

CORE COMMITMENT	RESPONSIBILITIES: 'INDIVIDUAL' (All, Donor or Aid Organisation) or 'JOINT' (All, Donor or Aid organisation)	WHAT ACTION WAS TAKEN IN 2021 TO ACHIEVE THIS COMMITMENT?	WHAT WERE THE RESULTS/OUTCOMES OF THIS ACTION?	WHERE RELEVANT, WHAT RESULTS WERE REPORTED AT COUNTRY LEVEL AGAINST THIS COMMITMENT? (Please specify countries AND results).	HOW WERE CONSIDERATIONS OF GENDER EQUALITY AND WOMEN'S EMPOWERMENT[1] INTEGRATED IN YOUR INSTITUTIONAL EFFORTS TO IMPLEMENT THIS COMMITMENT?	INDICATOR DEVELOPED BY WORKSTREAM CO-CONVENERS	PLEASE REPORT THE REQUESTED DATA FOR THIS INDICATOR
<b>WORK STREAM 1 - TRANSPARENCY</b>							
1.2. Signatories make use of appropriate data analysis, explaining the distinctiveness of activities, organisations, environments and circumstances.	Individual - all	CARE updated and digitalised our Program Impact and Information Reporting System (PIIRS). We also introduced a digital quarterly Humanitarian Update (HU) for humanitarian programmes, which covers aspects of the PIIRS framework including on gender, accountability, localisation, and coordination. We further expanded the roll out of our Feedback and Accountability Mechanism (FAM).	The PIIRS overhaul shows achievements against our 2020 strategy, informs our Vision 2030, supports the redesign & expansion of CARE's global indicator framework, and facilitates rapid data analysis. The digitization of the HU increased frequency & accessibility of data about gender and accountability standards (FAM, gender markers, etc.) for all CARE's humanitarian programmes.	PIIRS and the HU offer detailed analysis of trends and achievements against global indicators, informing the development of regional/country strategies, programme design, and project proposals. To support our FAM, an app has been piloted by 15 country teams and HQ units, supporting improvement of the FAM at country level (concrete results to be reported in 2022).	We greatly expanded our indicators on gender equality, social norms, and transferring power to women and girls (18/30 global indicators) to ensure the indicators we collect and monitor reflect CARE's commitment to gender responsive/transformational programming. We have continued to track the use of the Gender Marker, Governance Marker & accountability standards in all programs as integral to global Programme Quality standards.	Are you (or any of your affiliates) using IATI data and accessing IATI-compatible data platforms and tools (or different data standards/platforms/tools) in order to enable evidence-informed decision-making, greater accountability and learning? [2] (Yes/no question)  Can you expand on your above answer, giving an example(s) of how you use or are intending to use data published via IATI, or when applicable via other data standards/platforms/tools?	CARE International UK and CARE Netherlands are reporting consistently into IATI.
<b>WORK STREAM 2 - LOCALISATION</b>							
2.1. Increase and support multi-year investments in the institutional capacities of local and national responders, including preparedness, response and coordination.	Individual - all	We reinforced our advocacy on quality funding, including by calling for multi year investments in the institutional capacities of local and national responders. We specifically engaged key donors on their localization strategies (ECHO, still ongoing), also jointly with C4C. Given many of our partners have dual development & humanitarian mandates, we are leveraging our long term partnerships to share humanitarian capacity, including through our <b>Humanitarian Partnership Platforms (HPPs)</b> .	A growing number of existing and new partners are included in our emergency preparedness efforts. As our new partnership policy is being rolled out, multi-year funding and multi-year long term investments in capacity sharing of our partners is emphasized.	CARE co-facilitated the localization country based dialogue in <b>North West Syria</b> (see recommendations on strengthening institutional capacities of N/L actors). We expanded our coordination & support to local CSOs & WOs thru <b>HPPs</b> that enhance preparedness, timeliness and relevance of emergency responses ( <b>in the Philippines, Nepal, and Guatemala</b> ). We are stepping up our support to C4C country level committees (e.g. <b>co-chairing in Uganda</b> ).	CARE continued to co-chair the <b>Friends of Gender Group (FOGG)</b> that focused on localization & on the development of national-level structures, now called National Reference Groups (NRGs). This was led by FOGG WOs' members who fed into the ToRs. We continuously draw attention to the need to invest in WOs capacities.	% of partnership or funding agreements that incorporate multi-year institutional capacity strengthening support for local and national responders, with optional reporting on the % awarded to women-led and or women rights' organizations[3]	CARE's financial systems do not enable us to report against this indicator.
