CARE INTERNATIONAL

Gender Equality Policy Report

May 2019

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EXECUTIVE SUMMARY AND RECOMMENDATIONS

Background

CARE International puts gender equality at the heart of everything we do. We need to know if we are living up to our commitments[1]. Having an accountability framework to report on our gender equality commitments sets us apart from other organisations. We hope a regular and recurring reporting process will be a **management tool** that will enable us to make informed decisions about resource allocation (people, time and money) in order to enhance impact and reputation and reduce reputational and compliance risk.

Following the approval of the revised CI Gender Equality Policy in June 2018, Gender Focal Points (GFPs) provided overall direction to the policy reporting process[2]. As in all such processes, this involved seeking a balance of rigour and feasibility. Where possible the reporting process drew on existing centralised data sources and where there were none, members used data sources that were particular to them or stated that they were unable to report. While GFPs were connected to each other throughout the reporting period and additional support was provided by the CI Secretariat, the report is based on self-assessment and therefore may require improved processes of validation in future to improve consistency. The process surfaced areas where we might want to integrate other, more specific indicators into existing systems to improve our reporting against the policy into the future.[3] This needs to be balanced with ensuring that the reporting process does not become too onerous and remains relevant to members.

This report was completed by the Head of Gender Equality and Knowledge Management and Learning Coordinator at the CI Secretariat from member submissions completed by Gender Focal Points (GFPs) who were designated by NDs. Within members, GFPs worked closely with other staff including Monitoring Evaluation and Learning, Human Resource Directors and Marketing and External Communications teams. Eleven GFPs report that they finalised their submissions only after discussion with their Senior Management Teams and the remainder sought either input from SMT members or sign off from their ND.

More detailed reflections and data are in the annexes.

Findings

Headlines

o There is a lot of room for improvement across the confederation. Very few members are fully meeting commitments based on the indicators used in this report.

o Areas of particular concern are commitments related to do no harm (4) and evaluations (6) where only one member is fully meeting commitments.

o On average across the commitments we seem to cluster around the partially meeting commitments with 7 out of 12 commitments having an average indicator score in the 50%-75% range.

o While this report indicates we are doing relatively well in relation to PSEA/Child Protection (10) and external marketing, fundraising, advocacy and communications

Gender Policy Commitments - Self-scoring
Fully - Mostly - Partially - Not at all - Insufficient information

CI Member/Affiliate	1 Analysis	2 Activities	3 Men & boys	4 Do No Harm	5 Partnerships	6 Evaluations	7 HR & pay	8 Staff capacity	9 Accountability	10 PSHEA	11 Communications	12 Funding
CARE Australia												
CARE Canada												
CARE Danmark												
CARE Deutschland												
CARE Egypt												
CARE France												
CARE India												
CARE Indonesia												
CARE Japan												
CARE Morocco												
CARE Nederlands												
CARE Norge												
CARE Osterreich												
Chrysalis												
Raks Thai												
CARE UK												
CARE USA												

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[1] See Annex 1 for a list of Commitments outlined in the CI Gender Equality Report

[2] See Annex 2, Section 1, for further information about reporting methodology or contact burden@careinternational.org

[3] Seen Annex 2, Section 2, what we can do to improve reporting.

(11), we should not be complacent since the indicators used (having submitted required reporting on PSEA and having initiated dialogue with fundraising/marketing colleagues) are limited ways of measuring whether these commitments are truly being met. We will need to align our reporting between the CI PSEA/CP policy and CI Gender Equality policy better in the next reporting round.

What we are doing well: the data indicates we have made real progress in relation to gender analysis (1) and working across the gender equality framework (2). This is a testament to the relatively consistent adoption and use of the [gender marker](#). However, while we are making progress, we need to ensure that our analysis is intersectional (i.e. takes into account overlaps with other forms of discrimination and oppression such as race, ethnicity, class, caste, sexual orientation, gender identity, religion, etc.) and actually influences our programmatic practice, to drive gender transformative outcomes. We are still not consistent in our use of the gender marker, and are not consistently reporting sex and age disaggregated data in both reach and impact. As an organisation that is committed to gender equality we should be fully meeting these commitments.

What we don't know: our existing quantitative and qualitative data is not enabling us to understand how consistent our practice is in engaging men and boys to promote gender equality (3) and working in partnership with women's rights and LGBTIQ organisations (5); both of these areas are critical to the implementation of our gender equality framework since we know that the achievement of gender equality requires changes in men, women, boys and girls and their relationships, as well as broader systemic change which women's rights movements achieve more successfully than CARE.

We cannot yet be confident that we represent our commitment to gender equality in our marketing, fundraising and communications (11) and external reporting (9). These commitments are central to our external credibility and accountability. We also do not know whether we are systematically raising funds from donors and using these funds to achieve our gender equality commitments (12). Without adequate funding to meet our commitments, it is challenging to do so.

Finally, while we have relatively encouraging reports in relation to human resource practice and pay (7) and staff capacity (8), the data also indicates inconsistency of approach across members and insufficient data (e.g. pay gap data from Country Offices or extent of training of staff on gender equality). Our ability to walk the talk is critical to our external reputation particularly when we are taking external advocacy positions on issues such as equality in the work place, and we know that maintaining and developing our staff capacity in gender equality is central to the achievement of programmatic impact.

Areas of risk for CARE International: the area of highest risk from this report (with reputation and impact related risk) is our inability to identify potential programming risks throughout the program/project cycle and take steps to do no harm and mitigate unintended consequences of backlash and gender-based violence (4). Given that this area is also raised in the PSEA/CP policy report it requires urgent attention. We must be sure that our work does no harm, but we cannot cross our fingers and hope; we need to know if our work is doing harm, and systematically take actions to address or mitigate any harm.

In addition, if we are to maintain our reputation and credibility in gender equality, we should ensure we fully meet the basics of carrying out gender analysis (1) and working across our gender equality framework (2) in all our work. At present we do not know if our evaluations and reviews do no harm, are participatory and we are not able to assess progress towards gender equality outcomes (6), this is vital to our accountability as well as our influence. We need to be sure that we can show evidence of progress and link the centrality of our gender equality work to greater impact across our outcome areas.

