



2018 Grand Bargain Annual Self-Reporting – CARE International

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Work stream 1 - Transparency

Aid organisations and donors commit to:

1. *Publish timely, transparent, harmonised and open high-quality data on humanitarian funding within two years of the World Humanitarian Summit in Istanbul. We consider IATI to provide a basis for the purpose of a common standard.*
2. *Make use of appropriate data analysis, explaining the distinctiveness of activities, organisations, environments and circumstances (for example, protection, conflict-zones).*
3. *Improve the digital platform and engage with the open-data standard community to help ensure:*
 - *accountability of donors and responders with open data for retrieval and analysis;*
 - *improvements in decision-making, based upon the best possible information;*
 - *a reduced workload over time as a result of donors accepting common standard data for some reporting purposes; and*
 - *traceability of donors' funding throughout the transaction chain as far as the final responders and, where feasible, affected people.*
4. *Support the capacity of all partners to access and publish data.*

Transparency work stream co-conveners reporting request: How will you use the data from IATI within your organization including, for example, for monitoring, reporting and vis-à-vis other Grand Bargain commitments?

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

CARE was not prioritising this workstream when we signed, but one CARE member (CARE UK) was reporting to the standard.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

*Two CARE members, CARE UK and CARE Netherlands, **currently report to IATI**. CI UK has set up a **Transparency Working Group** in order to discuss various issues related to transparency and updates to the CARE UK Website, and held an assessment¹ of our performance during the reporting period. As a signatory of the Grand Bargain, CARE is reporting to IATI data standard 2.02.*

¹ CARE International UK – Review of Publishing Requirements under the International Aid Transparency Initiative (IATI) Standard

*CARE **updates its data on a quarterly basis**, publishing data on projects that are already made available through an existing platform, the Program Information Database (PIDB). This has been combined in CARE UK with the introduction of a project management system (called Sigmah) to gather data which would be used in the publication. CARE does exclude some elements of data from publication in support of our risk management in volatile context countries.*

*In addition to our IATI reporting, CARE also provides **public access to several of our tools**, including our [gender tools](#), our [Advocacy Handbook](#) and our [CARE emergency toolkit](#), allowing peers, host governments and others to hold us accountable for how we work. We also publish our performance in using them. In 2017 we published a [learning paper](#) on our use of the CARE Gender Marker*

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

We plan in 2018-19 to review what data is already available, with the aim of convert existing data to standardised formats. This will then make it easier for us to transfer data into IATI. Often, the information that CARE members are required to report on is recorded on various platforms, so preliminary work will need to be done to locate the activity data that the organisation is required to report on. Our program Impact Information Reporting System (PIIRS) supports us to do this

*We also plan in 2018-19 to have cross-confederation discussions as to what data should be **excluded**, particularly when working in high-risk areas or with vulnerable populations, so that exemptions are standardised. In addition, we are looking into the consequences of new EU regulations on data protection to adapt our internal systems accordingly.*

4. Efficiency gains

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

CARE has not identified efficiency gains associated with IATI. Indeed, moving to more transparent reporting requires considerable investment and additional work in the short to medium term, though we anticipate savings in the medium to long term.

5. Good practices and lessons learned

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

*A key challenge for CARE is our confederated structure. This allows flexibility for different members across the global North and South, but **makes uniform reporting to IATI a significant challenge**. As a confederation, CARE is still looking at how to resource the investment needed to create an IATI data publishing process, and systems that can enable this, for all CARE members. This is likely to include a cross-CARE working group that consists of colleagues who have an overview/of projects, finance and results data.*

*Key challenges we anticipate moving forward are the level of investment required across 18 CARE members and affiliates to ensure systems communicate and are able to automate reporting as much as possible. This is further complicated by **different donor requirements** (for example, the information required by the Dutch Ministry of Foreign Affairs is different from DFID requirements.)*

Work stream 2 – Localization

Aid organisations and donors commit to:

1. *Increase and support multi-year investment in the institutional capacities of local and national responders, including preparedness, response and coordination capacities, especially in fragile contexts and where communities are vulnerable to armed conflicts, disasters, recurrent outbreaks and the effects of climate change. We should achieve this through collaboration with development partners and incorporate capacity strengthening in partnership agreements.*
2. *Understand better and work to remove or reduce barriers that prevent organisations and donors from partnering with local and national responders in order to lessen their administrative burden.*
3. *Support and complement national coordination mechanisms where they exist and include local and national responders in international coordination mechanisms as appropriate and in keeping with humanitarian principles.*
4. *Achieve by 2020 a global, aggregated target of at least 25 per cent of humanitarian funding to local and national responders as directly as possible to improve outcomes for affected people and reduce transactional costs.*
5. *Develop, with the Inter-Agency Standing Committee (IASC), and apply a 'localisation' marker to measure direct and indirect funding to local and national responders.*
6. *Make greater use of funding tools which increase and improve assistance delivered by local and national responders, such as UN-led country-based pooled funds (CBPF), IFRC Disaster Relief Emergency Fund (DREF) and NGO-led and other pooled funds.*

Localisation work stream co-conveners reporting request: What percentage of your humanitarian funding in 2017 was provided to local and national responders (a) directly (b) through pooled funds, or (c) through a single intermediary?²

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

The majority of CARE's humanitarian work is delivered with local/national partners. In addition, partnership is one of the key tenets of CARE's Humanitarian and Programme Strategies. However, there is still progress to be made internally to translate this commitment into action. In particular, more concerted effort is needed within the CARE Confederation to

² The "Identified Categories for Tracking Aid Flows" document agreed through silence procedure ([available here](#)) provides relevant definitions. The detailed data collection form ([available here](#)) may also assist you in responding to this question. Returning this form with your self report is optional, but encouraged.

ensure that partnerships are more equal and strategic, with local partners taking a greater lead role and share of the resources.

