CARE International
Initial Audit– Summary Report IA- 2020/05/27

1. General information

Organisation

Type	Mandates	Verified mandates
☐ National ☐ Membership/Network ☐ Direct Assistance ☒ International ☒ Federated ☐ With partners	☒ Humanitarian ☒ Development ☒ Advocacy	☒ Humanitarian ☐ Development ☐ Advocacy
Head office location	CI Secretariat based in Geneva	

Total number of country programmes	100	**Total number of staff 2019**	11,507

Audit team

Lead auditor	Annie Devonport
Second auditor	Paul Stacey
Third auditor	
Observer	
Expert	
Other	

Scope of the audit

Audit Stage	CHS Verification Scheme			
	Certification	**Independent Verification**	**Benchmarking**	**Other**
Initial audit (IA)	☐	☒	☐	☐
First maintenance audit (MA1)	☐	☐	☐	☐
Mid-term audit (MTA)	☐	☐	☐	☐
Second maintenance audit (MA2)	☐	☐	☐	☐
Recertification audit (RA)	☐	☐	☐	☐
Extraordinary audit	☐	☐	☐	☐
Short notice	☐	☐	☐	☐
Other *(specify)*	☐	☐	☐	☐

Sampling

Randomly sampled country programme sites	Included in final sample *(Yes/No)*	Replaced by	Rationale / Comments *(If random sample not included explain why and give rationale for selected country programme)*	Onsite visit / remote assessment
Mali	Yes		Security situation precludes a site visit. CP is supported by the Danish Government so included in remote assessment.	Remote

Jordan	Yes		Established presence. Supports refugees and host communities. Also hosts MENA Regional Management Unit (RMU)	Onsite visit to Jordan & MENA RMU
India	Yes		Represents Operational Member	Remote
Lebanon	No	Philippines	Lebanon was not selected due to higher insecurity than neighbour, Jordan, which was selected for visit. Philippines provides diversity in programming as both Uganda and Jordan are responses supporting refugees.	Onsite
Afghanistan	No		Insecurity level extremely high. No substitute as sample was drawn from 10 rather than 7 countries. [see below]	
DRC	Yes		Suitable for remote assessment. Security levels too high for site visit	Remote
West Bank and Gaza	No	Uganda	Middle East covered by Jordan. Uganda is purposive sample to include a country supported by the Danish Government and suitable for an onsite audit.	Visit to Uganda
South Sudan	No		Insecurity level high, which precludes a site visit. No substitute as sample was drawn from 10 rather than 7 countries. [see below]	

Add any other sampling performed for this audit (*for example federations, regional offices, etc.*):

The two countries selected for on-site visits are from a wider random sample of 10, rather than the initial 7, and one, Uganda, is purposive. It was not possible to achieve viable countries from the initial sample of 7 due to insecurity and the additional criterion for selection particular to the nature of the Confederation outlined below.

CARE International has three types of members, plus affiliates. There are five lead members which manage country programmes. Through the sampling, two of these are covered; USA [the largest lead member country] and Canada. Policies for the management of the Secretariat have also been included. India, captured in the random sample, has been chosen for a remote audit as it represents an Operational Member. Non-Lead members are not represented in the sample as there are no countries attached to these.

CARE International, in agreement with HQAI, asked auditors to include a visit to at least one country with projects funded by the Danish Government. Uganda has, therefore, been purposively selected to meet this criterion. Remote assessment of Mali, which is included in the random sample also supports this criterion but could not be visited due to insecurity in the area of operation.

It is important to note that the audit findings are based on a sample of an organisation's country programmes, its documentation and observation. Findings are analysed to determine an organisation's systematic approach and application of all aspects of the CHS across different contexts and ways of working.

2. Activities undertaken by the audit team

Locations assessed

Locations *(offices, projects at country programme level*	Dates	Onsite visit / remote assessment
Uganda	3 – 7 Feb 2020	Onsite visit
Philippines	10 – 14 Feb 2020	Onsite visit
MENA RMU	17 & 26 Feb 2020	Onsite visit/remote
Jordan	18 – 20 Feb 2020	Onsite visit
India	27 & 28 Feb, 2 & 3 March 2020	Remote assessment
Kenya	28 Feb 2020	Remote assessment
DRC	4 – 14 March 2020	Remote assessment
Mail	4 – 14 March 2020	Remote assessment

Interviews

Position / level of interviewees	Number of interviewees	Onsite or remote
Head Office		
Management	16	Remote
MENA Regional Management Unit Jordan [RMU] - Management	7	5x Onsite 2x Remote
Country Programmes		
UGANDA		
Management	7	5x Onsite 2x Remote
Staff	4	Onsite
Partner staff	1	Remote
PHILIPPINES		
Management	4	Onsite
Staff	6	Onsite
Partner staff	1	Onsite
JORDAN		
Management	5	Onsite
Staff	5	Onsite
Partner staff	2	Onsite
Total number of interviews	**58**	

Consultations with communities

Type of group	Number of participants	
	Female	**Male**
UGANDA – all refugees		
Girls Youths	13	