Reflections

The reporting is a learning process and we are making progress – we can celebrate this! The CI GE policy reporting process has been positive. 16 out of the 17 members reported. Of these 16, with the exception of one member, all members report that the process has enabled them to celebrate progress, analyse their data in detail, learn and plan. Where there are gaps or concerns, CIMs provide specific follow up actions to improve performance. Examples include:

- Following up on 'low scoring' projects and or country offices (for Lead Members).
- Improving the quality and consistency of use of the gender marker through training and other learning approaches (e.g. one member will do two in-depth gender analyses in order to learn, another is translating gender marker guidance into the local language and doing a case study of a gender transformative programme to promote learning).
- Using their gender equality policy report to promote learning and inform the design of specific gender strategies and work plans for the next fiscal year.
- Integrating new indicators as part of our annual PIIRS reporting that will enable us to report against the CI Gender Equality Policy, e.g. representation in our governance structures, engaging men and boys, partnership with women's rights and LGBTIQ organisations.
- Institutionalisation of improved tracking of budget allocation to gender equality.

It is encouraging that some members have used this process as an opportunity to take stock, reflect on their limited progress historically and put in action efforts to improve their performance with new management (Netherlands and Denmark). The honesty of the reporting should be celebrated and is a testament to the professionalism of the GFPs, their ability to proactively work across their organisations and with each other.

Progressive learning might not be enough – how about a radical shift? While the report indicates progress and readiness to learn moving forward, CARE positions itself externally as an expert on gender equality and women and girls. We should therefore challenge ourselves to be fulfilling these commitments much more consistently! We should consider the following:

- How do we balance the need for centralised standards for both learning and accountability with decentralised implementation? What do we need to do to ensure accountability and consistency in areas that are core to CARE membership? Can we commit to ensuring that CARE International Policy commitments are prioritised as areas of joint commitment for accelerated performance improvement? How can we work better together to do this?
- How do we improve consistent and cross organisational commitment to our gender equality policy? The report surfaces areas that require coherent action within and between members by Programme/Humanitarian Directors, Human Resource Directors, Finance Directors and Fundraising/ Marketing/External Relations Directors. These include for example:
  - Developing more consistent standards, guidance and tools to promote gender equality through our HR policies and practices, including systematically assessing and addressing the gender pay gap, carrying out regular gender audits, and integrating Gender Equality into recruitment, performance management, rewards and recognition, and learning and development.
  - Improving the quality of our evaluations and ensuring we know and meet our evaluation standards for participatory evaluations that enable feedback from communities
  - External accountability to participants, donors and the public - we have little or no clarity on standards or guidance for our external accountability in general and more specifically to this policy. How do we proactively promote external reporting and transparency in line with our Gender Equality Policy?
  - Ensuring we meet our commitments around our external communications, marketing, fundraising and advocacy, with increased alignment with our programmatic goals and theories of change.
  - Ensuring we systematically negotiate for our gender equality commitments to be resourced.

Recommendations

As stated in the policy, it is the responsibility of all CARE Employees and Related Personnel to uphold the Core Principles and Commitments of this policy. Based on the findings of the report, the below are proposed recommendations to carry the work forward. These recommendations are targeted a specific CI wide groups and it is suggested that these groups consult and engage gender focal points as appropriate to complete the work.

SLT – PQI:
- should develop and adopt **CARE wide gendered do no harm approach** to reduce the risk of harm to programme participants in our programmes.
- with the support of legal and finance/compliance colleagues in the **development and adoption of a CARE wide approach to partnership** that goes beyond implementing partners and facilitates engagement with new types of partners such as women's rights movements. This should also be core to our reflections as we develop Agenda 2030.

Human Resource Directors:
- should work more closely together to ensure commitments 7 and 8 are achieved and define **how to measure the gender pay gap** and ensure this is done consistently across all members, regions and country offices

The Advocacy Working Group:
- should help **develop and define how we might report against commitment 11**

Fundraising Directors
- should help develop and **define how we might report against commitments 11 and 12**

Finance Directors
- should help develop and **define how we might report against commitment 12**

CARE International Member Senior Management Teams should review their reports with their Gender Focal Points and:
- o Look **at where they have scored red** and set goals, resource and plan how best to move the needle on these commitments to an amber or green by the next reporting cycle
- o **Look at commitments where there is insufficient information** and set goals, resource and plan how best to collect this data (or connect with other CARE Members to understand how they have been able to use the information available to determine their progress)
- o Reach **out to those members who are identified high performers** (fully meeting or mostly meeting) and learn from them to improve their practice; the GFPs can support such connections.
- o **Focus attention on the use of the gender marker specifically and more broadly the quality of reporting to PIIRS**. CARE has made rare progress in global reporting in comparison to our peers, and every year we get better. Members can champion improving the quality and consistent use of the gender maker and PIIRS through promoting their use as tools for both learning and accountability, and throughout the program cycle, from proposal, to project start-up, annual planning, and evaluation. For Lead Members this would also include ensuring that data provided by existing sources – such as PIIRS and the CI Standards of Country Presence – are reviewed, and used to inform learning at different levels of the organisation (for example, CO and regional levels).

Annex 1   Gender Equality Policy Commitments

Commitment 1: Incorporate participatory gender and power analysis and data disaggregated by sex, age, and other relevant diversity factors to inform actions across the programme/project cycle

Commitment 2: Articulate how programming works across all three domains of the Gender Equality Framework, and apply and learn from the Gender Marker at every stage of the project or programme cycle to improve our gender transformative potential.

Commitment 3: Engage men and boys in support of gender equality and women's empowerment when in line with programming and/or organizational objectives.

Commitment 4: Identify potential programming risks throughout the program/project cycle and take steps to do no harm and mitigate unintended consequences of backlash and gender-based violence, regardless of sectoral focus, especially in fragile and conflict contexts

Commitment 5: Form partnerships with women's rights and/or LGBTIQ organisations and movements to collaborate in the achievement of shared goals and elevate the voice of marginalised people; and engage key stakeholders in the struggle for gender equality including other civil society, government, private sector, public and private donors

Commitment 6: Ensure evaluations and reviews do no harm, are participatory and assess progress towards gender equality outcomes. Ensure that they document best practices and challenges, and create mechanisms for cross-learning within communities, within CARE and with partners

Commitment 7: Ensure all our human resources policies and practices are developed with a gender lens. Report on gender and diversity balance in staffing and governance structures along with average pay levels. Implement targeted strategies to redress any evidence of gender inequality in gender and diversity balance and pay levels

Commitment 8: Recruit and retain staff with a commitment to gender equality; build staff and partner capacity and skills in gender equality and diversity, and ensure all annual operating plans, job descriptions and performance plans reflect CARE's commitment to gender equality

Commitment 9: Regularly report to programme participants, donors and the public on progress on gender equality in CARE's work