At the time the Grand Bargain was signed CARE had no data on the proportion of humanitarian funding it was delivering through local or other partners.

CARE had recently signed up to the Charter4Change (www.charter4change.org) which outlines 8 commitments of INGOs to change the ways we work with and relate to national NGO partners, and was launched at the WHS Global Consultation in October 2015. The Charter4Change includes the following commitments which relate directly, and indeed are mirrored, in the Grand Bargain localisation commitments:

- Increasing our transparency around resource transfers to southern-based national and local NGOs,
- Increasing direct funding to southern-based NGOs for humanitarian action, to 20% by May of 2018,
- Moving away from a sub-granting approach to more strategic partnerships with local actors,
- Ensure we don't undermine local capacity by recruiting national NGO staff during the first 6 months of an emergency and through the provision of robust organisational support and capacity strengthening including allocation of resources to partners for capacity building,
- Publishing the percentages of our humanitarian budget which goes directly to partners for humanitarian capacity building, by May 2018,
- Paying adequate administrative support.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

CARE has created a baseline for our humanitarian funding to partners, though due to our systems across the CARE confederation are unable to separate out donor and privately-raised funding. In FY 2017 CARE **disbursed \$37.4m to our partners**, out of an over 217.5m humanitarian income. This means that 17% of our humanitarian funding was provided to local and national responders. This was all direct from CARE to the partner, but we cannot currently track the full funding chain, so are unable to break this down between directly, through pooled funds, or through a single intermediary.

In 2017 CARE developed a **clearly-defined [vision and rationale for localizing aid](#)**, including a unique value proposition for the organization and a roadmap for change. This is in recognition that operational NGOs like CARE must adapt their business model and ways of working to deliver on localization.

We produced **action-research on local women's leadership in humanitarian action**. Based on recent emergency responses, the research emphasizes the central role [of women as frontline responders](#) and identifies [partnership practice that fosters gender-transformative response](#).

As part of the Missed Opportunities Consortium, we are **piloting innovative partnership and locally-led approaches** under the Accelerating Localization Project (2-year ECHO-funded),

with CARE taking the lead in South Sudan. We are also implementing and documenting localized models for emergency preparedness response in the Philippines, the [Pacific region](#) and as part of the Syria response.

We **revised internal emergency tools** and protocols to make them more fit-for-partnering and encourage joint/locally-led preparedness and response, including CARE's Emergency Preparedness Planning Guidelines, Emergency Toolkit and Emergency Response Fund guidelines. We developed a Humanitarian Partnership/Localization wiki to **make research, tools and best practice more accessible** to CARE staff and partners.

We trained CARE staff to address localization/partnership considerations in their work, including our Rapid Response Team and country-based staff and partners (introducing training in remote partnering).

We increased **provision of support and advice** to CARE members, country offices and partners for more effective partnerships; e.g. brokering a strategic partnership between CARE Australia and local partner Live and Learn in the Pacific, advising the Humanitarian Partnership Platform approach in the Philippines. Following up on research on how to work in a gender-transformative way in emergencies, we are also seeking to diversify partnerships in humanitarian response, whereby some partners would be selected primarily for their women's rights' focus rather than sector-specific humanitarian operations.

We **supported civil society partners, particularly women's activists and humanitarians, to engage in global policy dialogue** on humanitarian action and crisis resolution. In particular, we facilitated strong presence and voices from local civil society and women's leaders in the 2017 Brussels and 2016 London Conferences on Syria.

We continue to engage closely with the **Charter for Change** (as member of the steering group) and the **GB Localization workstream** to contribute learning and influence systemic change.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

In 2018 and 2019, CARE plans to increase investment in joint disaster preparedness with partners and develop a **cohesive approach to partner capacity strengthening** CARE-wide. We also plan to remove internal barriers to localization by **simplifying and harmonizing CARE systems**, (including our sub-grant management system)

We will also finalize and implement a change process aimed at **turning CARE into a 'fit-for partnering'** agency at all levels – from leadership and strategies, to systems and processes, skills and support, and a partnering culture, and develop an internal tracking system to collect and report localization data as per agreed definitions.

4. Efficiency gains

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

[For this report CARE will focus on the example of the Philippines where CARE established a Humanitarian Partnership Platform, with sustained investment in the humanitarian capacity of 20+ local partners and a fast response mechanism].

CARE's role in the Philippines has **evolved from delivering aid on the ground to positioning partners to prepare for and lead response**. CARE is moving away from traditional towards higher-value roles: Platform convenor, Network Facilitator, Donor, Relationship/knowledge broker, Capacity builder, Surge provider. Similarly, CARE staff in country are moving away from project implementation into partner accompaniment and support roles.

The Platform is starting to show faster response, increased coverage and access especially in remote/high risk areas, and locally-rooted and appropriate responses. It also shows enhanced preparedness and more robust local organizations. If CARE provides long-term accompaniment and support to partners, it also benefits from their ground presence, connections with communities/local government, technical expertise, and networks. This unleashes new value for all involved – CARE, partners and at-risk/affected communities. The Platform is proof that diversity, when strategically leveraged into a cohesive whole, allows international and local humanitarian actors to be more relevant and to multiply impact.

