**hqai**
HUMANITARIAN QUALITY
ASSURANCE INITIATIVE

# CARE International (CI)
# Renewal Audit (Transition) – Summary Report – 2023/03/09

## 1. General information

### 1.1 Organisation

| Type | Mandates | Verified |
|---|---|---|
| ☒ International<br>☐ National<br>☐ Membership/Network<br>☐ Direct Assistance<br>☒ Federated<br>☒ With partners | ☒ Humanitarian<br>☒ Development<br>☒ Advocacy | ☒ Humanitarian<br>☐ Development<br>☐ Advocacy |
| **Legal registration** | INGO | |
| **Head Office location** | CI Secretariat based in Geneva | |
| **Total number of organisation staff** | 11,450 | |

### 1.2 Audit team

| Lead auditor | Joanne O'Flannagan |
|---|---|
| **Second auditor** | Phillip Miller |
| **Third auditor** | |
| **Observer** | |
| **Expert** | |
| **Witness / other participants** | |

### 1.3 Scope of the audit

| CHS Verification Scheme | Verification |
|---|---|
| **Audit cycle** | Second<br><br>This Renewal Audit is a transition from the 4 year audit cycle to the 3 year audit cycle. The Initial Audit was conducted in 2020 with a Mid-term Audit due in 2022. After discussion with the organisation, it was agreed to transition to the 3 year audit cycle through a Renewal Audit. |
| **Coverage of the audit** | The audit covers CARE International's humanitarian work globally. This includes the work of the CI Secretariat, National Members (Lead and non-Lead), candidates, affiliates and in Country Offices where humanitarian programming is implemented. |

### 1.4 Sampling*

| Total number of Country Programme sites in scope | | | 64 |
|---|---|---|---|
| **Total number of sites for onsite visit** | | | 3 |
| **Total number of sites for remote assessment** | | | 5 |
| **Name of country programme** | **Included in final sample (Y/N)** | **Rationale for sampling and selection / de-selection decision** | **Onsite or Remote** |
| **Random sampling** | | | |

| | | | |
|---|---|---|---|
| Afghanistan | N | Not selected due to current levels of stress and pressure on CARE team in Afghanistan. CI requested the auditors to purposively replace with a comparably complex and largescale humanitarian programme. Replaced with Somalia for remote assessment. | |
| Côte d'Ivoire | Y | Selected for remote assessment. A small programme and provides coverage of programming in West Africa. Lead Member is CARE USA. | Remote |
| Laos | N | Not selected - auditors purposively replaced Laos with a larger humanitarian programme in Lebanon to ensure better geographical coverage and to include another Lead Member, France, in the sample. | |
| Nepal | N | Originally selected for remote assessment and later, at the request of CI, replaced due to staff welfare issues. Auditors replaced with Iraq which provides for another Lead Member, Germany, in the sample. | |
| Poland | Y | Selected - Poland is a relatively new programme in response to the Ukraine crisis and has been selected for onsite activities. The Lead Member is CARE USA and, unusually for CI, programmes are exclusively implemented through partners with no direct programme implementation by CARE. | Onsite |
| Thailand | Y | Selected - Raks Thai (CARE Thailand) is an operational member of CI, the first member from the Global South, joining CI in 2003. Therefore there is no Lead Member and CARE Thailand has full responsibility for programme implementation. | Remote |
| Timor Leste | Y | Selected - the auditors wanted to maintain geographical spread for onsite activities and to conduct one onsite visit in Asia. Timor Leste is accessible, programming has a greater focus on responding to natural disasters and DRR and CARE has been responding to recent large scale flooding. Lead Member is CARE Australia. | Onsite |
| Venezuela | Y | Venezuela is a small programme, implemented through partners, with no physical CARE presence in the country; it provides geographic coverage of CI in Latin America. Lead Member is CARE USA. | Remote |

**Purposive sampling**

| | | |
|---|---|---|
| Lebanon | Lebanon has good access for onsite assessment. The Lead Member is CARE France so it also provides good range in terms of coverage of different Lead Members. Programme implementation is a combination of direct and through partners. | Onsite |
| Iraq | Iraq is a well-established programme with a significant humanitarian portfolio. The Lead Member is CARE Germany which helps to broaden representation of CARE members in the audit sample. Programme implementation is a combination of direct and through partners. | Remote |
| Somalia | Replaced Afghanistan - a comparably large scale humanitarian programme in a protracted and complex context. | Remote |

**Any other sampling performed for this audit:**

CARE International has three types of members, plus affiliates. There are five Lead Members which manage country programmes. Through the sampling, four of these are covered; USA [the largest lead member country], Australia, France and Germany. Raks Thai (CARE Thailand), captured as part of the random sampling, 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.

**Sampling risks identified:**

Sampling risk was considered through purposively including four of the five Lead Members who are responsible for the management and oversight of Country Offices and programmes as per recommendation of the Initial Audit as well as the inclusion of a non-conflict related humanitarian response (Timor Leste).

