Individual Self Reflection 2020 on World Humanitarian Summit Commitments and Initiatives - CARE International
## Stakeholder Information

<table>
<thead>
<tr>
<th>Organisation Name</th>
<th>Organisational Type</th>
<th>City and Country where Headquartered</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE International</td>
<td>NGO - International</td>
<td>Geneva, Switzerland</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Focal Point Name</th>
<th>Region</th>
<th>Twitter ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gareth Price-Jones</td>
<td>Global</td>
<td>@CAREGlobal</td>
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</table>

**Attachments**

[CARE_commitments.pdf](#)
1B Act early

<table>
<thead>
<tr>
<th>Commitment</th>
<th>Core Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commit to act early upon potential conflict situations based on early warning findings and shared conflict analysis, in accordance with international law.</td>
<td>Political Leadership to Prevent and End Conflicts</td>
</tr>
<tr>
<td>Commit to make successful conflict prevention visible by capturing, consolidating and sharing good practices and lessons learnt.</td>
<td>Political Leadership to Prevent and End Conflicts</td>
</tr>
</tbody>
</table>

1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

CARE continues to invest substantial advocacy resources into holding States and non-state actors accountable for their conduct of conflicts. In the reporting period CARE have refreshed its CARE-wide Humanitarian Advocacy Strategy and continued to deliver strong advocacy on, in particular, Syria, DRC, and the four famines (Somalia, Yemen, Nigeria and South Sudan).

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☑ Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
☑ By applying processes/indicators developed to measure WHS commitments specifically.

B. How are you assessing whether progress on your commitments is leading toward change in the direction of the transformation?

CARE’s refreshed global advocacy strategy and crisis-specific strategies include specific success indicators. These are also reflected in detailed planning.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

☑ Adherence to standards and/or humanitarian principles
☑ Human resources/capacity
☑ IHL and IHRL compliance and accountability

B. How are these challenges impacting achievement of this transformation?

CARE struggle hugely to influence the behaviors of nation States and Non-state armed actors in conflicts. Given the long-term nature of this transformation and the much larger influence of geopolitical behaviors and norms, our sense at the current time is that if anything, progress is being reversed.

4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.

CARE will be focusing particularly on Yemen and Syria, as well as boosting our ability to support during spikes in protracted crises. CARE will continue to work in Myanmar, South Sudan and DRC. CARE is also increasing its work on the Triple Nexus (humanitarian-development-peace), looking at how it can improve the conflict sensitivity of its programs while avoiding the risk that Humanitarian response is instrumentalised to support political peace or development processes.

5. What steps or actions are needed to make collective progress to achieve this transformation?

Primarily political action by either great power States, or by coalitions of other States, supported by effective multilateral support, coupled with strong application of humanitarian principles, conflict sensitivity and ‘Do no harm’ by those meeting immediate humanitarian needs.

Keywords
Humanitarian principles
Remain engaged and invest in stability

Joint Commitments

<table>
<thead>
<tr>
<th>Commitment</th>
<th>Joint Commitment</th>
<th>Commitment Type</th>
<th>Core Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commits to support the realization of The Peace Promise, which is a set of five commitments to develop more effective synergies among peace, humanitarian and development actions in complex humanitarian situations in order to end human suffering by addressing the drivers of conflict.</td>
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International Alert  
CDA Collaborative Learning Projects  
Peace Direct  
Conciliation Resources  
Human Appeal  
American Friends Service Committee (AFSC)  
World Vision International  
United Nations World Food Programme (WFP)  
United Nations Development Programme (UNDP)  
UN Special Representative of the Secretary-General for Children and Armed Conflict (SRSG CAAC)  
Mercy Corps  
International Labour Organization (ILO)  
Catholic Relief Services  
United Nations Children’s Fund (UNICEF)  
United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN)  
United Nations Population Fund (UNFPA)  
Alliance for Peacebuilding, Cord, Interpeace, Saferworld, Search for Common Ground, UN Secretary-General’s Envoy on Youth, UN Special Representative of the Secretary-General on Sexual Violence in Conflict, UNESCO, United Nations Department of Political Affairs, World Bank, Initiatives of Change International, Women for Women International

Policy  
Political Leadership to Prevent and End Conflicts

Core Commitments

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<thead>
<tr>
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<tbody>
<tr>
<td>Commit to improve prevention and peaceful resolution capacities at the national, regional and international level improving the ability to work on multiple crises simultaneously.</td>
<td>Political Leadership to Prevent and End Conflicts</td>
</tr>
<tr>
<td>Commit to sustain political leadership and engagement through all stages of a crisis to prevent the emergence or relapse into conflict.</td>
<td>Political Leadership to Prevent and End Conflicts</td>
</tr>
<tr>
<td>Commit to address root causes of conflict and work to reduce fragility by investing in the development of inclusive, peaceful societies.</td>
<td>Political Leadership to Prevent and End Conflicts</td>
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1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

CARE has invested substantial resources during the reporting period to engage in Nexus (humanitarian-development-peace) conversations and ensure that the voice of women and girls is heard. Evidence from CARE’s program experience suggests that ensuring development and humanitarian work is conflict sensitive and gendered will help ensure stability. CARE have also continued to work within the Grand Bargain framework to lobby for longer-term funding.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☐ Through multi-stakeholder processes or initiatives (e.g. IASC, Grand Bargain, Charter for Change, etc).