2.4. Achieve by 2020, a global aggregated target of at least 25% of humanitarian funding to local and national responders as directly as possible to improve outcomes for affected people and reduce transaction costs.	Individual - all	CARE has continued to work on adapting its systems to be able to report on the total of humanitarian funding to national and local actors at a global aggregate level for the entire Confederation. In previous years, we were only able to report data from one member, representing about 50% of our total humanitarian funding. In 2021, the PIIRS system was overhauled which included tracking funding to local and national actors and to WOs.	We are able for the first time to track and report on total humanitarian funding to N/L actors at overall Confederation level and this is also the first year that we are able to report on funding to women's organisations. We also set a target of 4% of our humanitarian funding to women's organizations. We made this a public commitment at the Gender Equality Forum(GEF) in Paris and will report against it publicly in addition to reporting through the Grand Bargain.	CARE has been actively supporting the localization agenda in many country contexts. In addition to the HPP mentioned above, significant progress was achieved in <b>South Sudan</b> . Through regular internal meetings on our commitments to the GB, to C4C and a Humanitarian Localization Community of Practice, the awareness and ownership of our country colleagues on our localisation commitments is growing.	CARE's score card report assessed key stakeholders & CARE against key GEEWG indicators. At the GEF, <b>CARE publicly committed to 4% of its humanitarian funding reaching WOs by end 2023</b> and to increase the resources for women, girls and gender non conforming people in at least 6 country contexts where CARE is implementing the Women Lead in Emergencies approach.	% of humanitarian funding awarded as directly as possible to local and national responders, with optional reporting on the % of that funding awarded to women-led and/or women rights' organizations.	29.8% of CARE's humanitarian funding went to local and national responders in FY21. 1.3% went to women's organizations.*
<b>WORK STREAM 3 - CASH-BASED PROGRAMMING</b>							
3.1+3.6. Increase the routine use of cash, where appropriate, alongside other tools. Some may wish to set targets.	Individual - all	Despite turn over in staff at senior level in our global cash team, we continued to engage in relevant global cash coordination and technical spaces and actively supported the calls for resolution of global cash coordination problems. We continued to provide leadership to the GB Cash and Gender sub workstream. Internally, we continued to promote the use of cash.	A joint letter calling for resolving issues on cash leadership, coordination and scope was signed by 95 agencies, including 15 donors ( <a href="https://www.calpnetwork.org/news/95-organisations-sign-letter-calling-for-strengthened-cash-coordination/">https://www.calpnetwork.org/news/95-organisations-sign-letter-calling-for-strengthened-cash-coordination/</a> ), which contributed to the creation of a cash caucus under the GB2.0 Framework to resolve these issues at political level. Internally, the volume of our cash programming grew by \$14 million compared to last year while our voucher assistance reduced slightly by about \$5m.	CARE conducted a study in four contexts ( <b>Colombia, Ecuador, Lebanon, and Somalia</b> ) to investigate how outcomes for CVA for SRHR compare to global learnings and to identify opportunities for strengthening and expanding pilots for long-term programming. <a href="https://www.careevaluations.org/wp-content/uploads/CARE-CVA-SRHR.final_.pdf">https://www.careevaluations.org/wp-content/uploads/CARE-CVA-SRHR.final_.pdf</a>	CARE was co-chairing the Gender & Cash sub workstream. Despite the closure of the main cash WS, CARE has committed to continue to support the sub workstream activities & to provide leadership on gender responsive cash programming. A document summarizing all results, resources and tools is available here: <a href="https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/GB-Gender-and-Cash-Subworkstream-Wrap-up_FINAL.pdf">https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/GB-Gender-and-Cash-Subworkstream-Wrap-up_FINAL.pdf</a>	Total volume (USD value) transferred through cash, transfer value only, excluding overhead/support costs	94,538,102.00
	Individual - all					Total volume (USD value) transferred through vouchers, transfer value only, excluding overhead/support costs	14,787,844.00