5. Good practices and lessons learned

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

CARE has identified three main lessons during 2017:

- i. It is essential to **intentionally partner with women's organizations** during preparedness by identifying local capacities in areas that empower women and girls, protect them against sexual exploitation and abuse and bring lasting gender-transformative change.
- ii. **Removing internal disincentives to partner** (such as cumbersome systems and requirements) leads to more effective and equitable partnerships.
- iii. Localizing aid requires a **significant shift to the way operational INGOs like CARE deliver and fund humanitarian action**. Organization-wide change requires strong leadership and is a long-term process.

Work stream 3 – Cash

Aid organisations and donors commit to:

1. *Increase the routine use of cash alongside other tools, including in-kind assistance, service delivery (such as health and nutrition) and vouchers. Employ markers to measure increase and outcomes.*
2. *Invest in new delivery models which can be increased in scale while identifying best practice and mitigating risks in each context. Employ markers to track their evolution.*
3. *Build an evidence base to assess the costs, benefits, impacts, and risks of cash (including on protection) relative to in-kind assistance, service delivery interventions and vouchers, and combinations thereof.*
4. *Collaborate, share information and develop standards and guidelines for cash programming in order to better understand its risks and benefits.*
5. *Ensure that coordination, delivery, and monitoring and evaluation mechanisms are put in place for cash transfers.*
6. *Aim to increase use of cash programming beyond current low levels, where appropriate. Some organisations and donors may wish to set targets.*

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

At the time the Grand Bargain was signed CARE was unable to monitor the proportion of our program delivered through cash, and had no overview of our cash programming capacity.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

*CARE has **now established a baseline for our cash based intervention** (CBI) programming globally, CARE distributed an estimated **\$224.3 million**³ and reached **over two million** individuals (over 376,000 households) through CBI programming in FY17. Of that cash programming almost **\$164 million** was humanitarian.*

CARE has conducted detailed analysis of our CBIs, including type of program modalities and use of Financial Service Providers (FSPs). 44% of transfer activities were carried out via cash-in-hand, 19% were paper vouchers, and 35% were e-transfers (utilizing mobile money, Automated Teller Machine [ATM] cards, Visa, or e-vouchers). The main FSPs we used included banks,

³ Note that not all the cash distributed through CARE programs is reflected in CARE's internal budgets due to the use of Financial Service Providers which allows funds to reach program participants directly.

micro-finance institutions, or cooperatives (37% of programs), telecommunication companies (18%), hawalas or money dealers (10%), and 7% described as 'other.' Twenty-one percent of CBI did not utilize an FSP, as cash or vouchers were managed directly by CARE or its partners.

More than 20 different donors funded CARE's CBI during FY17. The most prominent funders of CBI projects were ECHO, Canada, DFID, Germany and the US. Of 57 CARE country programs, 30 (53%) implemented CBI during the specified period, with a total of 107 projects. Thirty percent of these projects had more than one activity utilizing CBI.

Of those projects that explicitly targeted by gender, 41% are expressly targeted to women, 25% to women and children, and 34% to men, women, boys, and girls.

CARE used Cash programming in both humanitarian and development programs, with the modality most used in humanitarian response with 73% of CBI programming, followed by development (16%) and recovery (10%). In terms of conditionality, 58% of transfers were unconditional, while 42% were conditional on the sectors associated with CARE's CBI. These, in order of majority, were food security, women's empowerment, economic development, agriculture and livelihoods, and multipurpose grants.

CARE has conducted substantial analysis, advocacy and policy work on Cash programming during 2017. We engaged extensively with **ECHO's Cash policy process**, with the intent to strategically influence wider cash policy that is likely to be based on ECHO guidelines.

In 2017 CARE was an **active member of CaLP's global and regional working groups** as well as a member of CaLP's Technical Advisory Groups. We also maintained a Digital focus on CBI through our membership of NetHope and Better than Cash, and were a Cash sub-cluster/coordination working group member. Almost all CARE country offices are members of national-level cash coordination groups, with CARE is leading or co-leading in multiple locations including Zimbabwe, North-East, and North-West Syria) At a global level, CARE is an active member of the Global Shelter Cluster Cash Working Group, the Geneva-based Cash Working Group, the CCD executive committee (where we recently acted as a convener of the NGO-Private Sector Data Interoperability global event "Cash Innovation Challenge") and the Global Cash Advocacy Network: member of network led by CaLP

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

CARE is currently developing a cash 'playbook' outlining CARE's vision on CBI programs, including what we see as success and the roadmap for how to get there. This is expected to be completed in 2018. We also plan to begin monitoring the proportion of our humanitarian program delivered through cash, using the baseline established in 2017. CARE will ensure that all projects with CBI have gender analysis from project conception, and CARE will perform a meta-analysis of CBI project gender analyses. In addition in 2018 CARE will make research on women's empowerment and gender in cash transfers part of learning agenda within CBI projects, and design more projects that use CBI explicitly to empower women and girls.

We will **increase systematic take up of training opportunities** to improve our cash capacity, as well as launch development of an internal data gathering and analysis system. We will also continue existing efforts to research, learn, and document best practice approaches to cash transfer programming, including multi-purpose cash and how it contributes to building disaster resilience, and how to do CTP during a financial liquidity crisis

And we will continue to remain engaged in the cash policy space.