Keywords

Gender
Respect and protect civilians and civilian objects in the conduct of hostilities

Core Commitments

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<thead>
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<tr>
<td>Commit to promote and enhance the protection of civilians and civilian objects, especially in the conduct of hostilities, for instance by working to prevent civilian harm resulting from the use of wide-area explosive weapons in populated areas, and by sparing civilian infrastructure from military use in the conduct of military operations.</td>
<td>Uphold the Norms that Safeguard Humanity</td>
</tr>
</tbody>
</table>

1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

CARE continues to deconflict all our humanitarian work in Yemen. In other areas this has become extremely difficult, due to substantial evidence that combatants have used deconfliction data to target humanitarian programs.

Keywords

Humanitarian principles
Ensure full access to and protection of the humanitarian and medical missions

**Individual Commitments**

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<tr>
<td>To contribute to wider efforts to promote understanding of and respect for International Humanitarian Law, the Red Cross Code of Conduct and a principled approach to humanitarian action, CARE will train at least 100 international and national programme staff on principled humanitarian action in practice between 2016 and 2020; ensure its Emergency Preparedness Plan (EPP) process and reviews, which are undertaken on a regular basis by its 80 of our Country Offices, include plans to ensure planned responses reflect humanitarian principles; undertake a review of its global approaches to training of staff and civil society partners and strengthen attention to International Humanitarian Law, the Red Cross Code of Conduct and a principled approach to humanitarian action; invest in an organizational culture that more thoroughly integrates International Humanitarian Law, the Red Cross Code of Conduct and a principled approach to better support our country teams to manage risk and reach the most vulnerable people wherever they are.</td>
<td>Operational</td>
<td>Uphold the Norms that Safeguard Humanity</td>
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**Core Commitments**

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<tr>
<th>Commitment</th>
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<tr>
<td>Commit to ensure all populations in need receive rapid and unimpeded humanitarian assistance.</td>
<td>Uphold the Norms that Safeguard Humanity</td>
</tr>
<tr>
<td>Commit to promote and enhance efforts to respect and protect medical personnel, transports and facilities, as well as humanitarian relief personnel and assets against attacks, threats or other violent acts.</td>
<td>Uphold the Norms that Safeguard Humanity</td>
</tr>
</tbody>
</table>

1. **Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.**

   CARE continues to de-conflict our humanitarian programs in locations where this protects its staff, partners and beneficiaries. However, in some locations, notably Syria, the evidence suggests that armed actors have used deconfliction information to target humanitarian activities.

2. **A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.**

   ☑ By reporting to, or using reports prepared for, UN principal organs, UN governing boards, or other international bodies

3. **A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.**

   ☑ Adherence to standards and/or humanitarian principles
   ☑ IHL and IHRL compliance and accountability

   **B. How are these challenges impacting achievement of this transformation?**

   They are preventing humanitarian access and delivery of urgently required services.
Keywords
Humanitarian principles, Protection
Core Commitments

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<thead>
<tr>
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<tr>
<td>Commit to speak out and systematically condemn serious violations of international humanitarian law and serious violations and abuses of international human rights law and to take concrete steps to ensure accountability of perpetrators when these acts amount to crimes under international law.</td>
<td>Uphold the Norms that Safeguard Humanity</td>
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1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

CARE has actively engaged in the Harvard led interagency working group on protection of humanitarian action (see: http://atha.se/users/working-group-protection-humanitarian-action), an advocacy and support group working for more systematic advocacy to address and ultimately reduce attacks on humanitarians. CARE also participated in a webinar on the topic (see: http://atha.se/podcasts/protection-humanitarian-action-series-speaking-out). CARE have supported a new toolkit on how to respond to attacks on humanitarians and civilian targets, and rolled this out to our communications departments and country teams. CARE has also conducted a learning needs analysis and trained an estimated 100 key staff on humanitarian principles as part of our Emergency Leadership Management Program (ELMP) and CARE Humanitarian and Emergency Operations Learning Program (CHEOPS).

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☐ Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
☐ Through multi-stakeholder processes or initiatives (e.g. IASC, Grand Bargain, Charter for Change, etc).

B. How are you assessing whether progress on your commitments is leading toward change in the direction of the transformation?

CARE will monitor whether it publicly speaks out after attacks on both our own staff and partners and our peers. The new toolkit (being launched in 2018) will support changed behaviors in this respect.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

☐ Institutional/Internal constraints
☐ Other: Fear that speaking out will result in direct implications for the safety and security of programs, staff and assets.

B. How are these challenges impacting achievement of this transformation?

Too early to say.

4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.

CARE will begin utilising the new Toolkit, which will be published in its final form in 2018 (CARE has already circulated the draft version to its field colleagues as part of consulting).