Commitment 10: Take all measures to prevent and respond to all forms of sexual harassment and violence, and sexual exploitation and abuse of children and vulnerable adults, promote staff awareness and training, and effective systems for reporting and monitoring

Commitment 11: Ensure external marketing, fundraising, advocacy and communications respect and uphold our commitment to social justice and gender equality including being respectful, using inclusive and positive language and images and avoiding stereotypes with particular attention to those based on gender and ethnicity

Commitment 12: Systematically negotiate with donors for adequate funding to meet the CARE International gender commitments (specifically addressing measures for "do no harm"/gender-based violence prevention measures, prevention of sexual exploitation and abuse (PSEA), and organizational gender equity and diversity (GED))

Annex 2   Full Report

Methodology and reflections for moving forward

CARE International puts gender at the heart of everything we do and we need to know if we are living up to our commitments. Having an accountability framework to report upon our gender equality commitments sets us apart from other organisations. We hope that the regular and recurring reporting process will be a management tool that will enable us to make important decisions about how we allocate our resources (people, time and money) in order to create impact, enhance our reputation and reduce reputational and compliance risk related to gender equality.

Following the approval of the revised CI Gender Equality Policy in June 2018, the Policy was translated into all CARE languages and uploaded to our internal and external websites. Working with the Head of Gender Equality, the Gender Focal Points (GFPs) planned dissemination and reporting for the policy. As a result, all staff were invited to attend presentations and discussions on the policy in all the CARE languages and time zones (facilitated by GFPs). Hundreds participated.

The GFPs provided suggestions and overall direction and nominated a sub-group of GFPs and MEL specialists to build on Annex 2 of the policy to finalise mandatory and optional indicators against which CIMs would report. As in all such processes, this involved seeking to find the right balance of rigour and feasibility: i.e. identifying indicators that would add value rather than developing an exhaustive list of indicators. In addition, where possible the group drew on existing data sources including PIIRS, the CI Standards of Country Presence and analysis of our evaluations in the evaluation library. In some cases, we had to accept that there were no existing centralised data sources and this meant GFPs stating that they were unable to report due to insufficient data or using data sources that were particular to their member. This process usefully surfaced areas where we might want to integrate new indicators into in existing systems to improve our reporting against the policy. See section 2 for more information on these areas.
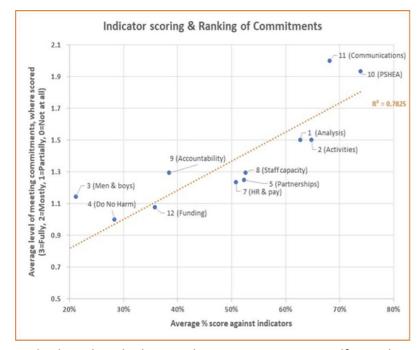
Once the indicators were agreed, the CI Secretariat created a simple format for reporting and pre-populated the format with pre-existing data. The format was then sent to each GFP who coordinated the reporting within their member, where data was unavailable GFPs added additional quantitative data (e.g. on gender pay gaps) and qualitative comments, examples of good practice and self-scoring overall on levels of meeting commitments (fully, mostly, partially, not at all, not able to tell) along with an explanation of that. During this time GFPs were connected through a skype support group where they could pose questions and get collective answers.

The reports were completed by GFPs (and their teams) who often shared them with their senior management teams and/or National Directors and then submitted to the Head of Gender Equality who synthesised them with the support of a small volunteer group and the CI Head of Knowledge Management and Learning into this report and annexes. This report was shared back with GFPs for comments before finalisation.

In total 16 out of 17 members reported; the CI Secretariat did not report. This was due to the fact that we initially thought that the responsibility for the reporting was for members only.   For future reporting, we need all members and it makes sense for the whole organisation to report including the CI Secretariat.

It should also be noted that this is the first year of reporting and there were points raised throughout the process about the alignment of the indicators with the commitments as well as about consistency or understanding and reporting. The fact that the reporting relied on self-assessment also means that results were highly influenced by individual member perspectives and in some cases members might have been quite critical of themselves and in others members might have over reported progress. We should also note

that the reporting relied heavily on the gender marker and this is a tool whose use we are still improving across the membership.

Self-scoring of levels of fulfilment of the gender policy commitments is strongly correlated with the average quantitative scores for the indicators for that commitment, as shown to right. Commitment 3 (engaging men and boys) had a higher self-scoring rating than quantitative scores, perhaps because the measure of integration of engaging men and boys is currently imperfect, and significantly under-representing levels of actual integration.

In any event, the process was a great learning opportunity and promoted exchange and learning within and between members. This should continue and ND recommendations explicitly seek to do this. For the reporting process itself, GFPs have made some great suggestions for improvements next time.

What can we do to improve reporting

The following suggestions were made by GFPs as potential ways that we can improve our reporting in the next phase (which will be in 2021). Some of them are in the process of being implemented (e.g. updates to the PIIRS forms); others will be discussed and shaped as we prepare for the next phase. In all our considerations, we will need to balance the need for improved learning and accountability with the burden of reporting. GFPs are very conscious of this need for balance and will continue to work this through.

1. Consider making **all quantitative indicators on a scale of 0-100%,** so average quantitative scores can be meaningfully generated. At present, some indicators ask for numbers (e.g. number of male gender champions), which produces data that cannot be meaningfully aggregated with the other data.
2. **Improve consistency of self-assessment,** consider auto-populating the ranking or provide parameters for what constitutes fully, mostly, partially, not at all: it is noted that members did not use a consistent approach to rank themselves in terms of how far they were meeting a commitment. For example one member might have ranked themselves as 'mostly meeting' a commitment with a score of 66% across the indicators, while another might have interpreted this as 'partially meeting' a commitment.
3. **Consider how to weigh the quantitative and qualitative** data because in some cases a very low or high score on one indicator could skew the overall commitment scoring.
4. **Carry out a peer review in the process of reporting in future**: it is clear that the GFPs have understood indicators and commitments differently and therefore, during the next reporting cycle, it could be an interesting exercise to team up during reporting in order to increase understanding and standardise rankings. This could be a voluntary system where CIMs could sign up and be paired and then first do desk review and then have a few key conversations with some key staff of the other CIM and GE focal point.

5. **Integrate some new indicators into our existing data systems to improve reporting against our gender equality policy**: discussions are underway to include improved data in PIIRS in the next reporting cycle in relation to:
   a. Board composition (male/female/other)
   b. Gender pay gap
   c. Change categories (male/female/other instead of women/men)
   d. Question around engaging men and boys
   e. Question to identify if we work with organisations promoting women's rights.