4. Efficiency gains

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

External studies suggest that utilising CBI's allows substantial efficiency gains, however, we don't have comparable baselines on other programs to benchmark against. Doing cash effectively also requires substantial groundwork in terms of market mapping and analysis and openness to supporting program approaches, which limits efficiency gains but substantially enhances impact, particularly for women and girls.

5. Good practices and lessons learned

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

*In terms of learning, CARE are working to expand the knowledge and research base of CTP in areas where there is a lack of evidence. In 2017 we **published the following learning resources**:*

- 1) ["Targeting vulnerable households for humanitarian cash transfers"](#). This case study explores a participatory approach and lessons learned in targeting in a large scale CTP to reduce inclusion/exclusion errors, when 100% verification is too resource intensive. Published in December 2017
- 2) ["The impact of cash transfers on resilience: A multi-country study"](#). The study assesses the contribution of cash transfer programmes towards all capacities that help build resilience – anticipatory, absorptive, adaptive and transformative. It concludes that cash can effect change on multiple levels, and makes recommendations to maximise resilience building in future cash transfer programming. Published August 2017
- 3) ["Monitoring and evaluation of cash transfer programmes for resilience"](#). This study, drawing on monitoring and evaluation data for CARE cash transfer programmes in three countries (Zimbabwe, Niger and Ethiopia), provides analysis and recommendations on how the impact of CTPs on resilience can be better measured. Published August 2017
- 4) CARE's position on ECHO's cash guidance (available upon request) was developed based on experience from many projects, including where ECHO is trialling cash delivery via a single partner (Turkey and Lebanon).

Work stream 4 – Management costs

Aid organisations and donors commit to:

1. *Reduce the costs and measure the gained efficiencies of delivering assistance with technology (including green) and innovation. Aid organisations will provide the detailed steps to be taken by the end of 2017.*

Examples where use of technology can be expanded:

- *Mobile technology for needs assessments/post-distribution monitoring;*
 - *Digital platforms and mobile devices for financial transactions;*
 - *Communication with affected people via call centres and other feedback mechanisms such as SMS text messaging;*
 - *Biometrics; and*
 - *Sustainable energy.*
2. *Harmonise partnership agreements and share partner assessment information as well as data about affected people, after data protection safeguards have been met by the end of 2017, in order to save time and avoid duplication in operations.*

Aid organisations commit to:

3. *Provide transparent and comparable cost structures by the end of 2017. We acknowledge that operational management of the Grand Bargain signatories - the United Nations, International Organization for Migration (IOM), the Red Cross and Red Crescent Movement and the NGO sector may require different approaches.*
4. *Reduce duplication of management and other costs through maximising efficiencies in procurement and logistics for commonly required goods and services. Shared procurement should leverage the comparative advantage of the aid organisations and promote innovation.*

Suggested areas for initial focus:

- *Transportation/Travel;*
- *Vehicles and fleet management;*
- *Insurance;*
- *Shipment tracking systems;*
- *Inter-agency/common procurement pipelines (non-food items, shelter, WASH, food);*
- *IT services and equipment;*
- *Commercial consultancies; and*
- *Common support services.*

Donors commit to:

5. *Make joint regular functional monitoring and performance reviews and reduce individual donor assessments, evaluations, verifications, risk management and oversight processes.*
-

Management costs work stream co-conveners reporting request: What steps have you taken to reduce the number of individual donor assessments (if a donor) or partner assessments (if an agency) you conduct on humanitarian partners?

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

CARE had no specific actions planned under the Management Costs work stream, beyond a continual commitment to delivering value for money for affected people and donors.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

*Despite the limitations of overhead ratios and other approaches to measure management costs, **CARE generally performs well** in comparisons of Management costs. For example, in the most recent rankings CARE received an A+ rating from [Charity Watch](#) and has an improving score in [Charity Navigator ratings](#) in the US, and **a rapidly improving rating** according to Charity Intelligence [Canada](#).*

*CARE has supported the ICVA-led **less paper more aid** initiative both financially and in policy terms, and has engaged in policy work with donors, both directly and with ICVA and VOICE (FPA Watch Group). As part of our drive to become more fit-for-partnering, CARE is seeking to reduce the partner capacity assessments required, and has actively consulted partners and donors over 2017.*

As part of our drive to become more fit-for-partnering, CARE is seeking to simplify and harmonize CARE-wide our partner capacity assessment template and partnership agreements and we have actively consulted partners and donors over 2017. As a principle, we agree that we will never ask more of our partners than donors ask of us.

CARE makes substantial use of mobile money technology as outlined under work stream 3 above, and increasingly communicates with affected people via call centres and other feedback mechanisms such as SMS text messaging, notably in Syria. We are also increasingly using mobile technology for needs assessments/post-distribution monitoring, which reduces the time and cost of data entry, and using an interagency platform, [KoBo Toolbox](#) for needs assessment, which allows more effective gathering and sharing of data across the humanitarian ecosystem

*CARE has also invested in **improving our supply chain management**, and in 2017 continued a program of workshops at regional and country level to improve the efficiency and effectiveness of our procurement processes.*

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

CARE has no specific additional activities planned under this workstream, but will continue to monitor and improve our cost effectiveness as part of our wider efforts.

4. Efficiency gains

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

Nothing to report.

5. Good practices and lessons learned

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

CARE has conducted trainings on using online platforms for the handling of complaints, and would be happy to share materials on request.