5. What steps or actions are needed to make collective progress to achieve this transformation?

Widespread adoption of the toolkit and effective adoption of its recommendations across the sector.

6. List any good practice or examples of innovation undertaken individually or in cooperation with others to advance this transformation.

See podcast: http://atha.se/podcasts/protection-humanitarian-action-series-speaking-out

Keywords
Humanitarian principles, Protection
2D Take concrete steps to improve compliance and accountability

Core Commitments

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<tr>
<td>Commit to promote and enhance respect for international humanitarian law, international human rights law, and refugee law, where applicable.</td>
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<tr>
<td>Commit to speak out and systematically condemn serious violations of international humanitarian law and serious violations and abuses of international human rights law and to take concrete steps to ensure accountability of perpetrators when these acts amount to crimes under international law.</td>
<td>Uphold the Norms that Safeguard Humanity</td>
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<td>Implement a coordinated global approach to prevent and respond to gender-based violence in crisis contexts, including through the Call to Action on Protection from Gender-based Violence in Emergencies.</td>
<td>Uphold the Norms that Safeguard Humanity</td>
</tr>
<tr>
<td>Fully comply with humanitarian policies, frameworks and legally binding documents related to gender equality, women's empowerment, and women's rights.</td>
<td>Uphold the Norms that Safeguard Humanity Leave No One Behind</td>
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1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

IHL and IHRL compliance and accountability
CARE has continued to train international and national programme staff on principled humanitarian action and IHL in practice. CARE have also ensured our Emergency Preparedness Plan (EPP) processes and reviews include assurances that planned responses reflect humanitarian principles.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☐ Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
☐ Through multi-stakeholder processes or initiatives (e.g. IASC, Grand Bargain, Charter for Change, etc).

B. How are you assessing whether progress on your commitments is leading toward change in the direction of the transformation?
In particular by measuring our program performance against the Core Humanitarian Standard.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

☐ Institutional/Internal constraints

B. How are these challenges impacting achievement of this transformation?
A particular challenge is ensuring global consistency across 96 country presences.

4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.
Continued training to maintain current levels of awareness and compliance.

6. List any good practice or examples of innovation undertaken individually or in cooperation with others to advance this transformation.
CARE trained its staff to address localization/partnership considerations in their work, including our Rapid Response Team and country-based staff and partners (introducing training in remote partnering)

Keywords
Humanitarian principles, IHL compliance and accountability, Quality and accountability standards
Uphold the rules: a global campaign to affirm the norms that safeguard humanity

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1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

CARE has continued in 2017 to challenge States on their commitment to humanitarian norms, most notably at the EU level.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☐ Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

☐ Adherence to standards and/or humanitarian principles
☐ IHL and IHRL compliance and accountability

B. How are these challenges impacting achievement of this transformation?

The focus of major Global North powers on managing or preventing migration has set back humanitarian norms perhaps decades.

4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.

CARE will continue to engage on the global compacts on refugees and migration, as well as challenge major donors in particular around the importance of avoiding instrumentalisation of humanitarian aid.

5. What steps or actions are needed to make collective progress to achieve this transformation?

Major action by nation States

Keywords

IHL compliance and accountability
Reduce and address displacement

Core Commitments

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<tr>
<td>Commit to a new approach to addressing forced displacement that not only meets immediate humanitarian needs but reduces vulnerability and improves the resilience, self-reliance and protection of refugees and IDPs. Commit to implementing this new approach through coherent international, regional and national efforts that recognize both the humanitarian and development challenges of displacement. Commit to take the necessary political, policy, legal and financial steps required to address these challenges for the specific context.</td>
<td>Leave No One Behind</td>
</tr>
<tr>
<td>Commit to promote and support safe, dignified and durable solutions for internally displaced persons and refugees. Commit to do so in a coherent and measurable manner through international, regional and national programs and by taking the necessary policy, legal and financial steps required for the specific contexts and in order to work towards a target of 50 percent reduction in internal displacement by 2030.</td>
<td>Leave No One Behind</td>
</tr>
<tr>
<td>Acknowledge the global public good provided by countries and communities which are hosting large numbers of refugees. Commit to providing communities with large numbers of displaced population or receiving large numbers of returnees with the necessary political, policy and financial, support to address the humanitarian and socio-economic impact. To this end, commit to strengthen multilateral financing instruments. Commit to foster host communities' self-reliance and resilience, as part of the comprehensive and integrated approach outlined in core commitment 1.</td>
<td>Leave No One Behind</td>
</tr>
<tr>
<td>Commit to collectively work towards a Global Compact on responsibility-sharing for refugees to safeguard the rights of refugees, while also effectively and predictably supporting States affected by such movements.</td>
<td>Leave No One Behind</td>
</tr>
<tr>
<td>Commit to actively work to uphold the institution of asylum and the principle of non-refoulement. Commit to support further accession to and strengthened implementation of national, regional and international laws and policy frameworks that ensure and improve the protection of refugees and IDPs, such as the 1951 Convention relating to the Status of Refugees and the 1967 Protocol or the AU Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala convention) or the Guiding Principles on internal displacement.</td>
<td>Leave No One Behind</td>
</tr>
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1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