The audit team is confident in the sample and in the findings from the available evidence generated.

*It is important to note that the audit findings are based on a sample of an organisation's activities , programmes, and documentation as well as direct 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

## 2.1 Locations Assessed

| Locations | Dates | Onsite or remote |
|---|---|---|
| CARE International Secretariat and National (including Lead) Members | 26 October - 4 November 2022 | Remote |
| Poland | 14 - 18 November 2022 | Onsite |
| Lebanon | 21 - 25 November 2022 | Onsite |
| Timor Leste | 21 - 25 November 2022 | Onsite |
| Somalia | 5 - 6 December 2022 | Remote |
| Iraq | 7 - 9 December 2022 | Remote |
| Thailand | 12 – 16 December 2022 | Remote |
| Côte d'Ivoire | 12 – 16 December 2022 | Remote |
| Venezuela | 12 – 16 December 2022 | Remote |

## 2.2 Interviews

| Level / Position of interviewees | Number of interviewees | | Onsite/ Remote |
|---|---|---|---|
| | Female | Male | |
| **CI Secretariat and CARE Members (including Lead Members)** | | | |
| Management | 10 | 8 | Remote |
| Staff | 3 | 3 | Remote |
| **Country Offices** | | | |
| Management | 15 | 17 | Onsite/Remote |
| Staff | 9 | 2 | Onsite/Remote |
| Partner staff | 16 | 6 | Onsite/Remote |
| **Total number of interviewees** | **53** | **36** | **89** |

## 2.3 Consultations with communities

| Type of group and location | Number of participants | | Onsite or remote |
|---|---|---|---|
| | Female | Male | |
| Warsaw, Poland - refugee/asylum seeker/migrant support | 2 | | Onsite |

| | | | |
|---|---|---|---|
| Warsaw, Poland - refugee/asylum seeker/migrant support | 5 | 3 | Onsite |
| Warsaw, Poland - refugee/asylum seeker/migrant support | 6 | 2 | Onsite |
| Warsaw, Poland - refugee support (Cash) | 2 | | Onsite |
| Lublin, Poland – refugee support (Cash for Work) | 1 | | Onsite |
| Lublin, Poland – refugee support (Cash for Work) | 2 | | Onsite |
| Manleauna, Timor Leste – flood response | 13 | | Onsite |
| Manleauna, Timor Leste – flood response | | 7 | Onsite |
| Meawai, Timor Leste – disaster preparedness and COVID 19 response | 6 | | Onsite |
| Meawai, Timor Leste -disaster preparedness and COVID 19 response | | 10 | Onsite |
| Ossorua, Timor Leste – disaster preparedness | 6 | 6 | Onsite |
| Tripoli, Lebanon – GBV/PSEA | 10 | | Onsite |
| Tripoli, Lebanon – GBV/PSEA | 5 | 2 | Onsite |
| Beirut, Lebanon – Integrated protection (refugee and host community) | 5 | | Onsite |
| Beirut, Lebanon – Integrated protection (refugee and host community) | 11 | | Onsite |
| Beirut, Lebanon – Emergency response – shelter | 7 | | Onsite |
| Beirut, Lebanon – Emergency response – shelter | 3 | 1 | Onsite |
| **Total number of participants** | **83** | **31** | **114** |

## 2.4 Opening meeting

| | |
|---|---|
| **Date** | 2022/10/26 |
| **Location** | Remote |
| **Number of participants** | 26 |
| **Any substantive issues arising** | None |

## 2.5 Closing meeting

| | |
|---|---|
| **Date** | 2022/12/13 |
| **Location** | Remote |
| **Number of participants** | 12 |
| **Any substantive issues arising** | None |

# 3. Background information on the organisation

| | |
|---|---|
| **3.1 General information** | CARE International (CI) was founded in 1945 as the 'Cooperative for American Remittances to Europe'. Since its initial activities sending food aid packages to those starving as a result of World War II, CARE has evolved to become one of the largest development and humanitarian NGOs. In 2022, CI worked in 111 countries, reaching 174 million people through more than 1,600 projects; it currently has humanitarian operations in around 65 of these 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".<br><br>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 continues to respond to major crises, including ongoing humanitarian response programmes in DRC, Yemen, Syria, Myanmar/Bangladesh, Afghanistan and, most recently, Ukraine.