**WORK STREAM 4 - REDUCING MANAGEMENT COSTS**

4.5. Make joint regular functional monitoring and performance reviews and reduce individual donor assessments, evaluations, verifications, risk management and oversight processes.	Joint - donors					N/A[4]	N/A
	UN agencies					# of UN agencies adopting the UN Partner Portal to harmonize UN processes for engaging civil society organizations/non-governmental organizations, and reduce duplicate information reviews/requests of partners.	
	Civil society	Given the burden of duplicative assessments, audits etc, particularly on smaller WOs, reducing bureaucracy has become part of our "equitable partnership" work, particularly when working with non-traditional CSOs, as reflected in our "2020 Partnership in CARE 2030 White Paper" and our 2021 partnership strategy. Externally, we have strongly engaged with the studies on intermediaries led by the localization.	Internally, growing awareness on the need to balance accountability and compliance with efficiency and fairness. Externally, the GB localization WS intermediaries report is being used by the Intermediaries caucus to inform policy recommendations & decisions of the caucus. There are limits to progress if donors continue to demand multiple bureaucratic processes and don't cover the full management costs of intermediaries.	Through our CAFI project, CARE supports partners to develop indirect cost needs to cover overhead in humanitarian projects in a fair manner.	The CAFI project partners in column E are women's organizations.	% of civil society organizations/non-governmental organizations partners of the UN agencies adopting the common UN Partner Portal process.	The reporting responsibility for this specific target is with UN agencies that are using the Portal

**WORK STREAM 5 - NEEDS ASSESSMENTS**

5.1. 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.	Joint - all	CARE stepped up our efforts to ensure needs assessments are informed by Rapid Gender Analysis (RGAs). RGAs were conducted for all large-scale humanitarian responses. CARE engaged with the GBV AoR to strengthen GBV in needs assessments. CARE USA hosts the GBV Risk Mitigation Coordinator through all program cycle phases. Throughout 2021, CARE represented SCHR in the Humanitarian Planning Cycle Steering Group chaired by OCHA where assessments for the annual HPC process are discussed.	CARE conducted Rapid Gender Analysis (RGAs) in more than 20 humanitarian responses. These were shared widely and publicly within national, regional, and global networks. RGA trainings took place in French and English with almost 300 people joining the courses, reaching more than 90 agencies in 60 countries. Strategic partnerships with leading UN agencies (UNWOMEN, FAO, WFP etc) were formed / strengthened to more firmly institutionalize gender analysis and to emphasize the need for Sex, Age and Disability Disaggregated data in key sectors (e.g. food and nutrition security).	In Ethiopia, RGA was adapted by Gencap for an interagency HNO-HRP process. CARE-FAO-WFP jointly conducted an RGA on food security. In Mali, CARE with other actors/clusters continues to conduct humanitarian needs assessments, including for displaced persons. CARE Mali trained 12 people over 4 months to conduct RGAs in all programmes. As FOGG-co-chair, CARE participated in the JIAF review strategic moment of reflection.	CARE's RGA focus is a gender specific intervention. Given the grave hunger crisis the world is facing, in 2021, we have redoubled efforts to point at the gender gaps in the hunger / famine prevention and response.	Which challenges have you identified and which actions have you been taking over the past year to strengthen humanitarian needs assessments and needs analysis in field locations and at headquarters? To which extent are these actions contributing to better joint (multi-stakeholders) inter-sectoral needs analysis in the field?	More Rapid Gender Analysis are being conducted collectively which is great. However, it can significantly delay the publication of RGAs. In one example, it took more than 9 months for UN agencies to sign off on RGA reports. There is also a need to better institutionalize gender analysis as part of the annual HPC process and to ensure that HNOs, MSNAs, hunger & food strategies systematically include AGDD data & reflect GEEWG.
	Joint - all				We updated our 2020 "Left Out Left Behind" & "Sometimes We Don't Even Eat" reports through a policy brief "Don't Leave Them Behind: Global Food Policies Continue to Fail Women" published in December 2021 that analyses how 84 global reports, strategies, and policies on the hunger crisis released between September 2020 and December 2021 fail to sufficiently address the reality of women and girls & gender inequality.	On a scale of 1 – 10, with 10 being the highest, please identify at what level of priority within your organization you consider the work to support coordinated needs assessments and analysis? What steps has your organization taken over the past year, if any, to ensure the requisite capacity is available to undertake this work.	10. CARE remains committed to making gender analysis, GBV risk assessments available to contribute to needs assessment from the very start of an emergency and on an on-going basis. CARE developed the RGA toolkit, has trained large numbers of humanitarian staff in RGA & makes all evaluations available through a public web-site. We also continue to draw attention to the limited SADD data.