Work stream 5 – Needs Assessment

Aid organisations and donors commit to:

1. *Provide a single, comprehensive, cross-sectoral, methodologically sound and impartial overall assessment of needs for each crisis to inform strategic decisions on how to respond and fund thereby reducing the number of assessments and appeals produced by individual organisations.*
2. *Coordinate and streamline data collection to ensure compatibility, quality and comparability and minimising intrusion into the lives of affected people. Conduct the overall assessment in a transparent, collaborative process led by the Humanitarian Coordinator/Resident Coordinator with full involvement of the Humanitarian Country Team and the clusters/sectors and in the case of sudden onset disasters, where possible, by the government. Ensure sector-specific assessments for operational planning are undertaken under the umbrella of a coordinated plan of assessments at inter-cluster/sector level.*
3. *Share needs assessment data in a timely manner, with the appropriate mitigation of protection and privacy risks. Jointly decide on assumptions and analytical methods used for projections and estimates.*
4. *Dedicate resources and involve independent specialists within the clusters to strengthen data collection and analysis in a fully transparent, collaborative process, which includes a brief summary of the methodological and analytical limitations of the assessment.*
5. *Prioritise humanitarian response across sectors based on evidence established by the analysis. As part of the IASC Humanitarian Response Plan process on the ground, it is the responsibility of the empowered Humanitarian Coordinator/Resident Coordinator to ensure the development of the prioritised, evidence-based response plans.*
6. *Commission independent reviews and evaluations of the quality of needs assessment findings and their use in prioritisation to strengthen the confidence of all stakeholders in the needs assessment.*
7. *Conduct risk and vulnerability analysis with development partners and local authorities, in adherence to humanitarian principles, to ensure the alignment of humanitarian and development programming.*

Needs assessment work stream co-conveners reporting request: What hurdles, if any, might be addressed to allow for more effective implementation of the GB commitment?

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

CARE had no specific actions planned under the Needs Assessment work stream, but in multiple countries was already engaged in Joint Needs Assessments and has a long-standing commitment to coordinated needs assessment and analysis.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

*CARE **country programs continue to coordinate with peers** within their contexts. CARE represents the wider NGO community on an estimated 25 Humanitarian Country Teams, and in that role engages with coordinated needs assessments. In specific locations, such as Bangladesh, CARE is part of more closely coordinated joint Needs Assessment initiatives, and as a significant player in food security, CARE also engages in Integrated Phase Classification (IPC) assessment. CARE uses mobile platforms such as [KoBo Toolbox](#) to ensure data is transferrable and is captured in field locations, increasing accuracy and reducing costs and delays during data entry.*

CARE has led best practice in [Rapid Gender Analysis](#) and the use of gender in briefs to ensure that both needs assessment, analysis and subsequent planning is gendered.

*On the global policy level CARE increased our engagement with the Needs Assessment work stream, closely liaising with ACAPs and REACH and attending the needs assessment workshop in June 2017, convening a number of NGO calls and meetings on the workstream to ensure at least some level of direct NGO representation in policy discussions. CARE also **raised a number of policy concerns** with the workplan for the workstream, most notably the objectives of engaging affected states and donors more closely with needs assessment, which we consider to pose risks to humanitarian independence in several contexts.*

CARE has been regularly represented in the Humanitarian Program Cycle informal working group in Geneva, representing (along with InterAction) the wider NGO community.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

*At the country level, CARE will **continue to engage** with coordinated needs assessment and analysis in all countries where we deliver a humanitarian program. We will continue our engagement at HCT level, and with our HCT representatives where we don't play this role.*

On the policy level, CARE plans to stay engaged with the workstream as much as our limited resources allow.

4. Efficiency gains

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

*CARE has **significant policy concerns** around efforts to realise efficiency gains through joint needs assessment, particularly in challenging contexts where humanitarian independence is critical and multiple needs assessments may be essential to maintain independence and space for dissent, particularly when political and military actors may wish to control information on humanitarian needs.*

5. Good practices and lessons learned

Which concrete action(s) have had the most success (both internally and in cooperation with other agencies) to implement the commitments of the work stream? And why?

CARE has not identified specific good practice to share in this Work Stream.

Work stream 6 – Participation Revolution

Aid organisations and donors commit to:

1. *Improve leadership and governance mechanisms at the level of the humanitarian country team and cluster/sector mechanisms to ensure engagement with and accountability to people and communities affected by crises.*
2. *Develop common standards and a coordinated approach for community engagement and participation, with the emphasis on inclusion of the most vulnerable, supported by a common platform for sharing and analysing data to strengthen decision-making, transparency, accountability and limit duplication.*
3. *Strengthen local dialogue and harness technologies to support more agile, transparent but appropriately secure feedback.*
4. *Build systematic links between feedback and corrective action to adjust programming.*

Donors commit to:

5. *Fund flexibly to facilitate programme adaptation in response to community feedback.*
6. *Invest time and resources to fund these activities.*

Aid organisations commit to:

7. *Ensure that, by the end of 2017, all humanitarian response plans – and strategic monitoring of them - demonstrate analysis and consideration of inputs from affected communities.*

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

CARE has been actively involved in the development of the Core Humanitarian Standard on quality and accountability (CHS), is founding member of the CHS Alliance and at the signing of the Grand Bargain was commencing roll out. The CHS has been designed in such a way as to be verifiable.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

*CARE has been **actively engaged in improving participation** throughout 2017, particularly given our commitment to working with potentially vulnerable groups. CARE's programme strategy notes that Inclusive Governance is one of three core elements of the CARE Approach. For humanitarian programming in CARE this means especially the promotion of inclusiveness and accountability to the most vulnerable & marginalized groups. CARE promotes community*

based contextual analysis in humanitarian programmes in order to support a higher influence by crisis affected people on the initiation and the orientation of humanitarian responses

CARE has **continued to invest in implementing the Core Humanitarian Standard (CHS)** against a documented Action Plan including the alignment of CARE's well established Humanitarian Accountability Framework and related Quality & Accountability guidance as well as Key Performance Indicators for all CARE members.