Boys Youths		11
Pregnant and lactating women	14	
Community facilitators	5	4
Vulnerable women	7	
Vulnerable men		10
Role models/ boys		8
PHILIPPINES		
Barangay section leaders	11	
Barangay section leaders		3
Barangay section leaders		13
People displaced through conflict	9	
People displaced through conflict		13
People displaced through conflict	5	
People displaced through conflict		6
Women [GBV project]	6	
Men [GBV project]		10
Women [NCD project]	9	
Men [NCD project]		6
JORDAN		
Refugees & host community: Women's leadership Councils	7	
Refugees - beneficiaries of cash assistance		7
Refugees - beneficiaries of case management		8
Refugees & host community: beneficiaries of Vocational & business training	4	
Refugees - Community representatives		4
Refugees - Vocational training beneficiaries	9	
Total number of participants	**99**	**104**

Opening meeting

Date	2019/22/11
Location	Remote
Number of participants	7
Any substantive issues arising	None

Closing meeting

Date	2020/03/03
Location	Remote
Number of participants	4
Any substantive issues arising	A feedback meeting had not taken place onsite in Jordan so auditors provided feedback remotely.

Programme site(s)

UGANDA - Briefing	
Date	2020/02/03
Location	Kampala, Uganda
Number of participants	9

De-briefing	
Date	2020/02/07
Location	Kampala
Number of participants	12

Any substantive issues arising	None	Any substantive issues arising	Questions over some of the auditors' findings
PHILIPPINES - Briefing		**De-briefing**	
Date	2020/02/10	**Date**	2020/02/14
Location	Manila, Philippines	**Location**	Manila, Philippines
Number of participants	7	**Number of participants**	12
Any substantive issues arising	None	**Any substantive issues arising**	None
JORDAN RMU - Briefing		**De-briefings**	
Date	2020/02/17	**Date**	N/A
Location	Amman, Jordan	**Location**	
Number of participants	8	**Number of participants**	
Any substantive issues arising	None	**Any substantive issues arising**	
JORDAN - Briefing		**De-briefings**	
Date	2020/02/18	**Date**	2020/03/18
Location	Amman, Jordan	**Location**	Remote
Number of participants	12	**Number of participants**	1
Any substantive issues arising	None	**Any substantive issues arising**	None

3. Background information on the organisation

General	CARE International (CI) commenced at the end of the Second World War when, as the 'Cooperative for American Remittances to Europe' food packages were sent to France. Since the initial activities, more than seven decades later, CARE has evolved to become one of the largest development and humanitarian NGOs in the world with a presence in 100 countries, of which 89 are offices delivering programming. activities in more than 95 countries. In 1993, in order to reflect the wider scope of their programmes and impact, CARE changed the meaning of its acronym to "Cooperative for Assistance and Relief Everywhere".
	Since the start of 2000, CI responded to a series of major crises, including the Asian tsunami, earthquakes in Pakistan and Indonesia, and the displacement of more than 2.5 million people in the war-torn region of Darfur, Sudan. During this time, CI solidified its work in agriculture, education, health and community well-being, small-scale entrepreneurial activity such as village savings and loans, improving water sanitation and hygiene, and making women's empowerment and development core to all these approaches to defeat poverty.
	CI's stated vision is to 'seek a world of hope, tolerance and social justice, where poverty has been overcome and all people live in dignity and security' and their mission is to work around

the globe to save lives, defeat poverty and achieve social justice. To achieve this, CI puts women and girls in the centre as they attest that poverty cannot be overcome until all people have equal rights and opportunities.

CI's principles are independence of political, commercial, military, ethnic or religious objectives; CI promotes the protection of humanitarian space; provides assistance on the basis of need, regardless of race, creed or nationality addressing the rights of vulnerable groups, particularly women and girls.

CI follows a set of Programming Principles in their emergency, rehabilitation and long-term development work. CI's principles include:

a) Promote empowerment
b) Work in partnership with others
c) Ensure accountability and promote responsibility
d) Address discrimination
e) Promote the non-violent resolution of conflicts
f) Seek sustainable results.

CI currently has five focus programme outcome areas:

- Food and nutrition security and climate change resilience
- Humanitarian response
- Right to a life free from violence
- Sexual, reproductive and maternal health and rights
- Women's economic empowerment.

CI's Programme Strategy 2020 was published in 2015. The strategy outlines how and where the organisation will achieve the aims of tackling poverty and social injustice. In 2019 a resource manual to accompany the strategy was provided to staff in order to provide links between CARE institutional policies and strategies and how CI programmes are planned and implemented.

CI is currently undergoing an expansion of the membership to its confederation, as part of their localisation agenda, and bringing in additional representation from the Global South. Two new members were admitted at the end of 2019.

