

## **Grand Bargain in 2022:**

### **Annual Self Report – Narrative Summary**

**Name of Institution: Christian Aid**

**Point of Contact (please provide a name, title and email to enable the consultants to contact you for an interview):**

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## **Grand Bargain in 2022**

### **Question 1: Reflecting on the information you have provided in the Excel spreadsheet, please highlight the 2 or 3 key outcomes or results relating to the Grand Bargain that your institution achieved in 2021?**

**1) localisation/quality funding:** Christian Aid (CA) made steady progress aligning different departments making localisation an organisational priority. CA has an Indirect Overheads Policy which standardizes indirect contributions for local partners. Our default position is a 50:50 share of indirect costs received from donors and a 10% indirect overhead cost allocation for programmes funded by Christian Aid from unrestricted income from our supporters. CA has embedded the Charter for Change Commitments in country programmes annual business plans where each country reports the action taken to promote localisation. In 2021 it has finalised its partnership policy reaffirming its commitment to equality, localisation, accountability and two-way transformational relationships and promoting decolonisation of the sector.

**2) participatory revolution:** CA has maintained its CHS certification. CA has built on its Community Based Approaches to Accountability (CBAA) Guidance provided to country teams by embedding minimum standards related to accountable programming in its internal self-assessments, business planning documents, annual reporting process, new global programme management software, and safeguarding framework. Country teams have developed business plans that mainstream accountability, safeguarding, and participation as part of their core work. The case management and learning system "Compass" has been adopted in all CA, ACT, DEC, Start Fund, WFP and ECHO funded programmes. Global analysis of feedback received started an organisational learning process. For example, we identified a disability data gap which led to an organisational improvement process to focus more on partnering with disability-led organisations. CA have been instrumental in driving the integration of inclusion and accountability in the pilot DEC dashboard that will mainstream accountability and community participation for all DEC implementing partners in their global response.

**3) Participation/cash/localisation/nexus:** CA expanded its survivor and community led response projects at scale in Haiti, Gaza, Myanmar, Kenya and Lebanon with appeals and institutional donors to further its learning from this approach and meet its commitment to a more localised response. These projects allow the usage of 70% of funds to be decided by survivors themselves. In 2021 Local to Global Protection, of which CA is co-manager together with Dan Church Aid and ACT Church of Sweden, has published an influential ODI HPG paper capturing the learning from sclr in the last 10 years, as well as worked with CALP to include group cash transfer (GCT) as a cash tool. GCTs have also been included in ECHO cash programming guidelines.

### **Question 2: Briefly explain how the outcomes contribute to achieving the Grand Bargain 2.0 enabling priority 1 (quality funding).**

CA policy is to pass all multi-year funding and conditions received from donors to partners. Our management information systems do not readily generate this data, but our best estimate is that that less than 7% of our humanitarian funding from donors is multiyear. CA has an Indirect Overheads Policy which standardizes indirect contributions for local partners. Our default position is a 50:50 share of indirect costs provided by donors, so we share the

donor indirect cost allocation equally with our implementing partner (unless a different approach is required by the donor). For CA's own appeal funded projects, the partner is allocated 10% of the total project budget for ICR.

CA's COVID-19 response funds were utilized strategically to enable the leverage of more funding wherever possible and allowed for an effective and efficient response. CA expanded its survivor and community led response projects at scale to further its learning from this approach and meet our commitment to a more localised response. These projects allow usage of 70% of funds to be decided by survivors themselves.

CA was able to invest in its new digital complaints and feedback system to collect, document, analyse and refer feedback and complaints ensuring those related to fraud, corruption, exploitation and abuse are automatically referred to dedicated internal teams and that complaints and feedback received can be tracked and acted upon immediately and managed consistently.

CA diversified its COVID-19 appeal funding across the organisation to ensure a joined-up cross-organisational response to COVID-19. CA colleagues working on policy and advocacy researched various effects of COVID-19 to inform future policy work, including the effects on civic space, the equity of government response versus the bailout of corporate businesses and the important role our local and faith actor partners have played in our ability to access communities.

**Question 3: Briefly explain how the outcomes contribute to achieving the Grand Bargain 2.0 enabling priority 2 (localisation and participation).**

CA made steady progress on this commitment aligning different departments making localisation an organisational priority. Internally, it has increased the funding to local partners for rapid response. It has reaffirmed the default principle of working with partners and made it clearer when direct implementation of programmes without channelling funds to partners is appropriate. It has embedded the Charter for Change Commitments in country programmes annual business plans where country teams report the action taken to promote localisation. In 2021 it has finalised its partnership policy reaffirming its commitment to equality, localisation, accountability and two-way transformational relationships and promoting a more decolonised sector. This will help keep localisation at the core of planning and programming. In addition to being an active member of the GB localisation workstream, VOICE, ACT Alliance, Charter for Change, and Local2Global Protection, and a promoter of the voice and agency of local actors, it led several initiatives which transformed the localisation commitments into practice. For example, CA has expanded its survivor/community-led programmes to new programmes, responding to the earthquake in Haiti and the political-economic crisis in Lebanon. Finally, CA is working with ADESO and several other INGOs toward a forthcoming Pledge for Change which will outline some specific commitments to support decolonisation of the aid sector.