CARE Australia has led our work on **disability** in partnership with specialist agencies including CBM and Humanity and Inclusion (HI), using their tools around inclusion mainstreaming and empowerment and identifying links with our Gender in Emergencies work. We have also started an initial relationship with CBM who have supported us with review, from a disability perspective, of our emergency proposals.

Concrete examples of our work include **community early warning systems in Niger** with active participation of affected people in collection and analysis of data for trigger indicators and capacity/resilience assessments. Early warning also includes analysis of savings behaviour of Village Savings and Loan Associations (VSLAs) which provide information about the crisis coping mechanisms, particularly of women.

CARE India has experimented with **Social Monitoring Committees** in some of the crisis affected regions that can provide valuable analysis of vulnerability and specific needs, while CARE Haiti supports Local Civil Protection Committees (CLPC) and puts particular emphasis on the integration of inclusive governance mechanisms such as Social Audits and community coordination committees into its humanitarian programmes.

In the policy space CARE has made sustained efforts, as part of our larger Humanitarian Advocacy Strategy, to ensure that we **support affected women to engage effectively with policy spaces at both the national and global level**. This includes a sustained effort around the Brussels Syria conference 2017 to get local Syrian women organisations engaged.

CARE Jordan has set up four Women Leaderships Council consisting of Syrian refugees, training them so they are able to speak for themselves in conversations with local and national authorities, UN agencies, NGOs and donors, rather than us speaking for them.

CARE also revised its PSEA policy in 2017, and introduced a 'CARE line' which can receive both attributed and anonymous reports for immediate action.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

CARE will continue to be an active signatory of the Core Humanitarian Standard, and report against in particular [commitments 4 and 5](#). We will continue implementation of the improvement plan based on the findings from the CHS self-assessments

CARE, as a member of the SCHR, one of the co-conveners of the participation workstream, is committed to the **effective inclusive of women and girls in humanitarian decision-making** and will continue our engagement in the 'power and participation' dialogue through both our staff and partners. We continue to advocate affected women to lead and define their own response, rather than see them as objects of the humanitarian ecosystem, and endeavour to put this into practice in our own programs. In refugee response we will also continue to advocate that UNHCR recognise the demands of refugees that there should be 'nothing about us without us'

We will aim in 2018 to **strengthen our disability inclusion** through forming strategic partnerships in-countries where we work, and probably looking at strategic consortia for key donor funding opportunities where there is a greater disability focus. We will consider a more strategic global engagement with HI to build on the number of country offices (including Nepal and Iraq) where there are already existing in-country relationships between HI and CARE. We hope to begin these conversations in 2018

CARE will also continue engagement with the IASC Task Team involved in the development of the IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action

4. Efficiency gains

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

Beyond the savings involved in subscribing to a global standard as opposed to developing our own, CARE does not anticipate additional efficiency gains from our accountability commitments – rather the benefits are realised in terms of more effective assistance.

5. Good practices and lessons learned

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

Our OFDA-funded research project on Learning and Best Practices on Local Women's Participation in Protection Programming commenced in 2017 and is ongoing. This research examines the GBV, child protection, psychosocial services and protection information and advocacy sub-sectors, and will be available by July 2018.

CARE has developed a reflection paper on the interface between localisation and participation which will be published in early 2018.

CARE's routine After Action Reviews (AARs) and Rapid Accountability Reviews (RAR) are often conducted or facilitated by external evaluators (in CY 17: 10 out of 15 reviews of larger responses (Type 2 & 4)), and can be made available for specific learning.

Work stream 7 - Multi-year planning and funding

Aid organisations and donors commit to:

1. Increase multi-year, collaborative and flexible planning and multi-year funding instruments and document the impacts on programme efficiency and effectiveness, ensuring that recipients apply the same funding arrangements with their implementing partners.
2. Support in at least five countries by the end of 2017 multi-year collaborative planning and response plans through multi-year funding and monitor and evaluate the outcomes of these responses.
3. Strengthen existing coordination efforts to share analysis of needs and risks between the humanitarian and development sectors and to better align humanitarian and development planning tools and interventions while respecting the principles of both.

Multi-year planning and funding work stream co-conveners reporting request: Please report the percentage and total value of multi-year agreements⁴ you have provided (as a donor) or received and provided to humanitarian partners (as an agency) in 2017, and any earmarking conditions.⁵ When reporting on efficiency gains, please try to provide quantitative examples.

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

CARE had no specific actions planned under the Multi-Year Planning and funding as we already had multi-year program planning in place within the framework of our [five-year strategy](#)

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

*In 2017 CARE was **actively engaged in policy work on the multi-year Planning workstream**. We contributed to the VOICE Grand Bargain Task Force papers on [Multi-Year Funding](#) and [Planning and Localisation](#).*

CARE engaged with the EU's new initiative on a modern Multiannual Financial Framework, including by co-developing CONCORD's position '[Making the case for strong EU Development cooperation budget in the next Multiannual Financial Framework](#)' and VOICE position '[Post 2020 Multiannual Financial Framework, What EU humanitarian aid needs and why](#)' in addition to being a signatory to the joint letter of VOICE, CONCORD, EPLO and HRDN on the

⁴ Multiyear funding is funding provided for two or more years based on a firm commitment at the outset

⁵ For the Grand Bargain definitions of earmarking, please see Annex I. Earmarking modalities, as contained with the final agreement, available [here](#).