CI's stated vision is to 'seek a world of hope, inclusion 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. At the heart of CARE's mission and identity is its special focus on working alongside women and girls; the organisation believes 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:

a)     Promote empowerment
b)     Work in partnership with others
c)     Ensure accountability and promote responsibility
d)     Address discrimination
e)     Seek sustainable results
f)     Do No Harm

CI currently has a focus on six programme Impact Areas:

•      Crisis Response
•      Gender Equality
•      Climate Justice
•      Right to Health
•      Right to Food, Water and Nutrition
•      Women's Economic Justice

CI's 2030 Vision, *Harnessing collective power to fight poverty, and achieve social justice*, outlines how the organisation aims to continue tackling poverty and social injustice. The global strategy is supported by a Humanitarian Impact Area Strategy which outlines CI's approach and priorities in its humanitarian work. CARE is committed to the humanitarian principles, needs-based, gender-responsive and transformative programming, and the contribution that humanitarian action makes towards achieving the Sustainable Development Goals (SDGs). The strategy recognises the importance of local-leadership and a more equitable humanitarian system and commits to decolonised humanitarian action, equitable partnership and to embracing feminist principles, to address power imbalances and inequalities in its own organisation, the communities it works in, and the wider humanitarian sector. CARE's Gender in Emergencies (GiE) approach is central to its response and provides a lens for all its humanitarian work.

CI anticipates a budget of at least $450M per year to meet its annual humanitarian impact goal of 10% of people affected by major crises, where CARE and partners work.

| **3.2 Governance and management structure** | CARE International (CI) is a global confederation of 21 member organisations: 16 National Members, 4 Candidates and 1 Affiliate, 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 around the world.  CI is striving to enhance the diversity of its membership and partnerships in order to multiply impact, achieve its vision and contribute to decolonisation of aid and of the aid sector. CI is currently exploring two potential affiliate members.<br><br>The CI Secretariat coordinates and supports the confederation network to achieve common impact goals and shared global priorities in line with the global *CARE 2030 Vision*. The CI Secretariat hosts the CARE Emergency Group (CEG), Global Advocacy and Communications leadership, a Safety & Security Coordinator and a Programme Unit with a focus on MEAL and gender programming. Secretariat staff are based around the world with particular representations in Geneva, Brussels and New York. The Secretariat coordinates |
|---|---|

funding targets and information as part of its coordination role for humanitarian response across the confederation.

CI members agree to work to, and abide by, a common CI Code (including codes of conduct and ethics) that covers governance and leadership; principles of engagement; and its global approaches. CI has several policies and guidelines applicable across all CARE members. These include the CI Policy on Fraud and Corruption (updated 2022), Procurement Policy, Safeguarding Policy (updated 2020) and Partnership Standards (2021). Policies and procedures governing finance, audit and human resources, rest with individual members.

The CI Policy Framework provides an overarching framework for good governance of core CI global policy priorities and for the coordinated, transparent and inclusive development, approval and review of CI global and harmonised policies and collective positions, and standards and guidance papers, and is accompanied by tools and templates to support the CI Policy Governance Group and other working groups/ taskforces to carry out their duties with respect to CI policy governance and CI policy development and update.

The organisation is governed by the CI Council, the highest authority of CARE International, which serves as a representative forum for the worldwide membership of CARE. The Council comprises one delegate, the chair of the national Board of each member/affiliate and alternate delegate. Reporting to the Council is the Supervisory Board, an independent body appointed by the Council and charged with strategic, operational, legal and financial oversight and advancing shared global priorities. The CI Secretary General reports to the SB. The CI Supervisory Board meets quarterly, and the Council meets annually. A range of working groups, with membership drawn from across the CARE membership, support policy development and decision making. The National Directors of each of the 21 members constitute the Management Committee of CI, chaired by the Secretary General, and tasked with ensuring strategic alignment, collaboration and support.

All members of the CARE confederation (CARE Member partners - CMP) have their own independent governance and support country programmes through fundraising, communication, management support, technical expertise or advocacy. Some CMP are operational and lead the operational management of CARE programmes in different country, some are focused on domestic programmes and operations while others assume mainly supportive and representative roles.

- **Lead-Members** act as line managers and are responsible for ensuring that operations and programmes implemented in CARE non-member country offices under their management meet CARE standards and follow CARE Policies. Currently there are five Lead-Members (CARE Australia, Canada, France, Germany and USA) with CARE USA being the largest lead member managing most of CARE's Country Offices and programmes.

- **Operational members** are independent members, which mainly undertake, and line manage significant domestic programmes. Currently CARE Egypt Foundation, CARE India, CARE Peru and Raks Thai (Thailand) are full operational CARE members,

- **Non-Lead members** do not manage country operations, but do undertake fundraising, grant management, provide technical expertise (also for the CARE confederation) and support, policy, advocacy and communications (CARE Austria, Denmark, Japan, Luxemburg, Netherlands, Norway, UK).

- **Affiliate Members** are more independent parts of the CARE confederation which are fully independent with their own governance and domestic programmes but are also not full members of the confederation. They may or may not share the CARE brand but work as part of the CARE network based on a shared set of goals and values and in line with mutual strategic interests. Currently Chrysalis in Sri Lanka is the only CARE International affiliate.

- As part of its journey to diversify its membership, **candidate members** represent CARE International entities (CARE Caucasus, CARE Czech Republic, CARE Maroc, and Yayasan CARE Peduli (Indonesia)) currently on a timebound journey to becoming full CARE members. Most implement and manage already domestic programmes under their direct responsibility.