   Furthermore, a review of our gender marker could improve certain areas of reporting (e.g. engaging men and boys, working with women's rights organizations). This is not planned for this year, however, it may take place before the next reporting cycle.
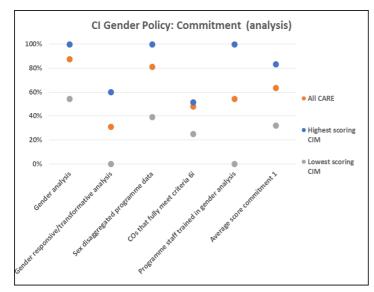
6. **Improving our reporting on other aspects of diversity amongst our staff and governance bodies**, although this likely cannot be integrated this year.

7. **Improve the indicators in relation to commitment 4 and 6 on risk and evaluation**. At present we are unsure if the commitments themselves need attention and our practice in relation to them or whether we need to improve how we report and how systematically against these commitments.

8. **Improve the indicators for commitments 9 and 11,** on external accountability (to participants, donors and the public) and on external marketing, fundraising, advocacy and communications, to ensure that both the content and the weighting adequately represents the extent to which these commitments are being met. We may be performing better in some areas (such as reporting to institutional donors) while doing less well on reporting to programme participants and the public. There may also be opportunities to link to or improve existing data sources in this regard.

9. **Ensure the indicator for commitment 10 on PSEA and Child Protection is better aligned** with the results of the PSEA/CP reporting, and not just counting whether that reporting has been done or not

10. **Request CIMs to add in a target for the next reporting period:** as well as doing a ranking, ask members to identify where they will be on the commitments in the next reporting period. Allow for recognition that members may want to focus on specific commitments and also identify areas of collective work for the membership based on the collated report.

11. **Maximise the use of the reporting process as a learning process**, e.g. include links from the document to resources on (for example), engaging men and boys; the gender marker; PSEA/CP policy reporting, etc.

Detailed analysis, by commitment

Commitment 1:
Incorporate participatory gender and power analysis and data disaggregated by sex, age, and other relevant diversity factors to inform actions across the programme/project cycle

Good practice alert: CARE India, Chrysalis

CI Gender Policy: Commitment (analysis)

Overall: The aggregated data indicates that there is relative consistency across members – with all but one reporting they mostly or partially meet this criteria.

Observation: Given CARE is positioning itself as an expert on gender equality we should be scoring much higher on participatory gender analysis and data disaggregation, both overall, and for gender responsive/transformative analysis. We should expect much more than half of Country Offices to meet criteria COs that fully meet criteria 6i, that the CI Gender Equality Framework is the foundation upon which all programs and projects of the CI country presence are designed and all programs and projects, including humanitarian, apply the CI gender policies and the Gender Marker, rather than the 48% that do now.

We could improve our practice by more and improved use of the gender marker in both development and humanitarian programming, and use the marker results to take action and adjust/improve the ability of MEAL systems to provide meaningful disaggregated data or to enrich the gender analysis. There is a strong desire to further understand the extent to which gender responsive/ transformative analysis informs the design/implementation of projects as well as how far our gender analysis adopts an intersectional lens and influences monitoring, evaluation, learning frameworks and practice. New guidance on the gender marker is helpful in this respect and there is a need to ensure staff are aware of it and able to use it (through training). In terms of disaggregation of data, we should not only ensure we disaggregate data in reach but also in impact and also not only by sex but also by age.

Commitment 2:
Articulate how programming works across all three domains of the Gender Equality Framework, and apply and learn from the Gender Marker at every stage of the project or programme cycle to improve our gender transformative potential.

Good Practice Alert: CARE Australia, CARE Canada, CARE France, CARE India, Chrysalis, CARE UK, CARE USA

Overall: The aggregated data indicates that there is relative consistency across members – with all but two reporting they mostly or partially meet this criteria. One member reports that they do not meet this commitment.

Reports from members indicate that the rate of use of the marker is very high. In addition, the marker is providing members with data that they are able to analyse and follow up on – thus creating opportunities for on-going learning, programme quality improvement as well as enabling improved accountability and decision making.

Observations:

- There is inconsistent use of the marker and this may mean its use is not always accurate.
- The marker may not be being used in a participatory manner that is promoting reflection and learning but may rather be seen as a compliance tool and some may overestimate scores.
- There are varying levels of understanding of gender equality and this leads to different interpretations of the marker.
- The guidance is not clear enough on expected standards, for example, there is confusion for some between

> **Good practice example CARE France**
>
> In order to ensure that the gender marker improves project proposals and quality, CARE France has put in place a systematic dialogue with COs and has made the completion of the gender maker obligatory in the 'go/no go' decision making process.
>
> At pre-IPIA: the CO and CARE France complete the marker in parallel and carry out a skype call to discuss the marker. The score in the integrated into the go/no go recommendation.
>
> At project kick off: desk offices at CARE France carry out a discussion on the marker with the project team and update the score.
>
> At annual reporting to PIIRS: Each project is re-evaluated against the markers with the project teams; identify who is completing the PIIRS data at CO and ensure that marker scores are accurately reported. Marker scores are brought together annually and included in the RSA report
>
> During project implementation: include in a project visit checklist a systematic marker workshop to ensure that recommendations made in part 4 of the marker are implemented.

what constitutes gender responsive vs transformative. There have also been challenges for one member as the guidance is not in a language that their staff understand.
- It is clear that the gender marker is most helpful where:
  - *focusing on improvement of programme quality* rather than completion of the marker
  - *working together in participatory ways* and creating opportunities for reflective processes
  - *integration of the marker into existing processes* such as 'go/no go' decisions and internal monitoring tools (such as CARE France and CARE India)
  - *integration of accountability along with learning* – e.g. in CARE India who includes marker data in reports to their Board.
  A number of members are therefore planning to do this more (e.g. Australia, Austria, Canada, Egypt)
- There needs to be more systematic use of the Gender Marker by all Members, across the whole program cycle (from concept to proposal to start-up, annual planning and evaluation).

Commitment 3:
Engage men and boys in support of gender equality and women's empowerment when in line with programming and/or organizational objectives.

Good Practice Alert: CARE Maroc, CARE Norway, Chrysalis, CARE Deutschland (Balkans), CARE Egypt (model for Arabic world), CARE UK (for campaigning in March4Women)

Overall: Most members reported that they partially met this commitment; two members reported that they did not meet it and two reported that they have insufficient information to report. Only one member reported fully meeting this commitment (CARE Maroc) and two members reporting that they mostly meet the criteria – Chrysalis and Norway. Some members report having very strong male advocates for gender equality internally and externally – e.g. CARE India have 120 male advocates identified who promote gender equality.

