> <p>The Panel highlights as a good practice Restless Development's provision of links to almost all relevant information and policies, including governance, programmes, finances and performance, in one place on their website (see their page on Open Information Policy, with information and policies linked in the Appendix at the bottom of the page).</p>
2	<p><i>Pay scale, gender pay gap and top salaries</i></p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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) <p>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?</p>
3	<p><i>Ensuring privacy rights and protecting personal data</i></p> <p>The Panel notes positively CARE's privacy policy which outlines what information CARE collects, how it is used, how it is kept secure, and people's right to access, correct, or erase their data.</p>
4	<p><i>Largest donors and their contributions</i></p>



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.

Cluster C: Organisational Effectiveness

H. Staff and volunteers are enabled to do their best

1 **Recruitment, employment and staff development is fair and transparent**

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?

2 **Staff development and safe working environment**

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?



I. Resources are handled effectively for the public good	
1	<p>Resources are acquired in line with your values, globally accepted standards and without compromising independence</p> <p>A general overview of fundraising policies or processes is not provided in the report. There is however a link to CARE's guidelines on engagement with the private sector. These “support a global approach that will enable CARE to take advantage of opportunities; mitigate risk and provide better global coordination of our corporate engagement activities,” and state that CARE's independence should always be protected. The Panel notes the comprehensive policy positively.</p>
2	<p>Monitoring of progress and re-allocation of resources</p> <p>CARE's financial health and fundraising performance is measured against global growth targets, with ten Key Performance Indicators. Is there also an assessment against strategic objectives, and a process for re-allocation of funds if necessary?</p>
3	<p>Minimising risk of corruption, bribery and misuse of funds</p> <p>CARE has a policy which addresses the awareness, prevention, identification, reporting, investigation and close-out of fraud and corruption. The policy includes detailed guidance on reporting (online via the CARE Line) and investigation of suspected incidents.</p> <p>Annual audits and reporting, regular risk assessments, and internal controls are mentioned as preventative measures – more information on the controls in place is requested in the next report, as well as what action is taken in the case of failed controls.</p> <p>CARE International Members are expected to train staff, and the concepts of the policy should be reflected in agreements with external parties.</p> <p>No information was provided on relevant situations that occurred in the reporting period. This information was provided in the previous report, and the Panel requests that it continue to be included.</p>
J. Governance processes maximise accountability	
1	<p>Governance structure and recruitment of trustees/board members</p> <p>An overview of CARE's governance structure is provided. The CI Council is the highest authority, representing the worldwide membership, and the Supervisory Board is an independent body overseeing strategy, operations, and legal and financial issues. As part of CARE's governance reform, four</p>



	<p>Strategic Leadership Teams were set up in 2016 to advance thought leadership, analysis, and shared learning on strategic goals.</p> <p>Information on terms and recruitment of board members was not provided, and is requested in the next report. Who elects members to the board? Is a skills evaluation undertaken to guide recruitment? Are there requirements for a balance of gender/geographic representation?</p>
2	<p>Board oversight of adherence to policies, resource allocation, potential risks, and complaints processes</p> <p>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?</p>
3	<p>Complaints handling mechanisms and overview of complaints (internal and external)</p> <p>CARE's Complaints Policy, which has been in place since 2011, outlines the process for filing a complaint for external stakeholders, and refers to a whistleblower policy for internal stakeholders. The Panel recommends that CARE include in the policy the codes and commitments to which CARE subscribes, as well as the rights of all stakeholders, for complainants to refer to (e.g. the Policy on Protection from Sexual Exploitation and Abuse and Child Protection, policies governing the working environment).</p> <p>The Panel also recommends that CARE update the policy to include reference to the CARE Line which was introduced in FY17. The CARE Line allows for complaints submission online or via phone, with support in over 100 languages. The mechanism is for any internal or external stakeholder and detailed information is provided about efforts to keep complainants anonymous. Are there options for those who do not have access to the internet or phone to submit complaints in person? The Panel also suggests inclusion of the complaints policy on the CARE Line website, as well as relevant documents in addition to the Code of Conduct (e.g. those covering stakeholders' rights).</p> <p>The CARE Line is mentioned on the CARE International website, for the specific purposes of reporting abuse or harassment. As the CARE Line is also</p>



	<p>for a much broader range of complaints, the Panel recommends updating this information on the website.</p> <p>The Governance Marker for Care interventions is a good idea and we also welcome the 'Inclusive Governance' learning note but suggest both are revised to include discussion of grievance mechanisms (although the former makes clear that this issue is an important element in CARE's own accountability). The issue does not appear to be covered in CARE's Governance wiki either. We note that there is across the board quite a low score for the Governance Marker, hence it makes good sense to use all possible instruments to draw attention to the need and opportunity for improvement.</p> <p>The Panel would like to know how CARE makes internal and external stakeholders aware of the complaints process. Is there evidence that the mechanisms work well in practice?</p> <p>CARE tracked complaints on sexual abuse and exploitation of community members, and on sexual harassment within the organisation in 2017. 13 complaints were received in the former category, and 15 complaints in the latter. Details of action taken is provided in the report. The Panel notes positively that CARE will be able to monitor and report on all types of complaints received globally from 2018.</p> <p>Case studies of how complaints mechanisms in Peru, Syria and Rwanda work are also provided, and the Panel appreciates these illustrative examples. Can CARE explain the difference between these country-specific mechanisms and the CARE line? Does the global line exist in parallel with individual members' separate mechanisms?</p>
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K. Leadership is dedicated to fulfilling the 12 Commitments

1	<p><i>The governing body and management are held accountable for fulfilling strategic promises</i></p> <p>The report states that CARE's governance and leadership are putting in place mechanisms to assess their performance and how they are modelling key accountability principles (transparency, feedback, participation).</p> <p>A link is provided to the performance assessment process for the Board – an annual self-assessment and an additional 360 degree feedback process every other year with input from the CI Council and key staff members. The Panel appreciates the link to the results of the most recent survey, and it would be interested in knowing how the findings have informed later decisions or processes. The assessment tool will be expanded to assess the</p>
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	<p>performance of CI Council members, and the Panel looks forward to an update on this in the next report.</p> <p>A risk register has been developed, with 43 risks identified. The Finance, Audit and Risk Committee examine the 10 most important risks twice a year.</p>
2	<p><i>Inclusion of staff in discussing progress toward organisational accountability</i></p> <p>CARE encourages accountable decision making, with staff participation on the CI Council, document sharing, and quarterly Global Town Hall webinars. The CARE Staff Association allows for identification of areas for leadership attention and influencing decision-making, with a representative on the CI Council. Are there examples of how staff input has shaped decision-making or processes?</p> <p>More information on how staff specifically contribute to discussions about CARE's accountability is requested in the next report. Are there periodic discussions about successes and challenges? Does the Accountable Now reporting process foster exchange on accountability issues?</p>
3	<p><i>Scope of this accountability report and influence over national entities</i></p> <p>The report covers the activities of CARE International and its Members, operating in 93 countries in FY17. The Panel commends CARE for its holistic reporting, and for continuing to improve global data collection and analysis. This is a good practice that the Panel encourages other Accountable Now members to adopt.</p> <p>CARE's International Secretariat ensures coordination, multi-directional accountability and engagement in the organisation, and the various global policies mentioned throughout the report are evidence of a cohesive organisational approach.</p>