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

Typically, there is only one CARE presence per country although there can be exceptions to this. CARE occasionally has a 'temporary presence', in which a programme is established for a fixed duration, usually in response to a crisis.

While 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.

The latest available CI Financial Overview (2020) shows total humanitarian programme expenditure of more than 300 million Euro.

| | |
|---|---|
| **3.3 Internal quality assurance mechanisms and risk management** | CI members agree to abide by the CI 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.<br><br>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 programming 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 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.<br><br>The National Directors Committee (NDC) provides global leadership and comprises the Secretary General (SG) and National Directors of each Member and Affiliate. 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.<br><br>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. Two interdisciplinary Strategic Leadership Teams (SLTs) comprising cross confederation experts provide leadership, analysis, and action on agreed priorities related to Programme Quality and Impact and on Organisational Development and Accountability. There are currently ten Working Groups focusing on specific topics such as fundraising, advocacy, M&E, operations 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 systematisation 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.<br><br>CI has several policies that relate to internal quality assurance, including provisions within the CI Code which apply to all members: the Code of Conduct, CHS, the principle of impartiality and the principle of working independently of political, commercial, military, or religious objectives and the promotion of humanitarian space. The statutes of the CI Code require members to exercise all due and proper responsibility in all financial matters and requires accounts to be audited in accordance with nationally recognised accountancy principles and practices. Since the IA, CARE has developed and rolled out a set of Program Quality (PQ) standards (x 10 principles/approaches) including Accountability to Affected People and Do No Harm. CARE's Humanitarian Accountability Framework (updated 2021) sets out how accountability as a constant, guiding principle in CARE's humanitarian work, is applied at every stage of the programme cycle with associated guidance for implementation. An Accountability Dashboard, developed and launched in 2021, is a tool showing how each member is doing in comparison to other members in terms of progress against agreed shared commitments and priorities. The dashboard covers a number of key areas including, feedback and accountability; safeguarding; gender; and climate responsibility. |

There are three main bodies in CARE International that assume responsibility for monitoring and coordinating the management of CARE humanitarian programming: Crisis Coordination Groups (CCG, for each crisis / response), the Humanitarian Working Group (HWG) 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 on 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. Since the IA, COVID related restrictions led to a reduction of specific response level reviews, although information gaps were partially compensated for through enhanced digital reporting procedures.

While CI has no overall policy covering audits, all members apply rules and standards which are in accordance with relevant laws and regulations. Further, the CI Code requires accounts to be audited in accordance with nationally recognised accountancy principles and practices. The available Internal Audit functions mainly for finance and outputs rather than programme quality assurance. Not all members have an internal audit department and some members may outsource the function; each member is required to conduct external financial audits in line with their own national laws and these are shared with the CARE Secretariat and a summary of these is published in an annual report, publicly available, online.

| | |
|---|---|
| **3.4 Work with partner organisations** | Since the Initial Audit, CI has developed a common set of Partnership Standards (2021), defining partnership as purposeful relationships based on mutual trust, equality and learning. The standards have been endorsed by all CI members and will provide an additional guide for humanitarian MEAL processes, including partnership reviews. CI strives to proactively engage partners, with and through whom they work, at all levels from emergency planning, to building capacity, maximising impact of programmes, to developing systems of governance, and highlights the objectives of value-added. There is an increasing strategic emphasis on decolonisation of aid and of the aid sector, including through its partnership approaches and strategies. CARE considers necessary to adapt culture and systems to support and reinforce equitable partnerships including a shift in power and a strengthened, networked approach. These strategies around partnerships are central to CI's mission and vision statements and to Vision 2030, under which CARE is committed to deepening its existing approach to partnerships for sustainable development and humanitarian assistance with an emphasis on amplifying local women leaders and movements'. In some contexts, CARE works exclusively through local partners although generally the humanitarian programming portfolio in Country Offices is a mix of direct implementation and partnership.

In 2022, following a two year process of consultation led by Adeso, CI, along with several other international NGOs signed up to the Pledge for Change, a far-reaching set of commitments to create closer partnerships with local and national organisations in a drive to shift more power, decision-making and money to the places worst affected by crisis and poverty.

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. COs (often with support from Lead Members) undertake due diligence checks and assessment of partner organisations and capacity to meet the requirements of CARE, and to deliver programmes to agreed standards. Capacity building plans are developed with partners in order to address gaps identified in the partner assessment process. Partner agreements reference values of mutual respect, trust, transparency and accountability. Agreements document contractual requirements, particularly in relation to resourcing, reporting, audit, procurement, fraud, anti-terrorism and PSEAH. |

# 4. Overall performance of the organisation

| | |
|---|---|
| **4.1 Effectiveness of the governance, internal quality** | CI's system of management and governance remains grounded in the 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 |

| | |
|---|---|
| **assurance and risk management of the organisation** | approach, and the CI Code. At the IA, the auditors noted that CI members and COs sometimes apply different practices in their programmes and projects, related to MEAL and feedback and complaints, and these practices did not consistently follow CI level guidance, principles, and policy. Since the IA, CARE developed an Improvement Plan based on the findings of the audit, which was endorsed with support from the National Directors Committee. A task team was put in place with dedicated leadership (from across the membership) for six primary corrective actions. The Improvement Plan aims to further establish Accountability to Affected People in the framework of CARE's organisational commitments and is included in a new Member Accountability Dashboard, Program Quality (PQ) standards aligned with Vision 2030, and within CARE International's PIIRS, through which all CARE members report on standardised indicators annually. The Improvement Plan covers the period 2020-2024; at the time of the current audit, it is still in the process of being fully rolled out.