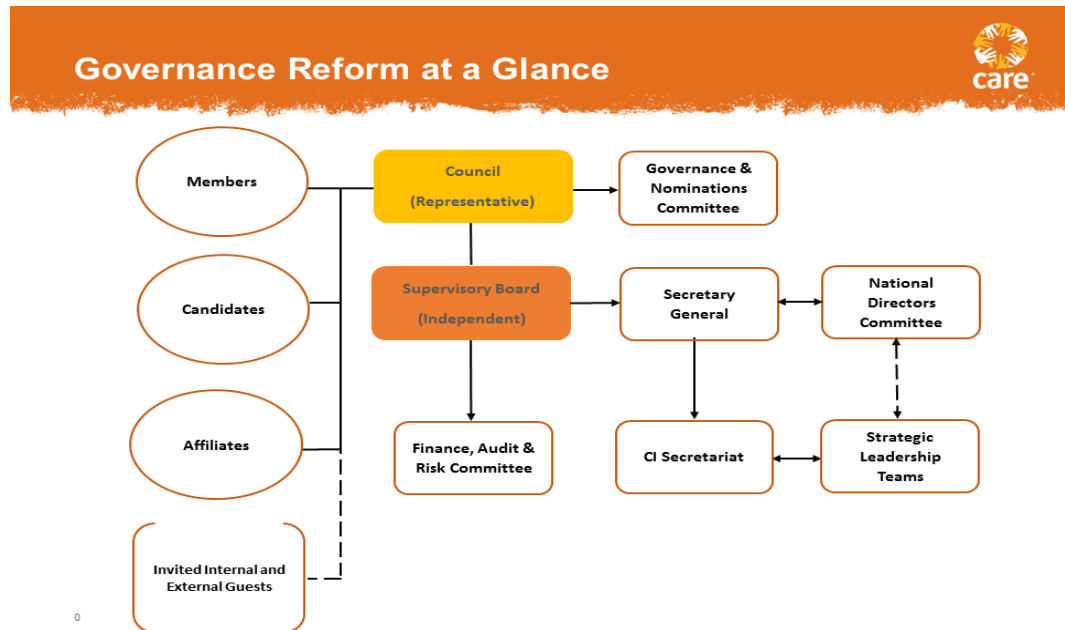|	
Governance and management structure	CARE International (CI) is a global confederation of 16 National Members and 4 Candidates and Affiliates (see below) with a common vision and mission to defeat poverty. Each CARE Member is an independent organisation that leads programmes, raises funds, advocates on key issues, and communicates to the public in their country, thereby supporting the work of CI's programming in 95 countries around the world. As it increases its membership, CI is striving to enhance diversity and include the Global South while continuing to work with partners and allies, in order to multiply impact and achieve its vision.

The CI Secretariat coordinates and supports this network to achieve common impact goals and shared global priorities in line with the global *CARE 2020 Vision and Program Strategy*. The International Secretariat leads CI's global advocacy and represents the confederation at the United Nations, the European Union and at key global forums. Secretariat staff are based around the globe; its base in Geneva hosts the CARE Emergency Group (CEG) and the CI Safety and Security Unit, with hubs in Brussels, New York and London. The Secretariat works to engage donors, and supporters of their global portfolio of humanitarian and development initiatives.

CI members agree to work to, and abide by, a common Code that covers governance and leadership; principles of engagement; and its global approaches. CI has some policies and guidelines applicable across all CARE members. Currently, with the exceptions including CI

Fraud policy, Procurement and CI Code of Conduct, these do not extend to finance, audit and human resources, with responsibility for these resting with individual members.

The organisation is governed by the Council, the highest authority of CARE International, which serves as a representative forum for the worldwide membership of CARE. The Council comprises one delegate and alternate delegate, per member and affiliate. Reporting to the Council is the Supervisory Board, an independent body charged with strategic, operational, legal and financial oversight and advancing shared global priorities. The CI Supervisory Board meets quarterly, and the Council meets annually. Working groups, with membership drawn from across the CARE membership, support decision making (see below under QA).

Below is a graphic overview of CARE International's governance.

There are three types of CARE member all of which are full members of the CARE confederation with their own independent governance. Some CARE members are operational and run country programmes while others function as management / fundraising / policy offices. Whilst they do not run country programmes, most 'non-operational' CMPs do have advocacy programmes, and some CMPs have small domestic operations (e.g. CARE Germany and CARE Austria, which have undertaken responses to refugee influxes in their countries).

The 3 types of CARE Member are:

   * Lead members: five members manage country offices in addition to undertaking fundraising, project management, technical support, policy, advocacy and communication. (USA, Canada, Australia, France, Germany). CARE USA is the largest lead member and manages most of CARE's Country Offices. The Lead Member acts for CARE as the CO's line manager and is responsible for ensuring programmes implemented in the country office under its management meet CARE standards.

   * Non-Lead members: these seven members do not manage country offices, but do undertake fundraising, project management, provide technical support, policy, advocacy and communications (UK, Netherlands, Austria, Norway, Denmark, Japan and Czech Republic).

* Operational members: these are independent members, which also undertake significant domestic programmes (e.g. Peru, India, Thailand).