Refugees

CARE has been actively engaged in the Global Compact for Refugees, with a particular focus on gender within the Compact. CARE have held direct meetings with Member States, intergovernmental entities in New York regional centers and capitals, and supported local partners and affected people to engage, and have attended all consultations to date. At both country level and globally, CARE engaged with the Comprehensive Refugee Response Framework (CRRF), a key structure for more strategic multi-year response. In Ethiopia, CARE helped design and is contributing to a position (filled by an international staff since late 2017) who sits on the Ethiopian CRRF Secretariat. She is seconded to Office of the Prime Minister but reports to the INGO humanitarian coordination group.
2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☐ Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
☐ Through multi-stakeholder processes or initiatives (e.g. IASC, Grand Bargain, Charter for Change, etc).

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

☐ Adherence to standards and/or humanitarian principles

B. How are these challenges impacting achievement of this transformation?

Key impacts include the shift in focus by the European Union and its member countries towards addressing migration as a primary objective in their funding decisions.

Keywords

Gender
Empower and protect women and girls

Individual Commitments

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<tbody>
<tr>
<td>By 2020 CARE will empower women and girls as change agents and leaders.</td>
<td>Operational</td>
<td>Leave No One Behind</td>
</tr>
<tr>
<td>To support the WHS agenda on 'leave no one behind', CARE is actively engaged on numerous inter-agency efforts to ensure inclusive and needs-based humanitarian action. In so doing, it recognises the inter-sections between gender, age, disability and other factors that prevent people accessing the assistance and protection they need. In particular, it commits to: scale-up partnerships with women-led organisations on humanitarian assistance and protection, disaster risk reduction, climate change resilience and adaptation and recovery programmes in Syria, Pakistan, Nepal and Niger and draw learning from these partnerships to inform its global approach; partner with women’s organisations in its core sectors (shelter, WASH, sexual reproductive and maternal health and food security) to bring their expertise into efforts to define and implement minimum standards on gender in these sectors; monitor funding to women-led groups and triple it by 2020 from its 2015 level; scale-up our ‘whole of programme cycle’ approach to monitoring gender responsive programming across all 80 CARE country offices emergency preparedness plans and bring learning from this into efforts to strengthen the IASC Gender Marker and the forthcoming new accountability framework for the IASC 2008 Gender Policy Statement. To do this, CARE will build on its active role in piloting ‘whole of programme’ approaches to Gender Marking and the piloting of ‘minimum standards’ for gender, age and disability in the WASH sector.</td>
<td>Operational</td>
<td>Leave No One Behind</td>
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<tr>
<td>Empower Women and Girls as change agents and leaders, including by increasing support for local women's groups to participate meaningfully in humanitarian action.</td>
<td>Leave No One Behind</td>
</tr>
<tr>
<td>Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the Outcome documents of their review conferences for all women and adolescent girls in crisis settings.</td>
<td>Leave No One Behind</td>
</tr>
<tr>
<td>Ensure that humanitarian programming is gender responsive.</td>
<td>Leave No One Behind</td>
</tr>
<tr>
<td>Fully comply with humanitarian policies, frameworks and legally binding documents related to gender equality, women's empowerment, and women's rights.</td>
<td>Uphold the Norms that Safeguard Humanity Leave No One Behind</td>
</tr>
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</table>
1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

CARE, as a member of the Steering Committee for Humanitarian Response (SCHR), one of the co-conveners of the Grand Bargain participation workstream, is committed to the effective inclusive of women and girls in humanitarian decision-making and will continue our engagement in the ‘power and participation’ dialogue through both our staff and partners. CARE continue to advocate for affected women to lead and define their own response, rather than seeing them as objects of the humanitarian ecosystem, and endeavor to put this into practice in our own programs. In refugee response CARE will also continue to advocate that UNHCR recognise the demands of refugee women and girls that there should be ‘nothing about us without us’

In the policy space, CARE has made sustained efforts, as part of our larger Humanitarian Advocacy Strategy, to ensure that it supports affected women to engage effectively with policy spaces at both the national and global level This included a sustained effort around the Brussels Syria conference in 2017 to get local Syrian women organisations engaged. CARE Jordan has set up four Women Leadership Councils consisting of Syrian refugees, training them so they are able to speak for themselves in conversations with local and national authorities, UN agencies, NGOs and donors, rather than us speaking for them. CARE also revised its Protection against Sexual Exploitation and Abuse policy in 2017, and introduced a ‘CARE line’ which can receive both attributed and anonymous reports for immediate action.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☑ Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
☑ Through multi-stakeholder processes or initiatives (e.g. IASC, Grand Bargain, Charter for Change, etc).
☐ By applying processes/indicators developed to measure WHS commitments specifically.

B. How are you assessing whether progress on your commitments is leading toward change in the direction of the transformation?