A CARE Member Accountability Report has been launched, including Accountability to Affected People and safeguarding, and the PIIRS system has been updated to align with Vision 2030 and the new Humanitarian Impact Area strategy. All CARE members report annually against a series of indicators, including tracking of key indicators in relation to the rollout of safeguarding policies and procedures at CO level. The digitalisation of the Humanitarian Update provides a mechanism to capture key information about humanitarian programming at a country level and provide a global snapshot on performance against CHS standards.

The Accountability Dashboard provides a summary of information for leadership across a range of domains in line with CI's priorities for impact, organisational performance and collaboration. The tool makes available comparative data so each member can gauge its performance in relation to other members. Members are required to respond to the data and nominate the areas it will focus on in the ensuing year. The Dashboard is discussed amongst the National Directors annually and reportedly leverages a sense of shared responsibility among members to demonstrate progress. The Dashboard has helped members to identify priority areas for improvement.

The lack of an overarching system for assuring programme quality, or agreed and standardised systems for internal control and risk management across the confederation and all COs, means that some gaps persist when it comes to the effectiveness of CARE's systems, approaches and strategies for assuring the CHS across all humanitarian programmes. Members and COs will continue to apply different practices in their programmes. However, the response of CI to the Initial Audit findings demonstrates a confederation-wide commitment to improvement in relation to assurance of the CHS. |
| **4.2 Level of implementation of the CHS and progress on compliance** | Since the Initial Audit (2020), CI has continued to prioritise and promote accountability across the confederation. Recognising and respecting the diversity and independence of its members, CARE adopts a learning and supporting approach to the implementation of policies and standards, including the CHS, rather than a sanctioning approach, The audit process itself is welcomed as an opportunity for the organisation to learn and to improve. The current audit recognises the substantial efforts that CI has made to continue to strengthen accountability, not only in terms of the requirements of the CHS, but in the confederation's overarching commitment to be a more diverse, inclusive and anti-racist organisation. This is demonstrated, in part, through the establishment and monitoring of global performance targets on accountability, and is reflected in CARE 2030 Vision, in which the organisation commits to seeking ways to be held accountable by the people they serve and partners they work with.

A confederation structure brings opportunities and challenges to CI in assuring compliance with the CHS. The confederation, as a group of independent members, does not have a centralised system of management and internal control, and members have different organisational cultures, capacities and levels of resourcing, notwithstanding the shared vision, mission and principles that bind them. Quality and assurance systems are based on established mechanisms and procedures for negotiation and consensus.

For example, CI provides a range of guidelines and tools but relies on members' staff to utilise them because they see value in them, rather than members being obliged to apply particular tools or approaches. Nonetheless, the approach of CI in supporting all members to apply the CHS through the collectively agreed prioritisation, over time, of accountability to affected people, is evidenced in practice at Country Office (CO) level.

CI continues to make progress in ensuring PSEA (and safeguarding more broadly) is a priority area for all members. There is a convergence between safeguarding and CI's global priority |

to address gender inequality. Gender equality, particularly addressing gender based violence, is a core focus area of CI in Vision 2030 and the accompanying Humanitarian Strategy. As well as new/updated policies e.g., Safeguarding (2020) and Gender Equality and Inclusion (2022), the commitment to PSEA was evident in all sampled programmes. More broadly, CI has further aligned key guidance for COs, such as the Emergency Toolkit and Feedback and Complaints Mechanisms Guidance to the CHS.

To oversee the corrective action process for weaknesses identified in the Initial Audit, CI developed an Improvement Plan and created task teams with the relevant skills to lead on areas for improvement. CI has focused on both the policy framework as well as practical guidance and tools to address identified weaknesses. Apart from the Accountability Dashboard, other significant initiatives include:

- Updating of CI's performance tracking system (PIIRS) to include data about Feedback and Accountability systems, responsible data, safeguarding, and adaptive management (utilisation of learning).
- Development of Responsible Data Guidelines as an interim step towards confederation-wide policy development.
- Development of a (draft) Climate and Environment Policy with expectations of confederation-wide adoption in 2023.
- Finalisation of Feedback and Complaints Mechanisms Guidance after extensive consultation across CI
- Integration of Feedback and Accountability Mechanisms (FAM) within the CI Programme Quality Guidelines committing CARE members to actively promote and monitor the effectiveness of FAMs.
- Establishment of an online exchange platform for FAM practitioners across CI to share learning and grow the evidence base.
- Updating of the Safeguarding Policy and addition of monitoring policy implementation into PIIRS and into Member Accountability reporting (Dashboard).
- Upgrading of the EthicsPoint platform (Care Line) to enable all complaints on any form of misconduct, including SEAH and fraud/corruption, to be reported and for case management to be conducted in a standardised way across the confederation.
- Review and approval by the NDC of the Fraud and Corruption Policy; Gender and Inclusion Policy; and the Interactions with Armed Actors Policy.