Affiliate Members: Parts of the CARE confederation which are fully independent with their own governance but are also not full members of the confederation, and may or may not share the CARE brand (e.g. Chrysalis in Sri Lanka).

Country Offices: CARE offices which are managed by a lead member and deliver country programmes.

CI is currently undergoing a change process in which it is expanding its membership. Several CARE offices are transitioning from a country office to an affiliate or full member. Since the start of the audit, CARE candidates in the Caucasus and Czech Republic have joined the Confederation. CARE Morocco, CARE Egypt and Yayasan CARE Peduli (Indonesia) are existing candidates scheduled to become members in the next 2 years and CI anticipates that further organisations will join the confederation. Alongside the membership changes, the Secretariat is also undergoing restructuring, with a reduction in staff positions.

Typically, there is only one CARE presence per country although there are a few exceptions. Also, CARE occasionally has a 'temporary presence', in which a programme is established for a fixed duration, usually in response to a crisis. Currently, CI does not have any temporary presences.

Remote Country management: In a few countries CARE works exclusively through partners, without its own formal presence. An example of this is Mexico. CI also works cross-border in some countries, with a varying presence in the country, and a main 'country office' located in another country. This is the case in Syria and was the case in Somalia until recently when the country office moved from Nairobi to Mogadishu.

Whilst all CARE members work to the same strategy, due to the shape and confederated nature of the organisation, much of the decision making is vested in the Lead members.

Effectiveness of the internal quality assurance systems	CI members agree to abide by a 'Code' which defines the expectations of members of the Confederation. There is, however, no independent or peer process for monitoring adherence to the CI Code and no sanctions for breaches of the Code.

CI operates with a range of internal quality assurance mechanisms, monitoring, evaluation, and performance frameworks and processes which are based on mutual accountability. The processes and mechanisms comprise a mix of confederation level standards and response level principles. The different leadership bodies of the CI governance system have integrated roles and responsibilities concerning internal quality assurance. The responsibilities of the Supervisory Board (SB) include performance and quality assurance concerning 'finances, audit, legal, standards, HR, programme operations, ethics and accountability.' CI is committed as signatory to the Code of Conduct for the International Red Cross & Red Crescent Movement and Non-Governmental Organizations in Disaster Relief, and the CHS. The SB oversees the performance of the Secretary General, who leads the advancement of the global priorities and interests of the confederation. SB members are independent and expected to act in the interest of CI and global programme participants. A standing committee, the Finance, Audit and Risk Committee (FAR), supports the SB on matters of 'finance, audit and risk', which functions are mainly focused on funding and reputational risk. It is not clear whether other risk areas are considered and how.

The National Directors Committee (NDC) provides global leadership and comprises the Secretary General (SG), Deputy Secretary-General (DSG) and CEOs/National Directors of each Member and Candidate. It convenes regularly to make joint management decisions, approve new initiatives, ensure effective coordination amongst members, and advise and support the Secretary General to attain strategic goals and implement SB decisions. The National Directors Committee also fulfils a role in holding members to account, although there |

is no formal process for membership review or for sanctions against a member that does not uphold CI values.

The CI Secretariat, established by members to support global interests, is overseen by the SB and convenes global governance and leadership teams. It defines and advances shared strategic priorities and aims to ensure accountability. Four interdisciplinary Strategic Leadership Teams (SLTs) comprising cross confederation experts provide leadership, analysis, and action on agreed priorities related to 'Programme Quality and Impact; Organisational Development and Accountability; Humanitarian and Operations; and Fundraising and Mobilisation.' There are also seven Working Groups and three Task Forces focusing on singular issues such as M&E, Gender in Emergencies, and Safety and Security. Their work, concerns and ideas feed into the SLTs and enable alignment within the confederation around new policy and quality concerns. The Programme Information and Impact Reporting System (PIIRS) is a global system used by CI for internal quality assurance. Together, these bodies and mechanisms endeavour to ensure internal quality assurance, checks and balances, and the systematization of learning across and within the confederation. Nevertheless, these checks and balances are mainly based on self-reporting and have no or little enforcement mechanism in case of underperformance.

CI has several policies that relate to internal quality assurance, including the CI Code of Conduct and a Code of Ethics and Conduct, which apply to all members. Globally, CI operates with an 'International Accountability Framework' designed to ensure effective and quality orientated collaborations based on core principles of transparency, feedback, and participation. These principles are also reflected in CARE's Humanitarian Accountability Framework (HAF) which includes the CHS commitments as one of its three pillars. There are three main bodies in CARE International that assume the collective responsibility of monitoring and coordinating the management of CARE humanitarian programming: Crisis Coordination Groups (CCG, for each crisis / response), the Humanitarian Working Group (HWG, formerly Emergency Response Working Group) for global humanitarian strategy and direction, and the CARE Emergency Group (CEG, for global and response level monitoring, coordination and support). These three bodies ensure response quality management through Rapid Accountability Reviews (RARs), Real Time Reviews/Evaluations (RTR/E), After Action Reviews (AARs) and Response Performance Summaries (RPS). It is the responsibility of CEG to identify critical quality performance gaps and inform the CCG and/or the HWG for action. Global Annual performance reporting on humanitarian programming is organised within PIIRS, while more frequent summary reporting on CARE humanitarian responses uses regular situation reports, humanitarian updates and emergency/humanitarian overviews under the coordination of CEG.