Observation: In general, it is understood that not all projects would engage men and boys in support of gender equality and women's empowerment (as exemplified by CARE France's work with the feminist movement in the Latin America and the Caribbean region); however, if our programmes set out to transform gender norms, it makes sense that men and boys (who make up 49% of the world's population and benefit from existing gender norms) will need to support the change. As CARE Australia put it: 'It is unclear how projects say they are transformative when they do not engage with a key stakeholder in challenging gender norms.' While there are pockets of good work, at present, our PIIRS data does not give us much insight into this commitment as there has not been specific reporting on whether projects are engaging men and boys for gender equality (this means in some cases members noted that it is underreported) or how are we engaging with men and boys – i.e. to what extent is the engagement a) challenging dominant masculinity and shifting harmful masculine norms and b) is the engagement with men and boys accountable to women and their collective organisations. The indicators we used for this report were therefore imperfect. At global level we therefore recognise a need to:

- Have greater clarity around this commitment and how we implement it. This would include improving our guidance, standards and tools on engaging men and boys in our work
- Consistently report and track the extent to which we are engaging men and boys for gender equality (which will be added into PIIRS for FY19), and how successful this work is
- Promoting more conscious and purposeful organisational, programmatic and external relations related action in this area
- Promote learning and exchange around this work.

Commitment 4:
Identify potential programming risks throughout the program/project cycle and take steps to do no harm and mitigate unintended consequences of backlash and gender-based violence, regardless of sectoral focus, especially in fragile and conflict contexts

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Good Practice Alert: CARE Austria; CARE Maroc; CARE Norway, CARE UK, CARE USA

Overall: The data is showing cause for concern in this area; only 33% of CARE projects report that their monitoring systems are collecting, analysing and addressing "unintended consequences, and the changing protection risks and needs", as part of the MEL criteria of the Gender Marker. Even the highest scoring CI Member only scored 50%. 5 members report that they are not meeting this commitment at all; 2 have insufficient data to report. No member reports they are fully meeting this commitment and only 3 report that they are mostly meeting it. Given that this commitment relates to risk and particularly gender based violence (which is one of our outcome areas) and given the increased attention with regards sexual exploitation and abuse since 2018 (one form of GBV to which our project participants may be at risk), we need to improve in this area.

Observations: Some members report that PIIRS reporting may underrate the extent to which staff identify and takes steps to mitigate risk in their project work. At the same time, many CIMs note that they do not have a systematic approach, standards and guidance and tools to ensure that we monitor, mitigate and manage unintended consequences of our work. It is also noted that we are not integrating GBV as an overarching approach in all our work: only 57% of projects in FY18 reported that they were fully focused on GBV or that they mainstreamed GBV in other actions/thematic areas. Finally, the challenge of improving our practice particularly in fragile and conflict contexts is highlighted by members. This will require further reflection and attention by programme leadership with particular attention to risks associated with challenging gender norms. Reference to CARE Norway's and CARE UK's practice in this regard could prove helpful.[i]

Progress can also be reported. In recognition of the need for more work in this area, CAER USA, as the leader of our GEWV approach is in the process of developing guidance for how to actualise the gender marker MEL criteria. This guidance will include case examples and practical guidance on how to actualize the criteria and move programming and specifically MEL along the continuum.
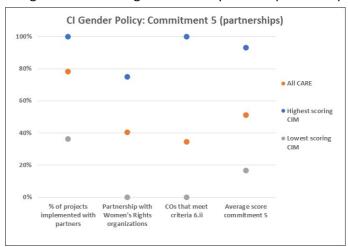

Commitment 5:

Form partnerships with women's rights and/or LGBTIQ organisations and movements to collaborate in the achievement of shared goals and elevate the voice of marginalised people; and engage key stakeholders in the struggle for gender equality including other civil society, government, private sector, public and private donors

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Good Practice Alert: CARE UK, CARE Canada, CARE Egypt, CARE India, CARE Norway

Overall: This is an area that we agree we have difficulty in tracking. PIIRS data for this commitment is widely accepted as NOT sufficient to indicate whether we are achieving the commitment. While nearly 80% of projects report working with partners, there are challenges in determining whether they work in partnership

with organizations promoting women's rights, because of the definition of and distinction between (for example) women's rights organisations and other organisations that promote women's rights (such as a Gender Ministry or a social movement or a local or international NGO). But only a third of Country Offices (35%) report fully meeting criteria 6.ii (Partners selected by the CI country presence reflect consistency with CI values of gender equality and diversity and partners receive training/capacity development in CI Gender approaches and tools).

CI Gender Policy: Commitment 5 (partnerships)

Observations: While the data is not robust enough to provide us with an overall sense of our performance in this area, there is also cause for cautious celebration. Women's rights organisations and movements are now accepted as critical and primary actors in broad gender related societal transformation. As a result, many parts of CARE are recognising that we need to get better at partnership with them and doing this is an urgent priority. The narrative data highlights some of our best experience and also highlights how far we have to go. Many members report working closely with women's rights organizations both in programmes and for scaling up, through research and joint advocacy and campaigning. Some members have a partnership strategy and have positioned themselves within civil society networks and national networks with other organisations working on women's rights. However as one member put it, it is unclear how far these types of partnership 'are exceptions and the norm is to work with non-specialist local partners to implement gender equality and women's voice activities'.   Another member raised the following challenge: 'more work is required to acknowledge that CARE cannot deliver true transformation ……. if we do not dare to challenge the power structures in place……"transforming root causes of gender inequities"….is radical and it requires us to be radical'.

While there are extremely limited reports of working with LGBTIQ organizations, 5 members report some connections. In some contexts, homosexuality is criminalised and this means that CARE cannot openly work with such organisations.
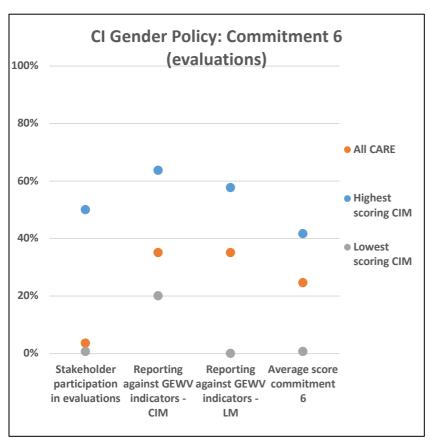
In order to move this work forward, we can:
- Improve formal reporting in PIIRS with common definitions and standards
- Develop more coherent approaches to partnership and particularly with social movements/women's movements
- Deliberately target women's rights and LGBTIQ organisations in our work to achieve gender equality goals and promote their voice.
- Consider changes to our due diligence process in order to give equal weight to issues of purpose and values and financial compliance, as many of these types of organisations cannot meet our financial compliance requirements.

