

Grand Bargain annual self-reporting exercise

CARE INTERNATIONAL

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Work stream 1 – Transparency

CARE currently is not actively engaged in the Transparency work stream, but will apply outcomes from the Work stream along with our commitment to transparency under the Charter4Change (see under Work Stream 2). This includes in particular greater transparency regarding resource transfers to local and national responders and the actual costs of delivering programs in particular contexts.

Work stream 2 - Localization

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 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 subgranting 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 become a full member of the Missed Opportunities Consortium, joining the original 5 UK-based INGOs in researching and showing evidence of the potential of partnerships in humanitarian action. The 'Nepal Earthquake response' report was produced in 2016, outlining a number of lessons learnt on localizing aid. CARE also developed several learning papers on localizing aid, including a meta-analysis of lessons learned on partnership from CARE's disaster response evaluations over the past 7 years, a case study on the Cyclone Winston partner-led response in Fiji, and a study on the potential of partnership for gender-transformative humanitarian response.*
- *Progress on measurement: CARE has begun to establish an agency-wide baseline against the commitments and has begun documenting current practice and gaps (e.g. inventory of*

types of organizations we partner with, partnership approaches used (extent of use of sub-granting) and identifying challenges to more transformative partnerships. In doing this we have encountered the following challenges:

- *Data is challenging to extract as no agency-wide system currently tracks this type of data, forcing us to rely on proxy indicators for now*
- *The localization marker is still under development, with some terms remaining unclear; there is need to agree on definitions for data to be comparable across signatory agencies*
- *Linking C4C commitment (and measurement) with related WHS, CHS and localization commitments (in an effort not to duplicate measurement and reporting efforts) – the development of a localization marker that encompasses these various dimensions would help*
- *More challenging to collect qualitative data vs. quantitative, especially agency-wide (e.g. quality of partnerships)*
- ***Clarity on definition of what is 'local':** CARE has internally developed thinking on definitions as they apply to Northern and Southern members of the CARE family, and shared this thinking with collective efforts (in particular the IASC Humanitarian Financing Taskforce) to define 'Local'.*
- ***Removing barriers:** CARE has initiated an internal review process of what barriers currently exist within the organization (and the larger humanitarian system), what needs to be done to remove them and create incentives for partnering with local responders. This led to the creation of a CARE-wide High Level Reference Group on Humanitarian Partnership tasked with clarifying CARE's intent for partnering, identifying priority areas for change, and securing high-level commitment to enact this change.*
- ***Coordination mechanisms:** As part of the Missed Opportunities Consortium, CARE has collaborated with UNOCHA to advance thinking and practice around making coordination more local. A joint workshop took place in Dec. 2016 with global cluster coordinators.*
- *CARE has also worked to proactively analyse the risk impacts of localisation and is discussing with peer agencies the most effective ways to mitigate those risks.*

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 adapt its measurement systems to capture spending through local partners, applying collectively agreed definitions.*
- *Consistent input into the Charter4Change, as a member of its Steering Committee, thereby sharing lessons learnt and good practice with other signatories and endorsers of the Charter.*
- *A number of initiatives are under way to make CARE more 'fit-for-partnering' including:*
 - *The clarification of CARE's intent for partnering in humanitarian action, and the development of a coordinated and coherent approach across the CARE Confederation to make the organization more fit-for-partnering*
 - *Increased research to contribute evidence of the potential of partnership, in particular researching the interface between gender and localization)*

- ***Increased investment in CARE's capacity to partner in humanitarian action (e.g. a new CI-wide Humanitarian Partnership position and deployable positions focused on Partnership), increased efforts to advocate on localization, increased support to CARE country offices in partnering in emergencies (suite of tools, remote support, relaying good practice)***
- ***Reducing inefficiencies and adapting internal systems to make them more agile and fit for partnering in emergency response (with a focus on procurement and financial management systems).***
- ***Revising CARE's Emergency Preparedness Planning process to make it more 'fit-for-partnering', with a focus on enhancing: (1) the predictability of a partnered response, and (2) the institutional readiness of CARE and its partner organizations to respond together.***

4. Efficiency gains (optional for year 1)

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

- ***CARE does not necessarily anticipate immediate cost savings/efficiency gains through our commitment to local action – the priority for us is better, faster and more appropriate relief. This is due to the fact that partnering requires significant investment and change in our current work practices. This will take time and effort but is ultimately both just and fair to local actors but also more efficient for providing more and better aid to affected people.***

5. Good practices and lessons learned (optional for year 1)

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 3 - Cash

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.***

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?