The key assessment tool is conversations with affected women themselves. CARE conducts these conversations constantly across all its programs, and is increasingly adjusting programs in response, where funding and other restrictions (such as government permissions) allow.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

☑ Funding modalities (earmarking, priorities, yearly agreements, risk aversion measures)
☐ Gender and/or vulnerable group inclusion

B. How are these challenges impacting achievement of this transformation?

Funding modalities can constrain our ability to adapt programs to reflect what women and girls require. Existing social and other norms including power dynamics within communities can make empowerment of women and girls challenging.

4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.

CARE, as a member of the SCHR, one of the co-conveners of the Grand Bargain participation workstream, is committed to the effective inclusive of women and girls in humanitarian decision-making and will continue our engagement in the ‘power and participation’ dialogue through both our staff and partners. CARE continue to advocate for affected women to lead and define their own response, rather than see them as objects of the humanitarian ecosystem, and endeavor to put this into practice in our own programs.

5. What steps or actions are needed to make collective progress to achieve this transformation?

Serious conversations between all stakeholders around how we transfer power to women and girls. This requires flexibility in program design, funding modalities and funding parameters to support women-led organisations, enable feedback from women to considerably change planned program outcomes, and place affected women in positions of power.

6. List any good practice or examples of innovation undertaken individually or in cooperation with others to advance this transformation.

CARE’s research project on Learning and Best Practices on Local Women’s Participation in Protection Programming commenced in 2017 and is ongoing (Office of US Foreign Disaster Assistance-funded). This research examines gender-based-
violence (GBV), child protection, psychosocial services and protection information and advocacy sub-sectors, and will be available by July 2018.

Keywords

Gender, PSEA
Reinforce, do not replace, national and local systems

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<tr>
<td>By 2020 CARE will secure more resources for first and front line responders to spend on humanitarian action, DRR and climate adaptation and loss and damage.</td>
<td>Financial</td>
<td>Change People’s Lives: From Delivering Aid to Ending Need</td>
</tr>
<tr>
<td>To recognise and strengthen support for the role of local institutions in humanitarian action and meet the anticipated increase in need likely to be associated with accelerated climate change CARE commits to ensure that by end 2018 at least 50% (and by 2020, 100%) of all its partnerships fully comply with the Principles of Partnership, and thus reflect strategic partnership rather than subcontracting relationships; by May 2018 publish the percentages of its humanitarian budget which goes directly to partners for humanitarian capacity building and undertake to ensure it budgets for adequate administrative support for partners beyond the immediate costs of delivering specific projects; ensure that by May 2018 at least 20% of its humanitarian action (measured by spending) will be delivered through southern-based NGO partners; by 2020 streamline and harmonise with other similar NGOs the compliance requirements requested of partners and commit to not ask more of partners than donors ask of CARE; promote the role of local actors and acknowledge the work that they carry out, and include them as spokespersons when security considerations permit in any communications to the international and national media and to the public; by 2020 document the types of organisation CARE cooperates with in humanitarian response and publish these figures (or percentages) in public accounts using a recognised categorisation such as the GHA3 in real-time and to the IATI standard; only deploy to undertake humanitarian responses where needed, ensuring that its support is based on a clear assessment of need and complementarily with national NGOs, local CSOs and other stakeholders when making go/no go decisions on a response.</td>
<td>Policy</td>
<td>Change People’s Lives: From Delivering Aid to Ending Need</td>
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Core Commitments

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Commit to a new way of working that meets people’s immediate humanitarian needs, while at the same time reducing risk and vulnerability over multiple years through the achievement of collective outcomes. To achieve this, commit to the following: a) Anticipate, Do Not Wait: to invest in risk analysis and to incentivize early action in order to minimize the impact and frequency of known risks and hazards on people. b) Reinforce, Do Not Replace: to support and invest in local, national and regional leadership, capacity strengthening and response systems, avoiding duplicative international mechanisms wherever possible. c) Preserve and retain emergency capacity: to deliver predictable and flexible urgent and life-saving assistance and protection in accordance with humanitarian principles. d) Transcend Humanitarian-Development Divides: work together, toward collective outcomes that ensure humanitarian needs are met, while at the same time reducing risk and vulnerability over multiple years and based on the comparative advantage of a diverse range of actors. The primacy of humanitarian principles will continue to underpin humanitarian action.

Commit to reinforce national and local leadership and capacities in managing disaster and climate-related risks through strengthened preparedness and predictable response and recovery arrangements.

Commit to increase investment in building community resilience as a critical first line of response, with the full and effective participation of women.

Commit to ensure regional and global humanitarian assistance for natural disasters complements national and local efforts.

Commit to increase substantially and diversify global support and share of resources for humanitarian assistance aimed to address the differentiated needs of populations affected by humanitarian crises in fragile situations and complex emergencies, including increasing cash-based programming in situations where relevant.

Commit to empower national and local humanitarian action by increasing the share of financing accessible to local and national humanitarian actors and supporting the enhancement of their national delivery systems, capacities and preparedness planning.