Commitment 6:

Ensure evaluations and reviews do no harm, are participatory and assess progress towards gender equality outcomes. Ensure that they document best practices and challenges, and create mechanisms for cross-learning within communities, within CARE and with partners

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Good Practice Alert: CARE Norway, Chrysalis, CARE UK

Overall: This is an area of concern: 5 members report that they are not meeting this commitment and 4 state that they have insufficient data to report. No member reported that they are fully or mostly meeting this commitment. Quote: 'for an organization with such a strong reputation for our gender work, our measurement and evaluation of it should be much more pervasive and of higher quality'. Clearly there is a need for attention to this area.

CI Gender Policy: Commitment 6 (evaluations)

Observations: One main indicator used here was the percentage of evaluations that we hold in our global evaluations library that were scored high against the standard in the CARE Evaluation Policy, that: '*Stakeholders, including representatives of the target population, should participate in the planning, implementation and utilization of evaluations. It is important that participation should include the right to define key categories and indicators that comprise success, in the participants' own eyes*'. While we cannot analyse the evaluations in the library by member, it is clear that across the membership we are either failing to achieve this standard or failing to report that we are achieving it, as an analysis of this data indicated that only 1% of evaluations achieved the standard. The second indicator used was the % of projects reporting impacts/outcomes that report against the gender equality and women's voice indicators. While the percentages were more promising, as one member put it:

'*There is much that data isn't telling us - how are outcomes matching up against gender markers, the extent to which GBV is mainstreamed into such projects, are these projects engaging men and boys, are we seeing norms level change?*'

It is encouraging that almost all members outline concrete actions that they will take to improve action in this area, including:
- Improving the quality of evaluations - with participatory assessment and documentation of best practices for cross learning within community and stakeholders. [CARE UK has created a new evaluation template which includes prompts around participatory dimensions of evaluation. Over the next year CARE UK will be monitoring the way in which this template is used to understand whether this does in fact have the effect of changing/ improving quality of content].
- Ensuring evaluations are uploaded into the evaluation library
- Ensuring that impact/outcomes are better reported in PIIRS, through offering support to COs on PIIRS reporting
- Putting in place systems to enable more consistent use of the gender equality and women's voice indicators in programme processes
- Promoting participatory cross learning and exchange [CARE Norway Gender Equality and Women's Empowerment Programme GEWEP]
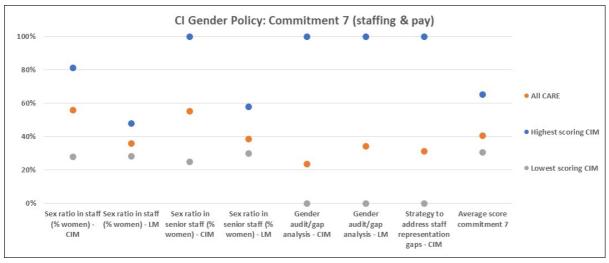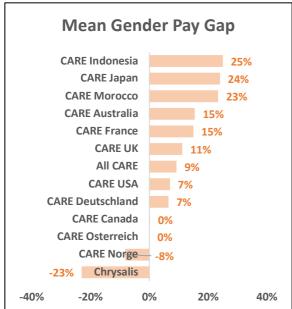

Commitment 7:
Ensure all our human resources policies and practices are developed with a gender lens. Report on gender and diversity balance in staffing and governance structures along with average pay levels. Implement targeted strategies to redress any evidence of gender inequality in gender and diversity balance and pay levels
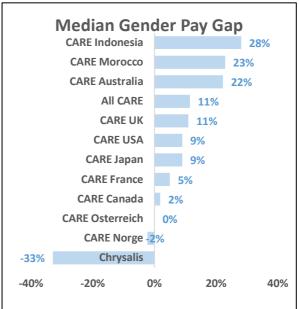

Good Practice Alert: CARE France, CARE India, CARE UK

Overall: All members report that they are mostly (5) or partially (11) meeting this commitment, except one (1) who is not meeting it. As can be seen in the figure below, while overall, more than 50% of staff and of senior staff in CARE International Members are women, for Country Offices (i.e. for the five Lead Members), %'s for both are below 40%. Less than a quarter of Members have carried out a gender audit/gap analysis (just over a third for those reporting as Lead Members), and less than a third (31%) have a strategy for addressing staff representation gaps.

12 Members reported data on their median or mean gender pay gaps, but this needs careful interpretation. The simple way of calculating these figures takes all salaries, and calculates the median or mean, but if there are, for example, 40% of staff in higher paid grades or salary bands are male, but only 10% of staff in lower paid grades are male, then it would appear that both the median or mean male salary is higher than that for women. But there may be no difference in the male and female salaries within each salary band (and in fact, the only way to reduce that apparent gender pay gap would be to replace female staff in lower pay bands with male staff!). For that reason, CARE Australia, for example, presented a weighted average of the difference between male and female salaries within each salary band, reflecting that on average female staff are paid 98.6% of what male staff are paid: i.e. a gap of less than 2%, compared to the 15% median or 22% mean pay gap figure generated by the more simplistic method. Gender Focal Points should work with Human Resource directors on agreeing a revised methodology to be used by all CARE Members, for the next reporting.

CI Gender Policy: Commitment 7 (staffing & pay)

Mean Gender Pay Gap

CARE Indonesia	25%
CARE Japan	24%
CARE Morocco	23%
CARE Australia	15%
CARE France	15%
CARE UK	11%
All CARE	9%
CARE USA	7%
CARE Deutschland	7%
CARE Canada	0%
CARE Osterreich	0%
CARE Norge	-8%
Chrysalis	-23%

Median Gender Pay Gap

CARE Indonesia	28%
CARE Morocco	23%
CARE Australia	22%
All CARE	11%
CARE UK	11%
CARE USA	9%
CARE Japan	9%
CARE France	5%
CARE Canada	2%
CARE Osterreich	0%
CARE Norge	-2%
Chrysalis	-33%

Observations: It would be helpful for HR Directors to work more closely on this commitment to promote learning and consistency across members for example:

- Ensuring adequate resourcing for gender audits at least every 5 years at CIM and CO levels and that relevant action is resourced and taken to address gaps including putting in place consistent HR policy and practice that ensures promotion of gender equality
- Having consistent analysis of the gender pay gap and for lead members, ensuring that the pay gap analysis is carried out both at lead member level and within country offices.
- Addressing the gender pay gap where required

Those members who have carried out gender audits within the past 5 years are Australia, Canada, Egypt, France and UK and all report that this has been of huge value and has informed changed practice and improved accountability.