At this audit, four Minor Weakness have been closed, one extended (recognising that the Improvement Plan is still being rolled out) and four new Minor Weaknesses have been recorded. Improvements are still required particularly in relation to ensuring that relevant information is systematically shared with communities and that they are consulted on and made aware of feedback and complaint mechanisms. Notwithstanding the need for some ongoing improvement, CI continues to show commitment to applying the CHS across its humanitarian programming.

## 4.3 Performance against each CHS Commitment

| Commitment | Strong points and areas for improvement | Feedback from communities | Average score* |
|---|---|---|---|
| **Commitment 1:** Humanitarian assistance is appropriate and relevant | Overall, the audit found that CI is generally providing humanitarian assistance that is appropriate and relevant but there is scope for improvement. The audit has found CI has improved in some areas but three new observations have been made. No minor weaknesses have been raised.<br><br>CI has clear policies in place governing all aspects of this commitment. The policy framework is supported by guidance and tools. The observations raised relate to practice which indicates that the policies and guidance | In their feedback communities felt that CI had clearly explained their selection criteria to them. They observed that the beneficiaries of CI programme reflected the selection criteria and included marginalised and vulnerable people. | 2.5 |

| | | | |
|---|---|---|---|
| | are not always being implemented by Country Offices (COs).<br><br>In summary, the gaps in practice relate to assessment processes. Specifically, CI can improve in terms of systematically ensuring impartiality, analysis of stakeholders and assessment of vulnerabilities and capacities. | | |
| **Commitment 2:** Humanitarian response is effective and timely | Overall, the audit found that CI is providing humanitarian assistance that is effective and timely. The audit has found that CI has made significant improvements since the Initial Audit. Five of the six observations noted in the Initial Audit have been addressed by CI. One new observation has been recorded and no weaknesses have been raised.<br><br>CI has clear policies in place governing all aspects of this commitment. The policy framework is supported by guidance and tools. The two observations raised relate to practice. Specifically, it was observed in the Initial Audit and this audit that there is inconsistent application of relevant technical standards across CI's humanitarian programming. In this audit an observation was also made noting that CI's monitoring of partners is not sufficiently systematic to ensure that poor performance can be identified. | In their feedback communities were generally positive about the timeliness of CI's response. They reported feeling safe when participating in CI activities. Although one community mentioned that CI had not effectively addressed all their needs and they still felt vulnerable to impacts of a future disaster, they had not conveyed this to CI. | 2.7 |
| **Commitment 3:** Humanitarian response strengthens local capacities and avoids negative effects | Awareness and commitment to do no harm and to strengthening local capacities is reflected at the highest levels of CI leadership and across staff at different levels in COs, including partners. CARE has a clear focus on strengthening women's capacities and on building women's resilience across its humanitarian programming. Overall, the audit found that CARE has improved systems to safeguard personal information and has closed the Minor Weakness, although an observation is maintained in relation to partner systems for safeguarding personal data. Although CARE's Emergency Toolkit describes the importance of planning for the end of an emergency programme either through phase-out or through transition to longer term programming, the current audit finds that planning for programme exit or transition in the early stages of humanitarian programmes is mainly contingent on the requirements of programme proposal templates and a new Minor Weakness has been recorded. Further, limited evidence of systematic improvement in the identification of negative effects has led to another Minor Weakness under this commitment. | Communities reported feeling empowered to make better choices and decisions for themselves and their families. Women, in particular described significant increase in levels of confidence, awareness of rights, and willingness to develop and utilise new skills as a result of participating in programmes. | 2.4 |
| **Commitment 4:** Humanitarian response is based on communication, participation and feedback | CARE makes systematic efforts to facilitate meaningful community participation and engagement, particularly of women. External communications are ethical and respectful and represent communities in a dignified way, foregrounding commitments to gender equality and women's participation. While guidance and training for the implementation of Feedback | Communities indicate they are satisfied with how CARE and partners communicate with them, noting that meetings/discussions/trainings are open and inclusive of different community members; however, a number of | 2.7 |