1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

**Strengthening national/local leadership and systems**

CARE has created a baseline for its humanitarian funding to partners, though due to our systems across the CARE confederation are unable to separate out donor and privately-raised funding. In Financial Year 2017, CARE disbursed **$37.4m to our partners**, out of an over 217.5m humanitarian income. This means that **17% of CARE’s humanitarian funding was provided to local and national responders**. In 2017, CARE developed a **clearly-defined vision and rationale for localizing aid**, including a unique value proposition for the organization and a roadmap for change. This is in recognition that operational NGOs like CARE must adapt their business model and ways of working to deliver on localization. In the Philippines, CARE’s role has **evolved from delivering aid on the ground to positioning partners to prepare for and lead response**

**People-centered approaches (feedback mechanisms, community engagement, etc)**

CARE has been **actively engaged in improving participation** throughout 2017, particularly given its commitment to working with potentially vulnerable groups. CARE’s programme strategy notes that Inclusive Governance is one of three core elements of the CARE Approach. For humanitarian programming in CARE this means especially the promotion of inclusiveness and
accountability to the most vulnerable and marginalized groups. CARE promotes community based contextual analysis in humanitarian programmes in order to support a higher influence by crisis affected people on the initiation and the orientation of humanitarian responses. Concrete examples of our work include community early warning systems in Niger with active participation of affected people in collection and analysis of data for trigger indicators and capacity/resilience assessments. CARE India has experimented with Social Monitoring Committees in some of the crisis affected regions that can provide valuable analysis of vulnerability and specific needs, while CARE Haiti supports Local Civil Protection Committees.

Cash-based programming
CARE has now established a baseline for our cash based intervention (CBI) programming globally. CARE distributed an estimated $224.3 million and reached over two million individuals (over 376,000 households) through CBI programming in Financial Year 2017. Of that cash programming almost $164 million was humanitarian. CARE has conducted detailed analysis of our CBIs, including type of program modalities and use of Financial Service Providers (FSPs). 44% of transfer activities were carried out via cash-in-hand, 19% were paper vouchers, and 35% were e-transfers (utilizing mobile money, Automated Teller Machine [ATM] cards, Visa, or e-vouchers) CARE has conducted substantial analysis, advocacy and policy work on Cash programming during 2017. CARE engaged extensively with ECHO’s Cash policy process, with the intent to strategically influence wider cash policy that is likely to be based on ECHO guidelines.

Adherence to quality and accountability standards (e.g. CHS, SPHERE)
CARE has continued to invest in implementing the Core Humanitarian Standard (CHS) against a documented Action Plan including the alignment of CARE’s well established Humanitarian Accountability Framework and related Quality & Accountability guidance as well as Key Performance Indicators for all CARE members.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.
☑ Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
☑ Through multi-stakeholder processes or initiatives (e.g. IASC, Grand Bargain, Charter for Change, etc).

B. How are you assessing whether progress on your commitments is leading toward change in the direction of the transformation?
CARE is conducting an ongoing conversation with our partners to measure strategic progress above and beyond specific indicators as part of our drive to become fit-for-partnering in a way that reinforces local capacity.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.
☑ Funding modalities (earmarking, priorities, yearly agreements, risk aversion measures)
☑ Human resources/capacity
☑ Institutional/Internal constraints

B. How are these challenges impacting achievement of this transformation?
Shifting to a fit-for-partnering organisation requires substantial change in several areas, including in CARE’s systems, and in the attitudes and culture of CARE’s organisation. These largely internal challenges are anticipated to take a period of years to change consistently. In addition, funding modalities, in particular compliance and risk management processes, often retain power with international organisations.

4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.
In 2018 and 2019, CARE plans to increase investment in joint disaster preparedness with partners and develop an cohesive approach to partner capacity strengthening. CARE also plan to develop a cash ‘Playbook’ to improve consistency, and remove internal barriers to localization by simplifying and harmonizing CARE systems, (including our sub-grant management system). CARE will also finalize and implement a change process aimed at turning CARE into a ‘fit-for partnering’ agency at all levels.

5. What steps or actions are needed to make collective progress to achieve this transformation?
Serious conversations between all stakeholders around how we manage risk, in particular when things go wrong. There needs to be clear procedures and expectations for all actors, not simply risk transference down to the lowest level in the value chain.
6. List any good practice or examples of innovation undertaken individually or in cooperation with others to advance this transformation.

It is essential to intentionally partner with women’s organizations during preparedness by identifying local capacities in areas that empower women and girls, protect them against sexual exploitation and abuse and bring lasting gender-transformative change. Removing internal disincentives to partner (such as cumbersome systems and requirements) leads to more effective and equitable partnerships.

Keywords
Cash, Gender, Local action, People-centred approach, Quality and accountability standards
Individual Commitments

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<td>By 2020 CARE will more effectively assist and protect affected populations in challenging and high risk environments.</td>
<td>Operational</td>
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<td>Commit to accelerate the reduction of disaster and climate-related risks through the coherent implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030, the 2030 Agenda for Sustainable Development and the Paris Agreement on Climate Change, as well as other relevant strategies and programs of action, including the SIDS Accelerated Modalities of Action (SAMOA) Pathway.</td>
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<td>Commit to improve the understanding, anticipation and preparedness for disaster and climate-related risks by investing in data, analysis and early warning, and developing evidence-based decision-making processes that result in early action.</td>
<td>Change People's Lives: From Delivering Aid to Ending Need</td>
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1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

CARE's early action on the four famines was notable - CARE engaged in both program advocacy and action from late summer 2017 in preparation for the food security crisis in Somalia and Yemen, and opened a new program in Nigeria.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☐ Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.
B. How are these challenges impacting achievement of this transformation?