**WORK STREAM 6 - PARTICIPATION REVOLUTION**

6.1. 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.	Joint -aid organisations	According to our Sept-Dec 2021 HU report, CARE has stepped up its participation in HCTs & clusters or equivalent. CARE reports into OCHA FTS in 17 countries; CARE proposals are included in 24 HRPs, RRP or other appeal mechanisms. We revised our humanitarian program and advocacy strategies for the period 2021-23 and put locally led, particularly women-led humanitarian action, with womens' leadership and participation at the center. We also influenced key global frameworks, guidance notes / strategies with a participation lens, always with strong emphasis on local & national partners' participation, especially WOs and affected women & girls. We continued to document lessons learnt from our Women in Emergencies Lead (WLiE) model. Through the CAFI project, CARE coordinated a consultation with WLOs and on their views of partnerships with IOs and UN agencies.	CARE successfully i) led a joint NGO advocacy effort to ensure that GB2.0 put GEEWG, including participation of crisis affected W&G and their organizations at the center of the new framework ii) influenced the IASC-guidance note on strengthening participation, representation & leadership of local & national-actors to ensure it tracks WO's participation in HCTs & clusters, effective 2021. iii) scaled up our WLiE model (see "Don't plan for us, plan with us" report: <a href="https://insights.careinternational.org.uk/development-blog/don-t-plan-for-us-plan-with-us-the-power-of-women-s-leadership-in-emergencies">https://insights.careinternational.org.uk/development-blog/don-t-plan-for-us-plan-with-us-the-power-of-women-s-leadership-in-emergencies</a> ).	<b>Bangladesh:</b> CARE facilitated consultations with women groups in Cox's Bazar, sharing findings, presenting at GIHA WG, recommending that WLOs/WROs are consulted in all stages of the JRP and have adequate access to resources. <b>Myanmar:</b> CARE provided inputs to country-based pooled fund strategy to include WLOs as potential recipient of funding. See specific learning briefs from our WLiE model in <b>Omugo, Uganda</b> ( <a href="https://insights.careinternational.org.uk/images/documents/IG_Learning-Brief_Women-Lead-in-Emergencies-in-Omugo-02_2021.pdf">https://insights.careinternational.org.uk/images/documents/IG_Learning-Brief_Women-Lead-in-Emergencies-in-Omugo-02_2021.pdf</a> ).	See column B. As FOGG co-chair, we managed to have five WLO reps attend the 2021 GB annual meeting for the first time, including one addressing the meeting. Also the FOGG secured an agreement for inclusion of a FOGG rep. in the facilitation group though this has not yet been realized. We influenced the Global Compact on Refugees' HLOM on AGD (contributed to revised AGD tipsheet, developed a joint NGO letter on need to accelerate AGD pledges, including on participation of refugee women and girls).	N/A[5]	N/A
--	--------------------------	---	--	--	---	--------	-----



	Joint -aid organisations	We ceded space to women's organisations so that they could have their agenda and voices heard in relevant humanitarian coordination and advocacy spaces and high level events.	UN agencies and donors are more aware of the need to invite crisis affected women and girls in relevant spaces and events.		Our growing visible commitment to women and girls' leadership and participation led CARE to applying and being admitted as a member of the Feminist Humanitarian Network.	N/A[5]	N/A
<b>WORK STREAM 7+8 - ENHANCED QUALITY FUNDING</b>							
7.1.a. Signatories increase multi-year, collaborative and flexible planning and multi-year funding. Aid organisations ensure that the same terms of multi-year funding agreements are applied with their implementing partners[6].	Individual - all	CARE has continued to advocate for quality funding by donors & UN agencies through various spaces, including through IASC RGS (via ICVA) and through the GB. We also took part in the localization workstream sub group that worked on "Intermediaries" and shared findings from this report internally to influence our own practice. The CAFI project continued to provide multi-year budgets for country-level activities to WLOs working on GBV to support medium to long-term institutional capacity-strengthening with support from multi-year USG funding to CARE and partners. In the US, CARE is supporting WLOs to become Tier 1 partners to the US government.	Our advocacy contributed to quality funding being one of the three GB2.0 priorities.		CARE's advocacy on quality funding prioritizes funding to local women responders and their organizations. Through various projects, CARE supports WLOs to mobilize resources from donors directly, with 40% of direct funding to WLOs. CARE partners with AWO on a project to develop evidence and best practices for IOs and local partners to reverse power dynamics in funding relationships & increase women's voices in partnerships.	% of humanitarian funds provided by donors or received by organizations that are multi-year.	11%**
	Individual - all					% change of humanitarian funds provided by donors or received by organizations that are multi-year.	
	Individual - all					% of multi-year humanitarian funding received that is allocated by aid organizations to implementing partners	22%**
8.2. and 8.5. Donors progressively reduce earmarking, aiming to achieve a global target of 30% of humanitarian contributions that is unearmarked or softly earmarked by 2020. Aid organisations reduce earmarking when channelling donor funds with reduced earmarking to their partners.	Individual - Donors					% of humanitarian funds provided by donors or received by aid organizations that are unearmarked/softly earmarked	8%**
	Individual - Aid organisations					% of unearmarked/softly earmarked humanitarian funding that is allocated by aid organizations, with flexibility, to implementing partners	24%**
<b>WORK STREAM 9 - HARMONISED REPORTING</b>							
9.1. Simplify and harmonise reporting requirements by the end of 2019 by reducing the volume of reporting, jointly deciding on common terminology, identifying core requirements and developing a common report structure.	Individual - all	Our new 2021 partnership policy calls for simplifying and as much as possible harmonizing reporting and other requirements. Specific projects (e.g. CAFI) with multiple donors engaged donors to develop a harmonized approach to reporting. Some of our members have started to use the 8+3 reporting tool as a uniform reporting mechanism, but it is not yet widely used as most donors continue to request their specific formats are used.	CARE's Humanitarian Partnership Community of Practice issued a survey to seek information on knowledge and use of the 8+3 reporting tool.	The 8+3 reporting tool is used when connected to donor requirements/support - e.g. for reporting on programming funded by the Dutch Relief Agency.		Are you using the common reporting template as the standard for reporting by your downstream partners?  if yes, on which level (global, limited scope (e.g. regional))  If your scope is limited, please specify how and why?[7]	In a Dec 2021 survey of 20 respondents from 11 COs/CMPS/Affiliates, including the CI Secretariat, 30% reported using the 8+3 template for donor reporting, and 40% were familiar with it. Staff that currently use the 8+3 template say it helps harmonization between donors, is comprehensive and clear, and is simple to use. [9]
<b>HUMANITARIAN-DEVELOPMENT NEXUS</b>							
10.4. 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.	Joint - all					N/A[8]	N/A