Note that some members report that more progress is being made in gender equality than diversity. And it is clear from our global reporting systems that we are (as yet) only able to report staff numbers in relation to a binary view of gender (woman/man) and no other aspects of diversity. However, CARE is doing well compared to peers on gender representation (for more, see the report of the recently-launched Fair Share Monitor, where CARE was ranked 2nd out of 27 INGOs).

Commitment 8:
Recruit and retain staff with a commitment to gender equality; build staff and partner capacity and skills in gender equality and diversity, and ensure all annual operating plans, job descriptions and performance plans reflect CARE's commitment to gender equality

Good Practice Alert: CARE Norway, CARE Australia, CARE UK, CARE Egypt, CARE France, CARE India, Chrysalis

Overall: 8 members report that they mostly meet this commitment, 6 partially meet it and 3 report that they do not meet it at all. About half of Country Offices fully meet criteria 7.i (The CI country presence has documented policies and procedures in staff selection, management, development and retention that enable the full engagement of staff of different backgrounds, gender, ethnicity, religions, ages and abilities and ensures that gender balance in all positions (field staff and management) is such that no one sex is represented above 60%) and criteria 7.ii (All staff are regularly trained on CI gender equality approaches and principles and demonstrate behaviours consistent with CI's values of gender equality, diversity and respect).
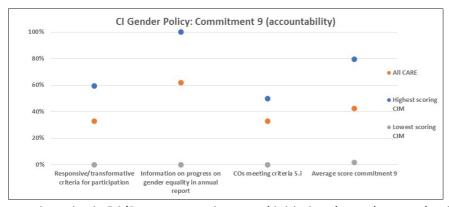
Observations: Again, the practice is diverse in this area; and there could be benefits to the HR Directors working together to share practice, learn from each other and set common standards around integrating Gender Equality into recruitment, selection and placement, performance management, rewards and recognition, and learning and development. It is noted that to meet this commitment resources would be required and particularly further investment in training of trainers for GED/SAA training. Tracking of training should also be improved.

CARE UK and CARE USA have provided a lot of support to members for training through offering training of trainers and through the deployment of CARE UK trainers to other members. Of note also, some members included training on PSEA under the narrative around this indicator. This training has increased in FY19.

Commitment 9:
Regularly report to programme participants, donors and the public on progress on gender equality in CARE's work

Good Practice Alert: CARE UK, Chrysalis, CARE Canada; CARE Maroc, CARE Norway

CI Gender Policy: Commitment 9 (accountability)

Overall 10 members report that they are partially meeting this commitment; 6 mostly meet it and 1 is not meeting it – however the one that reports not meeting it has taken action to institute a stakeholder accountability approach that they intend to implement this year. Only a third of Country Offices are fully meeting criteria 5.i (Programs, projects, and initiatives have clear mechanisms for receiving feedback and ensuring participation, for making change and improvements based on feedback received, and are regularly and transparently communicating information back in accessible ways). This could be an area for improved practice and coordination. It is also noted that we should review the indicators for this commitment and improve them moving forward – since both the content and the weighting does not adequately represent the extent to which the commitment is being met.

Observations: Members generally report better performance in relation to reporting to donors/public on gender equality and it is noted that a number of members report being seen, in their contexts as the 'go to' organization on gender. CARE UK is also piloting a specific approach to project participant reporting: Constituency Voice is an innovative methodology and digital platform for regular beneficiary feedback. In addition, the Women Lead initiative, an Inclusive Governance Team and Gender in Emergencies Team collaboration, is piloting a methodology to support crisis-affected women to participate in all stages of the programme cycle (analysis, design, MEAL) in three countries.

CARE Egypt, CARE Indonesia and Chrysalis also report having good participant feedback mechanisms and reporting mechanisms within their programmes.

Commitment 10:
Take all measures to prevent and respond to all forms of sexual harassment and violence, and sexual exploitation and abuse of children and vulnerable adults, promote staff awareness and training, and effective systems for reporting and monitoring

Overall: Given that the PSEA policy reports were submitted by members just prior to the CI GE policy report – we defer to that report. The indicator used for reporting against the CI Gender Equality Policy was simply whether the member completely the report on the PSEA/CP policy and therefore and therefore most members met this requirement. The CI PSEA/CP Policy report provides much more in depth reflection of our performance again the commitments therein.

Some candidate/affiliate members reported against the CI GE policy but were not required to report against the PSEA/CP policy they were:
- Egypt
- Maroc
- Indonesia
- Chrysalis

Peru did not submit a report on the Gender Equality Policy but did submit a report on PSEA.

High-level Trends from the PSEA/CP report

! Best performance overall is the areas of **Responsibility and Accountability**, and **Human Resources Management**. This may suggest where most of CARE has directed attention and significant resources across 2018 – into prevention with our own staff (recruitment vetting, orientation, training).

! Requiring most attention and improvement is **Risk Management**. This is our work with partners, programme participants and communities, and our risk management in projects/programmes, whether communities are involved in the design of complaints mechanisms, and that they know behaviour to expect of us and how to make a complaint.

! **Case Management** has mixed performance results. There is capacity and expertise across CARE to manage reported complaints of sexual harassment, exploitation and abuse. CI Members are receiving and handling complaints according to their standard operating procedures, and report that this is happening with confidentiality and protection of everyone involved. There is no clear way established by any CI Members for providing a method or opportunity for survivors to provide feedback on how their case was handled and whether they received support to their satisfaction.

Commitment 11:

Ensure external marketing, fundraising, advocacy and communications respect and uphold our commitment to social justice and gender equality including being respectful, using inclusive and positive language and images and avoiding stereotypes with particular attention to those based on gender and ethnicity

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Good Practice Alert: CARE Australia, CARE Canada, CARE Maroc, Chrysalis, CARE France, CARE UK

Overall: This is a new commitment added in June 2018. In recognition of this, we kept the indicator simple – it was to initiate a conversation between the gender focal point and the external fundraising/marketing/ communications teams to look at what indicators could be used to assess this moving forward. Note that we made an explicit decision to focus on fundraising/marketing/communications because we assumed (without the means to validate the assumption) that we are probably doing better in the area of advocacy. We need to develop indicators and track performance in this commitment in order to know how we are doing and improve our performance[ii].