| | | communities confirmed they had not received information from CARE about the organisation, its programmes and its standards of behaviour. | |
|---|---|---|---|
| | and Accountability Mechanisms (FAM) requires programmes to share information with all community members about CARE and its partners, its projects, the expected behaviour of staff/volunteers and channels for providing feedback and complaints, CARE does not ensure that this information is systematically shared with communities and a Minor Weakness is recorded. While the existing Minor Weakness on 4.4 is closed, an observation is recorded noting that CI does not facilitate all communities to provide feedback using appropriate mechanisms. CARE continues the roll out of support and guidance for COs to ensure effective feedback mechanisms are in place across all programmes. | | |
| **Commitment 5:** Complaints are welcomed and addressed | Overall CI has addressed some of the weaknesses and gaps identified in the Initial Audit in relation to complaints handling. However, there remain areas for improvement.<br><br>Of the two Minor Weaknesses identified in the Initial Audit, one has been closed off and another has been extended. A new Minor Weakness has also been raised. CI's progress in addressing gaps is reflected in the fact that the audit found that CI is now compliant in two indicators where observations were recorded in the Initial Audit.<br><br>CI provides policy as well as guidance for COs regarding complaints handling in its Emergency Toolkit. CI has prioritised measures to prevent SEA and this was evident in most CO complaints handling processes.<br><br>Although the audit concluded that the robustness of the complaints handling processes varied across the sampled COs, generally, it was found that CI welcomes complaints. The minor weaknesses relate to CI not consulting with communities about their preferences for complaints systems and ensuring communities are aware of the complaints process. | Communities' awareness of expected behaviours of CI staff was largely based on cultural norms. No communities reported having been consulted about the complaints system or asked about whether it was working for them. Although communities also stated they felt safe to let CI staff know if they were not happy about their work or behaviour, not all were aware of how they could complain, or had the means or confidence to complain. | 1.9 |
| **Commitment 6:** Humanitarian response is coordinated and complementary | Overall, the audit found that CI continues to deliver humanitarian assistance that is coordinated and complimentary. CI has clear policies in place governing all aspects of this commitment. The policy framework is supported by guidance and tools. COs are prioritising working collaboratively and coordination is embedded in their practice.<br><br>One observation was raised relating to not consistently identifying interests and capacities of different stakeholders. Consistent with the Initial Audit, this audit found that CI continues to demonstrate exemplary practice in regards to participation in coordination bodies and collaborating with other actors. | Communities reported that they had not observed any duplication between the work of CI and other organisations. They were positive about how CI fills gaps and delivers assistance in places and sectors where no other organisations are working. Stakeholders valued how CI worked collaboratively and shared information. | 3 |

| | | | |
|---|---|---|---|
| **Commitment 7:** Humanitarian actors continuously learn and improve | Overall, the audit found that CI generally has systems in place which support continuous learning and improvement but there is scope for improvement at the practice level. CI has documented firm commitments to be a learning organisation and have backed up this commitment by investing in numerous information sharing platforms and making learning available to the public and the humanitarian sector. <br><br> CI has demonstrated considerable progress in addressing the Minor Weakness that was identified in the Initial Audit and this has now been closed. Two observations have been made which relate to engagement with communities around learning. | In one CO, communities reported not having been given the opportunity to provide feedback and consequently CI could not learn from their experiences. Communities reported that CI did not share learning with them but had seen how CI had adapted programming over time. | 2.8 |
| **Commitment 8:** Staff are supported to do their job effectively, and are treated fairly and equitably | Overall CARE staff demonstrate a strong awareness of and commitment to CARE principles, values and commitments (CoC, gender equality, safeguarding/PSEA, DNH). There is clear evidence that staff induction and onboarding processes are consistent and ensure understanding and awareness of core policies and standards; a related observation from the IA is not retained. Some COs have gaps in staffing often due to conditions beyond the control of CARE. While some Lead Members provide support through interim appointments and substitution with remote capacity, not all Lead Members provide the necessary support to COs to plan for and manage effective staffing levels. There is a widely held perception that CARE is a fair and non-discriminatory employer, and staff generally describe having clear job descriptions and performance management procedures, however, systems and supports to ensure staff workloads are manageable are not always in place. | Communities perceive CARE and partner staff as respectful and professional. | 2.8 |
| **Commitment 9:** Resources are managed and used responsibly for their intended purpose | CARE resources are managed responsibly. Finance policies and associated procedures are well established and staff at different levels know and understand how to apply them. Staff and partners demonstrate high levels of awareness of risks of fraud/ corruption and related mitigation measures and confirm training and awareness raising in this regard. The IA recorded an observation, noting that CI had no clear organisation-wide environment policy that embraced all aspects of CI's work to ensure that resources were used in an environmentally responsible way, since then CI has made substantial progress on developing a Climate and Environment Policy for the confederation (draft 2022). Notwithstanding the significant progress, at the time of the current audit CI does not yet have a formally agreed organisation-wide environment policy so the observation is maintained. Partners confirm support for financial monitoring and reporting including training and capacity building for relevant personnel. | Communities stated they were unaware of any misuse of funds by CARE staff or partners. | 2.8 |

*__Note__: Average scores are a sum of the scores per commitment divided by the number of indicators in each Commitment, except when one of the indicators of a commitment scores 0 or if several scores 1 on the indicators of a Commitment lead to the issuance of a major non-conformity/ weakness at the level of the Commitment. In these two cases the overall score for the Commitment is 0.*