Securing sufficient skilled and experienced staff and sufficient funding was a challenge with multiple crises occurring concurrently.

Keywords

Disaster Risk Reduction
Deliver collective outcomes: transcend humanitarian-development divides

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1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

**Joined-up humanitarian-development analysis and planning towards collective outcomes**

In 2017, CARE substantially increased its engagement in the Humanitarian-Development Nexus at the global level, partly due to a concern that NGO engagement to mid-2017 was focused disproportionately on the potential risks of linking humanitarian and development work to principled humanitarian response. By late 2017, CARE had commenced discussions with its country teams to create case studies of successful nexus programming on the ground. At the country level, CARE continued to deliver Nexus programs in practice. In 2017, CARE Ethiopia transferred Social Analysis & Action approaches from its development sexual and reproductive health (SRH) programmes to its humanitarian programmes especially for challenging and transforming positively gender and social norms in favour of women’s empowerment (linked to VSLA/VESA) starting already during early recovery phases. As noted elsewhere in this and CARE’s Grand Bargain report, CARE also engaged substantially in the Comprehensive Refugee Response Framework (CRRF) processes both in pilot countries and globally.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☑ Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
☑ Through multi-stakeholder processes or initiatives (e.g. IASC, Grand Bargain, Charter for Change, etc).
☑ By applying processes/indicators developed to measure WHS commitments specifically.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

☑ Adherence to standards and/or humanitarian principles
☑ Funding modalities (earmarking, priorities, yearly agreements, risk aversion measures)
☑ Joined-up humanitarian-development analysis, planning, funding and/or response

B. How are these challenges impacting achievement of this transformation?

A key element emerging is the need for flexible multi-year funding that can be switched between humanitarian and development programming. This has been a particular challenge during the 2017 emergency in Myanmar, where donor categorisation has substantially reduced our capacity to respond.
4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.

CARE expects to continue delivering complementarity development and humanitarian programs where the context permits. CARE also expect more of its existing country programs to be framed using nexus language, with more explicit efforts to identify complementarities and opportunities for more impact. At the Global policy level CARE expect to publish more policy work and case studies on what success looks like at the country level.

6. List any good practice or examples of innovation undertaken individually or in cooperation with others to advance this transformation.

CARE has shared its internal policy paper with several key actors, and are happy to share more widely. In 2018, CARE will also publish a number of blogs and case studies that capture our experience and learning – these are due in mid-2018.

Keywords

Humanitarian-development nexus
5A Invest in local capacities

Individual Commitments

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<tr>
<td>By 2018 CARE will develop concrete organizational targets to increase direct and predictable financing for response, in particular national and local actors, and advocate for long-term support to ensure all humanitarians are able to maximise their impact.</td>
<td>Financial</td>
<td>Invest in Humanity</td>
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<td>Commit to empower national and local humanitarian action by increasing the share of financing accessible to local and national humanitarian actors and supporting the enhancement of their national delivery systems, capacities and preparedness planning.</td>
<td>Change People's Lives: From Delivering Aid to Ending Need Invest in Humanity</td>
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1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

Direct funding to national/local actors

Because of CARE's belief in the need for both local and international capacity to deliver high quality humanitarian response, CARE is committed to supporting national partners to grow. CARE have created a baseline for its humanitarian funding to partners, although due to our systems across the CARE confederation are unable to separate out donor and privately-raised funding. In Financial Year 2017, CARE disbursed $37.4m to our partners, out of an over 217.5m humanitarian income. This means that 17% of our humanitarian funding was provided to local and national responders. This was all direct from CARE to the partner, but we cannot currently track the full funding chain, so are unable to break this down between directly, through pooled funds, or through a single intermediary.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☑ Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
☑ Through multi-stakeholder processes or initiatives (e.g. IASC, Grand Bargain, Charter for Change, etc).

B. How are you assessing whether progress on your commitments is leading toward change in the direction of the transformation?

Through the indicators for the Charter4Change and the Grand Bargain

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

☑ Data and analysis
☑ Institutional/Internal constraints

B. How are these challenges impacting achievement of this transformation?

Disaggregating funding by the IASC-approved indicators for local funding is complex across a confederation with different coding and financial systems. This makes it difficult to analyse funding at the level of detail needed to shift specific program requirements, or to identify trends across donors.

4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.

CARE will finalize and implement a change process aimed at turning CARE into a ‘fit-for partnering’ agency at all levels – from
leadership and strategies, to systems and processes, skills and support, and a partnering culture, and develop an internal tracking system to collect and report localization data as per agreed definitions.