CI has no single audit policy and uses Internal Audit for finance and outputs rather than programme quality assurance. Not all members have an internal audit department; each member is required to conduct financial external audits in line with their own national laws.

Whilst CI has policies, frameworks and processes at different levels of the confederation that relate to quality, the lack of a process for monitoring members' compliance and take action in case of underperformance may put the overall quality assurance at risk.

Work with partner organisations	CI strives to proactively engage partners, with and through whom they work, at all levels from emergency planning, to building capacity, maximizing impacts of programmes, to developing systems of governance, and highlights the objectives of value-added. There is increasingly emphasis on empowering Global south and local partners together with a localisation agenda as an element of the Grand Bargain. These strategies around partnerships are central to CI's mission and vision statements as well as the CARE 2020 Strategy (Principle 2). Partnership success is defined in terms of developing an organisational culture of sharing risk, proactive feedback, trust, learning, transparency and accountability, and based on 'agile' systems. Operationally, there are extensive and different collaborator and partnership models which cover development and advocacy, and increasingly, humanitarian actions (in FY 2019, 44% of humanitarian projects were implemented entirely or mostly through partners). CI also

recognises the challenges and potential disincentives to effective and productive partnerships: external factors such as donor conditionalities and competition, and internal factors such as complex requirements imposed on partners by CARE.

Partnership models are governed by combinations of global policies and procedures, and context dependent management cultures. Hence, CI establishes minimum standards with a systematic approach to 'mapping local actors, scoping partnership potential, assessing capacity and managing partnerships.' CI has also adopted C4C (Charter for Change), with commitments to increase the role of southern-based national actors.

The CI Emergency Toolkit provides guidelines on due diligence which can be adapted to the context and specifics of the partnership, with no single methodology for assessing partners' suitability. CARE USA for example has policy and guidelines on the process of establishing collaborations, including 'Pre-Teaming Agreements', and 'Teaming Agreements', covering issues such as specifying roles and responsibilities, decision-making, representation, proposal development, and resource sharing. CARE USA also has policy on 'Sub-Agreement Management' containing a capacity assessment formula, and which defines relations to sub-recipients and compliance guidelines for use when CARE awards funds to implement programme activities. CARE USA also has 'Standard Terms and Conditions' of partnership agreements, and 'Subgrant Agreements' to govern partnerships. CARE Canada meanwhile has a (draft) 'Strategic Partnership Framework and Toolkit' which includes criteria on 'Partner Identification and Prioritization', 'Due Diligence', 'MoU formulation', and 'Ensuring Effective Relationship Management'.

4. Overall performance of the organisation

Effectiveness of the management system and internal quality assurance and governance	CI's system of management and governance is grounded in a principle of mutual accountability between CI members. Each member is an independent organisation within the confederation, and each agrees to abide by and support the principles of a rights-based approach, and the CI Code. However, the audit found examples of where CI level policies and guidance are not followed. This showed that different dimensions of monitoring, evaluation, accountability, learning, feedback, and complaints were not systematically checked by internal quality assurance systems. Related, it is unclear as to how processes and mechanisms that record organisational knowledge and experience, for example PIIRS, ensure the effectiveness of internal quality controls. CI members and COs sometimes apply different practices in their programmes and projects, related to MEAL and feedback and complaints, and these practices do not consistently follow CI level guidance, principles, and policy.
Overall organisational performance in the application of the CHS	CI members and COs apply internationally recognised technical standards to plan and evaluate programmes and projects, and guide coordination with partners. The standards used include Sphere, CI's internal Humanitarian Accountability Framework, OECD-DAC criteria, and, to some extent, the CHS. The audit found that staff and partners' awareness, knowledge, and reference to CHS, and the use of CHS in programme and project documents was inconsistent. CI performs most strongly against Commitment 6, coordination and complementarity, which fully conforms with the CHS. CI demonstrates good practice and conformity against most indicators in commitments 1, 8 and 9; however, against commitments 2, 3, 4, and 7 performance was more varied resulting in a larger range of issues to address. The weakest area relates to complaints mechanisms (C5); whereas progress is being made and a new policy being rolled out, there are several minor non-conformities and observations in this area (see section "Organisational performance in the application of the CHS" below).