\* This is the first year that CARE has been able to report on funding to national and local responders for all of CARE. In previous years, CARE was only able to report on this indicator for a proportion of CARE programming - about 50%. This explains why the percentage is lower than last year's.

\*\* This information is not available for the full CARE Confederation but represents approx. 50% of CARE's humanitarian programming. Those indicators with a \*\* next to them have a different denominator than those with a \*.

[1] Refer to the IASC definitions of gender equality and women empowerment, available here: [https://drive.google.com/drive/folders/1adVbc0SPM157DdgJ\\_Kgmc34ytZ0Jl6Af?usp=sharing](https://drive.google.com/drive/folders/1adVbc0SPM157DdgJ_Kgmc34ytZ0Jl6Af?usp=sharing)

[2] This could include: Using IATI data on humanitarian operations in their own or others' information tools or data visualisations; using IATI data or accessing IATI-compatible data platforms and tools to inform research, advocacy,

programme planning, resource mobilization or monitoring; using IATI data for FTS reporting and potentially for EDRIS

[3] Capacity strengthening - a deliberate process that supports the ability of organizations and networks to institutionalize new or improved systems and structures, and individuals and groups to acquire or improve knowledge, skills, or attitudes, which are necessary to function effectively, achieve goals, and work towards sustainability and self-reliance

Women-led organization - an organization with a humanitarian mandate/mission that is (1) governed or directed by women or; 2) whose leadership is principally made up of women, demonstrated by 50% or more occupying senior leadership positions

Women's rights organization: 1) an organization that self-identifies as a woman's rights organization with primary focus on advancing gender equality, women's empowerment and human rights; or 2) an organization that has, as part of its mission statement, the advancement of women's/girls' interests and rights (or where 'women,' 'girls', 'gender' or local language equivalents are prominent in their mission statement); or 3) an organization that has, as part of its mission statement or objectives, to challenge and transform gender inequalities (unjust rules), unequal power relations and promoting positive social norms.

[4] Co-convenors are conducting separate research on this target .

[5] OCHA will be requested to help provide this data on behalf of the wider group of aid organisations.

[6] Donors to report on provision of quality funding, indicating if these were provided through direct funding or through pooled funds

UN agencies, INGOs, ICRC and IFRC to report on receiving quality funding and passing it onwards to partners

Local NGOs /Implementing partners to report on receiving quality funding

[7] The consultant will calculate the # or %

[8] OCHA and UNDP will be requested to help provide this data on behalf of the wider group of aid organisations.

[9] Preliminary results from CARE's 8+3 Survey