Observations: One member made reference to the challenge of using inclusive and positive images vs raising funds. It is encouraging that as a result of this reporting process there were many conversations started (with nearly all members except 2 reporting progress). Here were some of the suggested indicators/approaches to assessing performance against this indicator:

- 80% of all Appeals have a central storyline of gender equality;
- Half yearly review of all images used to ensure that images are respectful, inclusive, positive and avoid stereotypes with particular attention to those based on gender, disability and ethnicity
- A minimum of one annual campaign with gender equality as its core message
- Regular monthly blog and social media content promoting equality and examples of inclusion and empowerment women
- A light touch review of CARE's images and spokespeople to assess how representative they are of different communities and whether they perpetuate harmful stereotypes
- A review of external perceptions of CARE's messaging
- % of marketing and fundraising uses key gender messaging
- % of staff who have received training on marketing/communications and GE.
- % of fundraising has GE language
- Did you collaborate with your gender focal point to develop marketing messages? Y/N

And for Advocacy:
- the proportion of advocacy efforts that uphold, reflect or directly mention one of the 10 International Agreements referenced in footnote no. 2 of the GE 2018 Policy
- % of advocacy initiatives that score 3 or 4 on the gender marker
- the number of gender equality advocacy initiatives undertaken

There were also suggestions building on existing good practice:
- to develop a CI training module specifically on this for marketing and fundraising colleagues
- to create a CARE glossary for the use of words in our external publications. This includes do's and don'ts as well as guidance on gender-sensitive (and generally sensitive yet easy to understand) language [CARE Deutschland].
- to ensure that external marketing and communications staff coordinate with gender experts for screening and peer review.

- to ensure the involvement of those featured in the external communication (programme participants) [CARE Norway https://www.saih.no/assets/docs/RADIAIDRESEARCH.pdf]
- to appoint a senior management member as Gender Focal Person eases the process of Gender Equality integration in all the work including external relations. In addition when Executive Team Members are also gender experts it becomes the organizational commitment and vision. [Chrysalis and CARE Deutschland]
- to set specific performance targets for the media/communications and fundraising team as part of a Gender Action Plan [Australia]
- to appoint GED champions within fundraising, marketing and communications teams. Ensuring participation and leadership of different teams and functions in GED initiatives is important to bring in a variety of perspectives and expertise and to make GED more accessible by tailoring language and examples to the needs and understanding of different staff. [CARE UK]
- to set up a Gender Equality Thought Leadership Working Group to strengthen and align our messaging on gender and women and girls, in line with the expectations of Commitment 11. [CARE USA] This working group is newly formed and plans to issue communications guidance on gender equality that we'll be able to report progress/achievements on in next report.
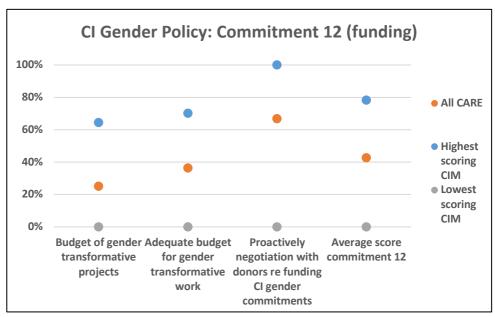

Commitment 12:

Systematically negotiate with donors for adequate funding to meet the CARE International gender commitments (specifically addressing measures for "do no harm"/gender-based violence prevention measures, prevention of sexual exploitation and abuse (PSEA), and organizational gender equity and diversity (GED))

Good Practice Alert: CARE Canada, CARE Norway, Chrysalis, CARE USA

Overall: This is an area that needs attention; only one member reports that they fully meet the commitment; 4 report that they have insufficient data to report and 3 report that they do not meet the commitment.

Observations: It is widely accepted that we are not able to monitor this globally and we need to be better able to track

CI Gender Policy: Commitment 12 (funding)

our practice and our allocations to funding the CI Gender Commitments. However, it is encouraging to note that government donors are reported showing more openness to funding this work (e.g. Canada, Austria, UK, US and Australia) and this may be in part due to CARE's influence.

It is also important to note that CARE France has been working on improving gender budgeting and has proposed an approach that could be integrated into the gender maker; it would require resourcing to promote learning and consistent practice across CARE.

Other members report being consistent in negotiating with donors for adequate funding, and CARE Canada has also experimented with the idea of a gender budget with an idea to tag activities in terms of gender specific or integrated so the budget would show how much was going into gender specific or gender integrated activities. It is not currently done on a consistent basis

In CARE USA, steps have been made to make this part of new business development processes, but more must be done to support bid and technical teams to systematize this. CARE USA demonstrates very strong performance in terms of advocacy/lobbying the US Government to increase gender-related international development and assistance funding.

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[i] CARE NORWAY RISK MANAGEMENT: Risk management is the identification, assessment, and prioritization of risks, followed by coordinated and economical application of resources in order to minimize, monitor and control the likelihood and/or the impact of unfortunate events or to maximize the realization of opportunities. We use risk assessment for all our programmes for this purpose. The main risk assessment and rating tool is the risk matrix with 5 levels of likelihood and consequence. The risk assessment follows these steps: Identify –> Rate –> Mitigate –> Re-rate –> Record and report.

CARE UK RISK MANAGEMENT: Uses a risk register and with sections on unintended consequences in the CIUK evaluation template. They are working to ensure that feedback and complaints mechanisms are embedded in new projects. CIUK also tracks inclusion of feedback mechanisms within the core standards. CARE UK's evaluation commissioning template addresses some of the issues related to meeting this commitment, including requests for detail on issues of the CARE approach and as part of this GEWV, and details on unintended consequences.

[ii] Advocacy efforts were reported as part of this commitment anyway and below are some examples:
CARE FRANCE - the French Ministry of Europe and Foreign Affairs is now promoting its feminist diplomacy; CARE France is now co-leading a French civil society coalition to ensure that the G7 process leads to feminist and will co-organize the Women 7 Summit (W7) on May 9 and 10 in Paris; CARE France initiated a call for gender-responsive climate finance at the UN Climate Change Conference which was signed by more than 70 organizations worldwide.
CARE UK - Gender equality, women's empowerment and social justice are central to CIUK's advocacy campaigns, e.g. ILO Convention, financial inclusion, women participation and voice in humanitarian response, March4Women.