Overall performance on PSEA	CI introduced a PSEA policy in 2017 and disseminated it effectively throughout the organisation. CI Code of Conduct and Ethics, HR and other policies reflect CI commitment and staff throughout the organisation are aware of the policy. However, only communities engaged in Gender Based Violence projects had been specifically told about CI's commitment to PSEA. CI has recently developed guidance on feedback and complaints mechanisms (FCM) and this is being rolled out to Country Offices. At practice level all projects have FCM in place but there is inconsistency in the knowledge of the system by communities with not all knowing about, or having access to, the available hotlines to report incidences.
Overall performance on localisation	CI is committed to localisation and Charter for Change and the development of partnerships for the delivery of projects. The membership of the confederation is also expanding with CARE Candidates transitioning membership. Whilst CI has no single partnership framework, guidance on due diligence processes are applied across the confederation and partnership agreements are consistently in place.
Overall performance on gender and diversity	CI demonstrates a strong focus on gender in policies and programme tools and has a team of gender specialists who support this agenda. People with disabilities are included in most programmes reviewed in this audit, but CI does not ensure that the voices of vulnerable people are always heard (see performance on requirements 4 and 5 below). Documentation of feedback from communities does not consistently record details of the person giving feedback so data is not available to assess whether FCM mechanisms are fully inclusive.

5. Organisational performance in the application of the CHS

Commitment	Strong points and areas for improvement	Feedback from communities	Average score
Commitment 1: Humanitarian assistance is appropriate and relevant	CI has established commitments to appropriate and relevant assistance, and wholly expects all members and Country Offices to provide impartial assistance based on needs, and that assistance is impartial and appropriate according to the capacities of affected communities. CI programmes are based on rights-based approaches with gender as a priority area. CI members and Country Offices undertake needs assessments of communities, and context and stakeholder analysis as part of programme designs. Policy, guidelines and principles aim to respond to the 'identified disadvantage, discrimination, or special needs' of different age and gender groups. To ensure this, data is disaggregated based on age and sex as a minimum is collected. Depending on context, other vulnerability criteria are also collected and feed into programme design. However, it is unclear how, or whether, processes such as M & E and community feedback are used to adapt programmes as the needs of communities evolve and change.	Overall, communities consider that CI provides appropriate and relevant humanitarian assistance. Still, some communities stated that programmes did not always meet their evolving needs.	2.7
Commitment 2: Humanitarian response is	CI's Humanitarian and Emergency Strategy defines strategic priorities and provides guidance on how members balance organisational	Communities provided mixed responses on whether humanitarian responses are effective and	2.1

effective and timely	commitments with technical capacities and competences and ensure that responses are effective and timely. CI's Evaluation Policy ensures critical reflection on policy commitments. Across different organisational levels, institutions such as the National Directors Committee, Crisis Coordination Groups (CCG), and Humanitarian Working Group (HWG) take decisions to ensure the adequate allocation of resources and that responses are effective and timely. Direct and indirect interventions apply technical standards such as Sphere and CI's internal Humanitarian Accountability Framework, and to some extent, CHS. However, knowledge and reference to CHS in programme documents is limited across CARE members, and evidence from monitoring and evaluation is not consistently used to adapt and improve programmes.	timely. Some communities were very satisfied, while others expressed concern, and uncertainty. This was due to the irregularity and delays in responses, resulting in beneficiaries not receiving programme inputs.	
Commitment 3: Humanitarian response strengthens local capacities and avoids negative effects	CI has a range of policies, strategies, and guidance designed to prevent programmes having any negative effects, such as, for example, exploitation, abuse or discrimination by staff against communities and people affected by crisis. This is evidenced for example in CI's policy on Protection from Sexual Exploitation and Abuse (PSEA) and Child Protection. Thirteen organisational commitments concerning 'do no harm' principles are set out for CARE Members and Affiliates to fulfil. CI expects all staff to comply with a CARE Code of Ethics and Conduct. But there is limited control mechanisms on this aspect (see Effectiveness of the internal quality assurance systems, page 9) The strengthening of local capacity is evident in country strategies, partnership strategies, and localization policy. However, the auditors found limited evidence of organisational guidance on safeguarding of data collected from communities and systems are not always in place to identify and act on potential and actual negative effects of programmes.	Broadly, communities responded there were no negative effects from CI interventions and activities. However, the auditors also identified examples of vulnerable people that are not represented in leadership groups. Some communities expressed concern that they did not know end dates for projects, and if and how activities were to be sustained.	2.4