# 5. Summary of open weaknesses

| Weaknesses | Type | Resolution due date | Status | Date closed out |
|---|---|---|---|---|
| 2023-3.4: CI does not ensure that programme exit or transition is planned for, particularly when working through partners; and does not ensure that communities are made aware of when programmes will end. | Minor | 2026/01/23 | New | |
| 2023-3.6: CI does not have adequate systems and processes in place to identify and act on actual or potential negative effects in a timely and systematic manner. | Minor | 2026/01/23 | New | |
| 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 | 2022/04/07 | Closed | 2023/01/23 |
| 2023-4.1: CARE does not ensure that information is systematically shared with communities about the organisation, the principles it adheres to, how it expects its staff to behave, the programmes it is implementing and what they intend to deliver. | Minor | 2026/01/23 | New | |
| 2020 - 4.4: CARE International does not ensure that feedback from communities is systematically recorded and responded to where necessary | Minor | 2022/04/07 | Closed | 2023/01/23 |
| 2023 - 5.1: CI does not ensure that all CO's consult with communities regarding the design, implementation and monitoring of complaints handling systems. | Minor | 2026/01/23 | New | |
| 2020 – 5.2: CARE International does not ensure that communities are aware of the Feedback & Complaints Mechanism and of its scope. | Minor | 2026/01/23 | Extended | |
| 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 | 2022/04/07 | Closed | 2023/01/23 |
| 2020 – 7.2: CARE International does not consistently learn, innovate and implement changes on the basis of monitoring, evaluation, and feedback and complaints. | Minor | 2022/04/07 | Closed | 2023/01/23 |
| **Total Number of open Weaknesses** | **5** | | | |

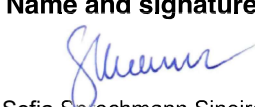# 6. Recommendations for next audit cycle

| **Specific recommendation for sampling or selection of sites or any other specificities to be considered** | Recommend at the next audit that the sample of country programme sites includes a programme that is implementing the Women Lead in Emergencies approach. Consider the inclusion of one Operational Member for onsite audit activities. |
|---|---|

| INDEPENDENT VERIFICATION |||
|---|---|---|
| In our opinion, CARE International demonstrates 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:**<br><br>*Joanne O'Flanagan* || **Date and place:**<br><br>2023/01/23<br><br>Belfast, Northern Ireland |

# 8. HQAI decision

| **Registration in the Independent Verification Scheme maintained:** | ☒ Accepted<br>☐ Refused ||
|---|---|---|
| Next audit: before 2026/03/09 |||
| **Name and signature of HQAI's Executive Director:**<br><br>Joost Monks || **Date and place:**<br><br>9th March 2023 |

# 9. Acknowledgement of the report by the organisation

| **Space reserved for the organisation** ||
|---|---|
| Any reservations regarding the audit findings and/or any remarks regarding the behaviour of the HQAI audit team:<br><br>*If yes, please give details:* | ☐ Yes     ☑ No |
| Acknowledgement and Acceptance of Findings:<br><br>I acknowledge and understand the findings of the audit<br><br>I accept the findings of the audit | <br><br>☑ Yes     ☐ No<br><br>☑ Yes     ☐ No |
| **Name and signature of the organisation's representative:**<br><br>Sofia Sprechmann Sineiro, Secetary General, CARE International | **Date and place:** |

# 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.

# 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*

| Scores | Meaning: for all verification scheme options | Technical meaning for all independent verification and certification audits |
|---|---|---|
| 0 | Your organisation does not work towards applying the CHS commitment. | **Score 0:** indicates a weakness that is so significant that the organisation is unable to meet the commitment. This leads to:<br><br>• **Independent verification:** major weakness.<br>• **Certification:** major non-conformity, leading to a major corrective action request (CAR) – No certificate can be issue or immediate suspension of certificate. |
| 1 | Your organisation is making efforts towards applying this requirement, but these are not systematic. | **Score 1:** indicates a weakness that does not immediately compromise the integrity of the commitment but requires to be corrected to ensure the organisation can continuously deliver against it. This leads to:<br><br>• **Independent verification**: minor weakness<br>• **Certification:** minor non-conformity, leading to a minor corrective action request (CAR). |
| 2 | Your organisation is making systematic efforts towards applying this requirement, but certain key points are still not addressed. | **Score 2:** indicates an issue that deserves attention but does not currently compromise the conformity with the requirement. This leads to:<br><br>• **Independent verification and certification:** observation. |
| 3 | Your organisation conforms to this requirement, and organisational systems ensure that it is met throughout the organisation and over time – the requirement is fulfilled. | **Score 3:** indicates full conformity with the requirement. This leads to:<br><br>• **Independent verification and certification:** conformity. |
| 4 | 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. | **Score 4:** indicates an exemplary performance in the application of the requirement. |

* Scoring Scale from the CHSA Verification Scheme 2020