Multiannual Financial Framework 2021. These papers as well as the CARE contribution to VOICE Out Loud on the humanitarian-development nexus, all make the case for multi-annual funding in protracted crises. This came on top of policy conversations and briefings with ECHO and EU Member States.

CARE Jordan also made a strong case for multi-annual funding in protracted crises in its position on the humanitarian-development nexus, which builds on successful programming work with refugees and local communities in community centres with a comprehensive protection lens.

*At both a country level and globally CARE engaged with the **Comprehensive Refugee Response Framework (CRRF)**, a key structure for more strategic multi-year response. In Ethiopia CARE helped design and is contributing to a position (filled by an international staff since late 2017) who sits on the Ethiopian CRRF Secretariat. She is seconded to Office of the Prime Minister but reports to the INGO humanitarian coordination group.*

*Due to the multiple systems across our confederation and the requirement to create suitable flags across our **409 humanitarian projects**, CARE remains unable to report the percentage and total value of multi-year agreements.*

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

CARE will continue to work with our donors to secure additional longer term funding for specific projects in alignment with our multi-year programs.

4. Efficiency gains

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

Nothing to report.

5. Good practice and lessons learned

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

Nothing to report.

Work stream 8 - Earmarking/flexibility

Aid organisations and donors commit to:

- 1. Jointly determine, on an annual basis, the most effective and efficient way of reporting on unearmarked and softly earmarked funding and to initiate this reporting by the end of 2017.*
- 2. Reduce the degree of earmarking of funds contributed by governments and regional groups who currently provide low levels of flexible finance. Aid organisations in turn commit to do the same with their funding when channelling it through partners.*

Aid organisations commit to:

- 3. Be transparent and regularly share information with donors outlining the criteria for how core and unearmarked funding is allocated (for example, urgent needs, emergency preparedness, forgotten contexts, improved management)*
- 4. Increase the visibility of unearmarked and softly earmarked funding, thereby recognising the contribution made by donors.*

Donors commit to:

- 5. Progressively reduce the earmarking of their humanitarian contributions. The aim is to aspire to achieve a global target of 30 per cent of humanitarian contributions that is non earmarked or softly earmarked by 2020⁶.*

Earmarking/flexibility work stream co-conveners reporting request: Please specify if possible the percentages of 2017 vs 2016 of:

- Unearmarked contributions (given/received)
- Softly earmarked contributions (given/received)
- Country earmarked contributions (given/received)
- Tightly earmarked contributions (given/received)

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

At the time of signing CARE already minimised earmarking of directly raised funding provided to humanitarian response, and uses such un-earmarked funding to cover costs restricted by the earmarking of our institutional donors.

⁶ For the Grand Bargain definitions of earmarking, please see Annex I. Earmarking modalities, as contained with the final agreement, available [here](#).

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

In 2017 CARE took advantage of donors of longer term programmes that allow for the inclusion of crisis modifiers e.g. in Food and Livelihood Security programmes in Haiti and Ethiopia for budget reallocations to humanitarian assistance. CARE's current system does not have the capacity to report on the level of earmarking across our 409 humanitarian projects.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

CARE has no specific planned next steps on this work stream

4. Efficiency gains

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

Nothing to report.

5. Good practices and lessons learned

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

One notable challenge is that for flexibility to apply donors usually require robust data for specific trigger indicators which are almost exclusively technical /sectoral and therefore difficult for communities and local partners to provide. Context specific, qualitative indicators are rarely accepted as trigger indicators. Furthermore still too few donors and funding mechanisms do allow for such flexibility across the humanitarian / development divide (e.g. between EuroAid and ECHO funding, USAID and OFDA etc.). Therefore we are also advocating increasingly for context-specific crisis modifiers in both humanitarian and development funding, for example in CARE's position ['A common vision, a shared mission: CARE Reflections and recommendations on EU humanitarian aid and partnership'](#).

Work stream 9 – Reporting requirements

Aid organisations and donors commit to:

1. Simplify and harmonise reporting requirements by the end of 2018 by reducing its volume, jointly deciding on common terminology, identifying core requirements and developing a common report structure.
2. Invest in technology and reporting systems to enable better access to information.
3. Enhance the quality of reporting to better capture results, enable learning and increase the efficiency of reporting.

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

At the time of signing CARE had provided funding and leadership support to the ICVA-led less Paper More Aid initiative to advocate to donors to streamline and standardise reporting requirements based on compelling evidence-based research on the impacts of excessive reporting requirements.

Moreover, CARE is one of the leading members of the VOICE FPA Watch Group, in which both the reporting burden and donor harmonisation are key elements of a standing work agenda with ECHO.

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

CARE has agreed to engage with the Germany/ICVA led reporting pilot of the 8+3 templates in Iraq, Somalia and Myanmar.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

CARE expects to report using the new 8+3 template in pilot locations, and will actively engage and feed back to donors and the workstream co-leads over 2018

4. Efficiency gains

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

CARE expects considerable efficiency gains from this workstream. In particular, we hope to be able to accurately quantify these savings on a case study level as they can be converted into

staff time and financial cost. However, with the pilot still in the early stages these are not yet being realised.