CA has continued to maintain its CHS certification, and corrective actions have been widely adopted in the work planning across the organisation beyond humanitarian projects. The CHS Steering Committee which is comprised of senior management from across the organisation meet regularly to identify and act on recommendations to improve programming. Investments this year include Community Complaint Phones being established, PFA training for those who manage complaints, and Community Accountability Assessments (CAA) being carried out on all pre-existing projects. CA has built on our Community Based Approaches to

Accountability (CBAA) Guidance provided to country teams by embedding minimum standards related to accountable programming in our internal self-assessments, business planning documents, annual reporting process, new global programme management software, and safeguarding framework. Country teams now must carry out a community accountability assessment (CAA) and safeguarding risk assessment for all projects. The CBAA tools, resources, and guidance have been embedded in our partnership policy, partnership guidance, and partnership assessments. The CA feedback case management system “Compass” has been rolled out across the majority of humanitarian responses and is supplemented by a feedback tracker in areas where this has not yet been possible either due to capacity, funding, or security concerns.

CA have been instrumental in driving work on integrating inclusion and accountability in the pilot DEC dashboard that will mainstream accountability and community participation for all DEC responses globally for all DEC implementing partners.

The Programme Quality Team (newly established in 2021) ensures that specialised advisers representing inclusion, accountability, safeguarding, cash, and resilience are collaborating and streamlining approaches to support country teams to put people and communities at the centre of how we work.

### **Grand Bargain and cross-cutting issues**

**Question 4: How has your institution contributed to the advancement of gender equality and women’s empowerment<sup>1</sup> in humanitarian settings through its implementation of the Grand Bargain? What results/outcomes have been achieved in this regard? (Please outline specific initiatives or changes in practice and their outcomes/results).**

CA has contributed to improving gender equality and women’s empowerment in a number of crises, most notably in the fight against Covid 19.

In Nigeria, CA implemented the C19 NALPER project, which sought to improve the lives of active older women and women with disabilities who had been hit hard due to Covid restrictions and limitations on movement and freedom to trade in fairs. The project provided cash grants which enabled women to buy food and other necessities to support their families. This financial support has also enabled women to continue trading and expand their businesses.

Covid 19 also disproportionately impacted older women and women with disabilities within the Rohingya population of Bangladesh. CA Bangladesh implemented the AHP (Australian Humanitarian Partnership) funded disability inclusion project in Cox’s Bazar, which supported women with disabilities who had previously worked as day labourers in fields prior to the Covid 19 pandemic. Due to the lockdowns imposed by the Bangladeshi Government, women with disabilities were unable to work and their access to medication was severely cut. The AHP project supported women with soft-skills and life-skills training on agro-based activities and gave them a cash grant. With this money, women were able to lease land and cultivate vegetables. They could also sell them in the market and with the profit made, buy livestock and repair homes.

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<sup>1</sup> Refer to the IASC definitions of gender equality and women empowerment, available [here](#).

In Ethiopia, CA conducted a research study on Gender and Social Norms as part of the EU funded project, Empowering Women and Girls for Gender Equality in South Omo. The research findings were shared with a number of stakeholders from the government to the community. In Christian Aid DRC, Burundi and South Sudan, GBV awareness raising was conducted in various communities as part of the Irish Aid Humanitarian Programme Plan (HPP) along with successful referral mapping.

In 2022, CA will adopt a new programme management information system which will allow us to track and monitor numbers of women's rights and feminist organisations that we are partnering with.

**Question 5: How has the humanitarian-development nexus been strategically mainstreamed in your institutional implementation of the Grand Bargain commitments?**

Our Integrated Conflict Prevention and Resilience (ICPR) approach was applied in the implementation of the Irish Aid funded multi-year Humanitarian Programme Plan (HPP) in Myanmar, South Sudan, DR Congo and Burundi. The approach entails joint context analysis which links conflict analysis to Participatory Vulnerability and Capacity Assessments identifying areas of complementarity between long term resilience interventions and peace building initiatives. Conflict analyses at macro and micro levels were conducted with the objective to promote peace and social cohesion and avoid harm throughout programme implementation. In addition, the process of developing a strategy to operationalise the Triple Nexus is presently underway.

**Question 6: Has your institution taken any steps towards improving risk sharing with its partners? If so, please describe how.**

CA actively tries to counteract the management of interlinked risks by engaging in longer term partnerships based on mutuality and equality as far as possible, as described in the 2021 Partnership policy, in which we also reconfirm aiming for localisation, without resulting in extra risk transfer.

Risk-sharing efforts by CA includes among other:

- Open communication also about risks, and reviewing partnerships mutually,
- strengthen partners risk management systems and practice including through follow-up from our partner organisational capacity risk assessment tool – POCRA and mutually agreed capacity strengthening to reduce risks for partners.
- Safety and security risk support is one such area, which includes: Psychosocial Support, Support in business continuity planning (after a major incident), Security Risk Assessment training
- longer-term planning to reduce risk, for example with Emergency Preparedness and Response Plans (EPRP) in each country also considering existing partnerships.
- Feed-back mechanisms and new channels of raising issues to detect risks and issues
- Sharing of overhead costs with partners is an important step CA took in 2021, allowing partners more flexibility in prioritizing essential risk management.
- Christian Aid has also joined the Grand Bargain risk-sharing group in late 2021, to engage with sector exchanges and platforms to enable learning and scale-up of good practice.