- ***Since signing the Grand Bargain CARE has established an internal cash policy group, and has hired two global cash technical staff to support our cash programming.***
- ***Building up relevant private sector contacts. Most recently, we have been developing our relationship with GSMA, RedRose and Segovia***
- ***Sharing lessons learnt with other agencies, mobile network operators and donors from our cash programme in Zimbabwe where we reached 72,000 drought affected HH's with MPG's through mobile money.***
- ***Working with our teams in Yemen, Mozambique, Lebanon to deliver e-transfers***
- ***CARE has stepped up its engagement with the Global Cash working Group and the Geneva Cash Advocacy Network, identifying a clear confederation Cash lead and joining up approaches to cash across different CARE members.***
- ***CARE has taken action to change its internal system to enable monitoring of the proportion of our humanitarian program delivered through cash methodologies.***

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 develop a cash strategy that will outline CARE's vision re: CTP, what we see as success and the roadmap for how we will get there.
- CARE will begin monitoring the proportion of our humanitarian program delivered through cash methodologies.
- We will more systematically take up training opportunities, for example, in April 2017 CARE staff will join the CaLP training of trainers on the core skills for programming in Ethiopia. We are also identifying CTP training opportunities for Key Humanitarian managers.
- CARE is launching the process of developing an internal data gathering and analysis system, which would allow to maximize learning generated through cash interventions. We will 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. In addition, we are also building our capacity to analyse CTP, both through staff and software solutions.
- CARE has secured funding to problem-solve around key issues in delivering cash assistance in infrastructurally challenged environments with limited liquidity and connectivity.

4. Efficiency gains (optional for year 1)

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 (optional for year 1)

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 4 – Management costs

CARE currently has no specific actions planned under the Management Costs work stream.

However, we constantly seek efficiencies and cost effectiveness throughout our program where this does not negatively affect our impact for affected people.

Work stream 5 – Needs Assessment

CARE currently has no specific actions planned under the Need Assessment work stream.

However, we undertake internal work in several CARE members on multi-sectoral assessment, and have specific expertise on rapid gender analysis and work with ACAPS on gender integration and our Joint Needs Assessment work in Bangladesh. Although we do not have the resources to directly engage, we are playing, and will continue to play, a convening role in the needs assessment discussion, and will bring our practical field experience to wider NGO representations.

Work stream 6 – Participation Revolution

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 is an SCHR member, and as such owns the actions of SCHR in taking co-convenorship of the Participation Revolution work stream of the Grand Bargain as reported collectively***
- ***CARE is one of several SCHR members taking forward work to get a baseline as part of the first performance assessment against CHS commitments which is mandatory for CHS Alliance members. The baseline will therefore be developed from within its membership, of enablers and dis-enablers to effective participation of affected people in programming decisions.***
- ***CARE has invested significantly 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. .***

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)?

- ***Continue the roll-out of the CHS***
- ***Implementation of the improvement plan based on the findings from the CHS self-assessment 'Piloting Constituent Voice Approaches for enhanced accountability to crisis affected people'***
- ***Participate in the developing SCHR workstreams on Participation.***

4. Efficiency gains (optional for year 1)

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

- ***CARE does not necessarily anticipate efficiency gains through our commitment to Participation – the priority for us is better, faster and more appropriate, relevant and responsive humanitarian assistance.***

5. Good practices and lessons learned (optional for year 1)

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 7 - Multi-year planning and funding

CARE currently has no specific actions planned under the Multi-Year Planning work stream.

However, we already undertake multi-year planning, led by a number of our members, within the framework of a five-year Strategy available here:

<http://insights.careinternational.org.uk/publications/working-for-poverty-reduction-and-social-justice-the-care-2020-program-strategy>

Work stream 8 - Earmarking/flexibility

CARE currently has no specific actions planned under the Earmarking/Flexibility work stream.

However, CARE already minimises 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.

Work stream 9 – Reporting requirements

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 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.***

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?

- ***Since the signing of the Grand Bargain, CARE has increased its funding to the Less Paper More Aid initiative***
- ***CARE has expressed interest in the Germany/ICVA led pilot of new reporting approaches and our country teams are actively engaged***

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 support the Less Paper More Aid initiative, and will continue to actively advocate to donors and UN agencies for simplified and minimal reporting requirements.***
- ***CARE will take part in the Germany/ICVA led pilot of new reporting approaches***
- ***As part of its revised partnership approach CARE will move towards a position of asking no more of our partners in terms of reporting that we are required to provide to our donors.***

4. Efficiency gains (optional for year 1)

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 (optional for year 1)

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

CARE has no specific actions planned under the Humanitarian - Development engagement work stream.

However, as a Multi-Mandated organisation working in both the development and humanitarian sectors we already integrate 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 are also looking at our partnerships with government and local organizations as a way to bridge the gap between the humanitarian and development work.