Commitment 4: Humanitarian response is based on communication, participation and feedback	CI is committed to humanitarian response based on communication, participation and feedback at a policy level. CI Programme strategy resource manual and guidelines in the online emergency toolkit support a participatory approach for all CARE members and Country Offices. CI ensures that communications are ethical and respectful with policies and processes that ensure public facing media comply. In sampled COs, project documents set out how communities will be engaged in the programme and needs assessments are participatory. CI guidance expects COs to provide information to communities on the project and on how staff are expected to behave. Auditors observed examples of where this is happening, but identified practice is not consistent across operations and countries. Most communications with communities are appropriate and are made in the languages used locally. Post-distribution monitoring and feedback surveys involve service users, as may some After-Action Reviews. Feedback mechanisms are in place in all sampled countries but not all COs have a clear system or methodology for recording feedback for response and analysis. CI does not always support partners to inform communities about CARE and CI values and feedback mechanisms.	Community groups stated that they find CARE staff approachable and friendly. Whilst some communities have been informed specifically about expected behaviours of staff not all have been told. The community members involved in the delivery of projects welcome the opportunity for engagement and personal development. However, some other community members do not feel they were able to influence activities and not all are aware of whether, or when, project inputs would be delivered.	2.4
Commitment 5: Complaints are welcomed and addressed	CI policy commitment welcomes and accepts complaints. To support members and CO's, CARE has recently developed guidance on best practice for setting up and managing a feedback and complaints mechanism. Whilst all COs sampled have a feedback and complaints mechanism (FCM) in place, not all have fully developed a contextualised mechanism or set out the scope of complaints and referral process, neither have all partners been supported to establish an FCM. Documentation of complaints and referrals is not systematic across COs. CI PSEA policy clearly states the commitment to the prevention of sexual exploitation and abuse by staff. CI values are well known by staff and posters in CARE centres display these in a simple format. However, CI commitment to PSEA is not consistency explained to communities.	Community members provided mixed response. Many expressed satisfaction were grateful to CARE with few complaints. Most groups said that CARE staff are approachable; they feel safe and free to lodge a complaint if necessary and know how to do this. However, other community members said they would be reluctant to complain as they perceive it may lead to a loss of support. Some community groups are unaware of CARE's complaints mechanisms or of the confidential hotline. A few community members have lost confidence in the complaints process due to a lack of, or slow response. Communities know how staff should behave although not all have been	1.7

		specifically informed by CARE or partner staff. Communities involved in GBV projects are aware of CI's commitment to PSEA, but this is not so for all other communities.	
Commitment 6: Humanitarian response is coordinated and complementary	Working in partnership is a core CI principle and one of CI's accountability commitments. CI develops both local and international partnerships to strengthen local capacities and to add value through collaborative approaches. CI upholds the principles of independence of political, commercial, military, ethnic or religious objectives and promotes the protection of humanitarian space. Country strategies or business plans identify the roles and capacities of different stakeholders; these are also outlined in project documents and consortium agreements. CI, members and COs are well networked at national and international level and is active in relevant coordination groups. Work in consortia ensures that humanitarian action is coordinated and complementary. CARE coordinates with others through joint needs assessments and joint planning exercises, including M & E, which enables coverage to be maximised and the demands on communities minimised. Partnership framework agreements clearly set out the responsibilities, mandate and obligation of each partner. Partners stated that CARE members keep them well informed.	Community groups stated that they did not experience any duplication or overlap in the services provided by CARE. In camp settings, communities are aware that CARE is working with other organisations but not the details of the relationships or of coordination mechanisms. Communities were aware that unmet or specific needs are sometimes referred to other agencies working in the same setting.	3.2
Commitment 7: Humanitarian actors continuously learn and improve	CI produces a range of MEAL guidelines, principles, and methodologies to develop an organisational culture of continual learning and improvement. CI has an International Evaluation Policy and implements a Humanitarian Accountability Framework (HAF), with an internal accountability mechanism for 'regular monitoring, global learning and performance management systems, policy harmonisation and enforcement'. The HAF aims to drive long-term improvements from real time learning, regular monitoring and feedback, towards global coherence and consistency. The global systems such as PIIRS (Programme Information and Impact Reporting System), 'Minerva' and 'Sharepoint' platforms are CI wide intranet systems for reporting and sharing knowledge. Broadly, staff understand, support, and utilise the CI organisational culture of continuous learning and improvement, for example through participation in the courses offered through the CARE Academy, and CARE innovation labs. CARE's 2020 strategy is based on the development of innovative solutions and	Mostly, communities expressed gratitude that responses had enabled the development of local leadership, and provided examples of how programmes build on local capacities. However, some communities expressed they had limited influence over programme activities, and that their feedback did not always result in changes.	2.2

	establishing world-class expertise in priority areas, which has resulted in innovative approaches. However, staff expressed there is limited coordination around learning between COs, making it difficult to use organisational knowledge and experience effectively in their work.		
Commitment 8: Staff are supported to do their job effectively, and are treated fairly and equitably	CI "Code", and guidance on gender and on emergency planning are applicable across the confederation. Each CARE member and CO has its own HR policy or handbook. All policies reviewed for this audit are transparent and in line with local law. CARE members and most COs have documented induction processes in place for new staff and all have systems to ensure that new polices are disseminated. Opportunities are available for staff development although resources are not always available to enable staff to take full advantage. All staff are aware of and have signed the CARE Code of Conduct and partners also are required to either have their own or use that of CARE. CI has systems to assess staff capacity requirements at country and programme level. Surge teams and sector experts are available to be drawn on to support in the event of emergencies. CARE members and COs have risk assessment processes and security and wellbeing policies which are observed.	Communities stated that CARE staff are competent and have the skills to do their jobs. Staff are approachable and friendly and treat them with respect	2.7
Commitment 9: Resources are managed and used responsibly for their intended purpose	CI Code requires that all members exercise due and proper responsibility in financial matters, including accuracy of fundraising literature, application of funds only in pursuance of the organisation's stated objectives, and the practicing of complete and accurate, public financial disclosure. CI overarching finance policies are limited to procurement, fraud and corruption but no overarching set of guidelines or controls framework governing how the Confederation members are expected to conduct business. CARE members align their own policies to national requirements. CI has no audit policy for members and COs, although statutes state that each must follow the audit requirements applicable in their country. The Finance Audit and Risk committee recommends financial standards for Membership and Affiliation to Supervisory Board and Council, along with a means of monitoring compliance. CARE members and COs have strong controls assurance and finance monitoring and reporting processes which manage the risk of corruption. A whistle-blowing process is open to anyone and	Communities were unaware of how CARE manages its finances but stated they did not see examples of waste or misuse of resources.	2.7