5. Good practices and lessons learned

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

Nothing to report

Work stream 10 – Humanitarian – Development engagement

Aid organisations and donors commit to:

1. *Use existing resources and capabilities better to shrink humanitarian needs over the long term with the view of contributing to the outcomes of the Sustainable Development Goals. Significantly increase prevention, mitigation and preparedness for early action to anticipate and secure resources for recovery. This will need to be the focus not only of aid organisations and donors but also of national governments at all levels, civil society, and the private sector.*
2. *Invest in durable solutions for refugees, internally displaced people and sustainable support to migrants, returnees and host/receiving communities, as well as for other situations of recurring vulnerabilities.*
3. *Increase social protection programmes and strengthen national and local systems and coping mechanisms in order to build resilience in fragile contexts.*
4. *Perform joint multi-hazard risk and vulnerability analysis, and multi-year planning where feasible and relevant, with national, regional and local coordination in order to achieve a shared vision for outcomes. Such a shared vision for outcomes will be developed on the basis of shared risk analysis between humanitarian, development, stabilisation and peacebuilding communities.*
5. *Galvanise new partnerships that bring additional capabilities and resources to crisis affected states through Multilateral Development Banks within their mandate and foster innovative partnerships with the private sector.*

Humanitarian-Development engagement work stream co-conveners reporting request:

What has your organisation done to operationalise the humanitarian-development nexus at country level?"

1. Baseline (only in year 1)

Where did your organisation stand on the work stream and its commitments when the Grand Bargain was signed?

*CARE had no specific actions planned under the Humanitarian - Development engagement work stream. As a Multi-Mandated organisation working in both the development and humanitarian sectors we **already integrated significant elements of preparedness and resilience programming into our overall development program**, and ensure that when we implement a humanitarian response it enhances and builds upon our development programs where they are in place. We were also looking at our partnerships with government and local organizations as a way to bridge the gap between the humanitarian and development work.*

2. Progress to date

Which concrete actions have you taken (both internally and in cooperation with other signatories) to implement the commitments of the work stream?

*In 2017 CARE **substantially increased its engagement in the Humanitarian-Development Nexus** at the global level, partly due to a concern that NGO engagement to mid-2017 was focused disproportionately on the potential risks of linking humanitarian and development work to principled humanitarian response.*

*By late 2017 CARE had commenced discussions with our country teams to **create case studies of successful nexus programming on the ground**. Key elements emerging included the importance of definitions to understanding where Nexus programming would be appropriate and possible with minimal risk to Principles. In particular our work to date has highlighted the criticality of recognising that while different approaches to development (such as national-level top down development of the kind the World Bank or UNDP does vs community-based bottom approaches preferred by many NGOs) are equally valid, they do pose **different risks** to principles and this needs to be considered when engaging in order to realise the substantial potential benefits. Another key element emerging is the need for flexible multi-year funding that can be switched between humanitarian and development programming. This has been a particular challenge during the recent emergency in Myanmar.*

*At country level CARE **continued to deliver Nexus programs in practice**. In 2017 CARE Ethiopia transferred Social Analysis & Action approaches from its development (SRH, programmes to its humanitarian programmes especially for **challenging and transforming positively gender and social norms in favour of women's empowerment** (linked to VSLA/VESA) starting already during early recovery phases.*

Most of our partners are development agencies drawn into humanitarian work by their context, as most of the communities they engage with (or are part of) naturally move in and out of crisis. This provides a compelling internal case to put increased emphasis on DRR/CAA and resilience, and ensure that our programs are responsive to shifts between humanitarian and developmental programs.

*In Vanuatu CARE and partners included public investment and support for Community Disaster and Climate Change Committees (CDCCCs) actions, gender balanced CDCCC, Social Analysis & Action (related to GBV) and robust SADD collection. When a Cat 5 Cyclone (Pam) hit the islands in 2015 participating communities did not only show a **higher level of preparedness** (80% of recommended preparedness actions vs 5% in communities not participating) but also a **much more efficient response** (85% vs 20% of recommended actions), care and protection for vulnerable groups, less damage on productive assets and household items, faster and more equal recovery, and less emotional trauma. Another significant outcome was the **significant public leadership by women throughout all phases of the crisis and the response**.*

As noted elsewhere in this report, CARE also engaged substantially in the CRRF processes both in pilot countries and globally.

3. Planned next steps

What are the specific next steps which you plan to undertake to implement the commitments (with a focus on the next 2 years)?

*CARE expects to **continue delivering complementarity development and humanitarian programs** where the context permits. We also expect more of the existing country programs that we do to be framed using Nexus language, with more explicit efforts to identify complementarities and opportunities for more impact.*

At the Global policy level we expect to publish more policy work and case studies on what success looks like at the country level. We expect to continue our engagement in the Nexus policy space, working with UNDP, the World Bank and others to identify opportunities and mitigate risks.

4. Efficiency gains

Please indicate, qualitatively, efficiency gains associated with implementation of GB commitments and how they have benefitted your organisation and beneficiaries.

*Because CARE was previously delivering integrated development and humanitarian programs in many locations, as well as a major focus on prevention and DRR, we expect **limited efficiency gains moving forward**. However, we do expect to be able to realise substantial improvements in impact and effectiveness through our engagement with this workstream*

5. Good practices and lessons learned

Which concrete action(s) have had the most success (both internally and in cooperation with other signatories) to implement the commitments of the work stream? And why?

*CARE has shared our internal policy paper with several key actors, and are happy to share more widely. In 2018 we will also publish a number of blogs and case studies that capture our experience and learning – these are **due in mid-2018**.*