5. What steps or actions are needed to make collective progress to achieve this transformation?

Serious conversations between all stakeholders around how we manage risk, in particular when things go wrong. There need to be clear procedures and expectations for all actors, not simply risk transference down to the lowest level in the value chain.

6. List any good practice or examples of innovation undertaken individually or in cooperation with others to advance this transformation.

Localizing aid requires a significant shift to the way operational INGOs like CARE deliver and fund humanitarian action. Organization-wide change requires strong leadership and is a long-term process. It also requires identification of potential threats to business and funding models, and proactive mitigation of those risks.

Keywords

Local action
5B Invest according to risk

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<tr>
<td>Commit to invest in risk management, preparedness and crisis prevention capacity to build the resilience of vulnerable and affected people.</td>
<td>Invest in Humanity</td>
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1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

With a particular focus towards delivering funding through our partnerships, CARE has created a baseline for our humanitarian funding to partners: In FY 2017 CARE disbursed $37.4m to our partners, out of an over 217.5m humanitarian income. CARE also grew its humanitarian funding significantly, though progress varied across different confederation members. CARE also increased investment in its Rapid Response Team and our Emergency Response fund to increase its own capacity.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☑ Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
☑ Through multi-stakeholder processes or initiatives (e.g. IASC, Grand Bargain, Charter for Change, etc).
☑ By applying processes/indicators developed to measure WHS commitments specifically.

B. How are you assessing whether progress on your commitments is leading toward change in the direction of the transformation?

CARE has created a set of proxy indicators to benchmark itself against peer agencies and the wider sector. These have been somewhat challenged internally, however, given that they tend to represent patriarchal measures of size and speed rather than the quality of our response and partnerships.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

☑ Data and analysis
☑ Gender and/or vulnerable group inclusion
☑ Information management/tools

4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.

CARE will continue to measure its investments in alignment with both its peers, strategy, and in particular against Grand Bargain and Charter4Change commitments, with the expectation that this will support wider investment decisions that build CARE’s capacity.

6. List any good practice or examples of innovation undertaken individually or in cooperation with others to advance this transformation.

CARE’s role in the Philippines has evolved from delivering aid on the ground to positioning partners to prepare for and lead response. CARE is moving away from traditional towards higher-value roles including network facilitator, donor, relationship/knowledge broker and surge provider.
Finance outcomes, not fragmentation: shift from funding to financing

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<td>Commit to enable coherent financing that avoids fragmentation by supporting collective outcomes over multiple years, supporting those with demonstrated comparative advantage to deliver in context.</td>
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<td>Commit to promote and increase predictable, multi-year, unearmarked, collaborative and flexible humanitarian funding toward greater efficiency, effectiveness, transparency and accountability of humanitarian action for affected people.</td>
<td>Invest in Humanity</td>
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<tr>
<td>Commit to broaden and adapt the global instruments and approaches to meet urgent needs, reduce risk and vulnerability and increase resilience, without adverse impact on humanitarian principles and overall action (as also proposed in Round Table on &quot;Changing Lives&quot;).</td>
<td>Invest in Humanity</td>
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1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

CARE continues to engage with donors on their funding models. CARE also support substantial innovation schemes to allocate funding effectively to new initiatives and support them to grow.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☐ Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

☐ Funding amounts

B. How are these challenges impacting achievement of this transformation?

CARE’s direct funding is relatively small, so it has only a relatively small advocacy and modelling role to play in this transformation.

Keywords

Innovation
Diversify the resource base and increase cost-efficiency

Individual Commitments

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<td>In support of the ‘Grand Bargain’, CARE commits to transparently monitor the full costs of delivering its programs and to reducing management costs as far as possible while still ensuring high impact, well managed programs; both ensure that CARE increases the proportion of funding to front-line response and increases overall resources commensurate with needs; increase the reach of advocacy to UN Member States to meet their obligations in addressing global humanitarian issues through funding appropriate levels of response; work together with other stakeholders to develop and implement a more transparent program planning and reporting process, in alignment with IATI principles, to drive efficiency gains and reduce duplicative costs.</td>
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1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

Internal management changes ensured that, despite the limitations of overhead ratios and other approaches to measure management costs, CARE continues to perform well in comparisons of management costs. For example, in the most recent rankings CARE received an A+ rating from Charity Watch and has an improving score in Charity Navigator ratings in the US, and a rapidly improving rating according to Charity Intelligence Canada.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

☐ Other: Through independent external assessment of our cost-efficiency

B. How are you assessing whether progress on your commitments is leading toward change in the direction of the transformation?

By ensuring that CARE continue to be competitive in terms of our cost structure while maintaining high quality monitoring, compliance and program delivery.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

☐ Field conditions, including insecurity and access
☑ Funding modalities (earmarking, priorities, yearly agreements, risk aversion measures)

B. How are these challenges impacting achievement of this transformation?

There is a direct contradiction between efforts to reduce the structural cost of program delivery while also requiring ever-higher levels of compliance and controls.

4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.

CARE will continue to focus on providing value for money for affected populations, host governments, and donors.
### Additional Reports

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<tr>
<td>CARE 2018 Grand Bargain Self-Report FINAL.pdf</td>
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