action is taken when any suspected or actual fraud occurs. CI procurement policy covers all CARE COs but not CARE member HQs, which set their own authorisation levels. CI ensures it receives and allocates funds in an ethical and legal way through private sector engagement guidelines which oblige members and COs to conduct a due diligence process. Whilst CI has some guidance to programmes on environmental issues and on travel, CI has no comprehensive and overarching framework or policy to ensure that resources are used in an environmentally responsible way.	

6. Summary of weaknesses

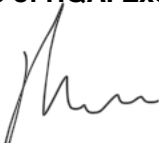| Weaknesses	Type (minor / major)	Resolution due date
2020 – 3.8: CARE International does not ensure the safeguarding of personal information collected from communities and people affected by crisis that could put them at risk	Minor	2022/04/27
2020 - 4.4: CARE International does not ensure that feedback from communities is systematically recorded and responded to where necessary	Minor	2022/04/27
2020 – 5.2: CARE International does not ensure that communities are aware of the Feedback & Complaints Mechanism and of its scope.	Minor	2022/04/27
2020 – 5.7: CARE International does not ensure that country level Feedback & Complaints Mechanism procedures set out the scope of complaints and refer those which fall outside the agreed scope to the appropriate body or organisation.	Minor	2022/04/27
2020 – 7.2: CARE International does not consistently learn, innovate and implement changes on the basis of monitoring, evaluation, and feedback and complaints	Minor	2022/04/27

7. Sampling recommendation for next audit

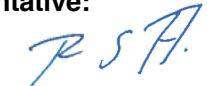|	
Sampling rate	In line with HQAI protocols
Specific recommendation for selection of sites	Lead members: auditor should consider inclusion of lead members not covered in the Initial audit i.e. C Australia; C France; C Germany Non-Lead members: auditors should consider inclusion of at least One non-lead member Country Offices: include at least one CO with a non-conflict humanitarian response

8. Lead auditor recommendation

In our opinion, CARE International shows a high level of commitment to the Core Humanitarian Standard on Quality and Accountability and its inclusion in the Independent Verification scheme is justified	
Name and signature of lead auditor: Annie Devonport -	**Date and place:** **UK, 15 June 2020**

9. HQAI decision

Independent Verification Decision

Registration in the Independent Scheme: ☑ Accepted	☐ Refused
Next audit: Mid-Term Audit: 2022/05	
Name and signature of HQAI Executive Director: Pierre Hauselmann	**Date and place:** **Châtelaine, 24 June 2020**

10. Acknowledgement of the report by the organisation

Space reserved for the organisation	
Reservations regarding the findings / remarks regarding the behaviour of the audit team: *If yes, please give details:*	☐ yes ☒ no
Acknowledgement and Acceptance of Findings: I acknowledge and understand the findings of the audit I accept the findings of the audit	
Name and signature of CARE representative: Rasmus Stuhr Jakobsen	**Date and place:** Copenhagen, 12 June 2020

Appeal

In case of disagreement with the decision on certification, the organisation can appeal to HQAI within 14 days after being informed of the decision. HQAI will investigate the content of the appeal and propose a solution within 10 days after receiving the appeal.

If the solution is deemed not to be satisfactory, the organisation can inform HQAI in writing within 30 days after being informed of the proposed solution, of their intention to maintain the appeal.

HQAI will transmit the case to the Chair of the Advisory and Complaint Board who will constitute a panel made of at least two experts who have no conflict of interest in the case in question. These will strive to come to a decision within 30 days.

The details of the Appeals Procedure can be found in document PRO049 – Appeal Procedure.

Annex 1: Explanation of the scoring scale

0	**Major non-conformity or Major weakness**
	Your organisation currently does not work towards applying this requirement, either formally or informally. It's a major weakness that prevents your organisation from meeting the overall commitment.
1	**Minor non-conformity or Minor weakness**
	Your organisation has made some efforts towards applying this requirement, but these efforts have not been systematic.
2	**Observation**
	Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed.
3	**Conformity**
	Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled
4	**Exceptional conformity**
	Your organisation's work goes beyond the intent of this requirement and demonstrates innovation. It is applied in an exemplary way across the organisation and organisational systems ensure high quality is maintained across the organisation and over time.