PPA Self-Assessment Review[1]

Complete areas within white boxes only

Reporting Year	2008/9

Part A – Basic Information[2]

PPA partner	CARE International UK

Niche statement	CARE International (CI) is one of the top 3 aid agencies committed to fighting poverty and injustice in 70 countries and helping 48 million people a year find routes out of poverty. We seek a world of hope, tolerance and social justice where poverty has been overcome and people live in dignity and security. As a global network CI works with partners on development programming and humanitarian relief with emphasis on the needs of poor, vulnerable and socially excluded peoples. We use our experience to influence and to campaigning to change policy and practice. CARE International UK works in a worldwide CARE network with country programmes and is recognised for: - continuously improving the impact of our work - influencing the policies and practices of government, business and other organisations - making resources available for programme activities - inspiring and engaging the public CARE UK lead within CI on the themes of conflict, governance and private sector engagement. We also maintain capacity and significant expertise in emergency response, hunger and chronic vulnerability, HIV and AIDS and climate change.

	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
PPA funding (£)	1,780	3,309	3,225	3,334	3,940		
As % of total organisational income	4%	7%	7%	9%	12%		

	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
Other DFID funding (£)	18,347	17,651	13,532	10,763	12,864		

---

[1] This self assessment review is only part of the reporting story. Organisations will be able to supply evidence, case studies and other material they feel will show impact on the ground

[2] Part A is a useful snapshot of the full relationship between DFID and each PPA holder.

There is an opportunity to expand on some of the non-financial aspects in Part D 'Partnership with DFID' but we wanted to expand Part A to reflect the fact that our partnership with DFID is not purely financial.

Summary of partnership with DFID and other DFID funding[3]

E.g. list of other DFID contracts or description of sectors worked in with DFID. (Approx. 300 words.)

CARE International UK (CARE UK) has for many years obtained a broad range of funding for contracts in Africa, Asia, Latin America and other regions where CARE operates. The number and range of contracts has remained significant in terms of the overall portfolio of projects resourced through the organisation up to the present time. Approximately 30% of funding has been for humanitarian response, frequently in contexts of response to fast onset crisis.

Receipt of PPA funds from 2004/5 onwards has been transformative. Though the overall envelope of funds is important, the key contribution of PPA funding has been in terms of the roles and contribution that these relatively flexible funds have allowed CARE UK to play in the context of the wider organisation. The most recent round of PPA funding has also been notable for the ways in which it looks likely to create greater partnership between the two organisations. The Mutual Commitments framework is key to this and CARE UK looks forward to taking this further forward in the course of this cycle of funding. We also believe that the more focused and defined content of CARE UK's PPA as described in its Planning Framework, which closely aligns with a number of key DfID priorities, provides a strong basis for learning and dialogue around agenda of clear reciprocal interest and importance. Increasingly CARE UK is also looking to align other sources of funding to its priority thematic foci and clear signs of this are emerging in terms of non-PPA funded projects with a shift towards governance and conflict funding in particular.

Full details of the projects resourced from the outset of PPA funding are provided in an appendix.

Approximate % of total organisational expenditure allocated by sector or theme[4]

Theme	Percentage
Climate Change	0.16%
Conflict	5.23%
Emergencies	30.74%
Governance	17.6%
HIV/Aids	4.48%
Health	5.47%
Hunger	22.78%
Micro Finance	7.32%
Others	0.57%
Private Sector	4.09%
Shelter	0.06%
Water and Sanitation	1.5

---

[3] This is intended to be a cumulative list of DFID contracts etc. from when your PPA began. If there is a large amount of information, please summarise by e.g. department and add any additional information to an appendix. We wanted to leave this section quite open to interpretation by each organisation. Note the wording has changed from 'relationship' to 'partnership'.

[4] This should provide an indication of your overall organisational allocations by sector or theme (i.e. not limited to your PPA).

The % breakdown may change from year to year and is intended to reflect key organisational priorities for the Reporting Year under assessment.

Part B - Progress against PPA Strategic Objectives[5]

Progress to date against PPA purpose statement

Purpose: To improve the impact of development and humanitarian relief programming by CARE, DFID and others, addressing the underlying causes of poverty by influencing development policy and practice especially in the areas where CARE UK leads on conflict, governance and engagement with the private sector. For PPA 3, we are focusing on improving quality and evidence of impact and being more accountable through better monitoring and evaluation of our work.

Provide high-level summary of progress to date against your purpose statement, drawing on evidence in line with the performance framework. (Word guidance: up to 300 words.)[6]

CARE UK has been putting the building blocks in place to address its wider purpose for the PPA. The Current round of funding is being used in a more focused way around three core areas with a complementary focus on improved accountability through development of monitoring and evaluation systems as evidence in our PPA baseline, as well as an objective on policy influencing and public awareness raising. We have a focused set of interventions in both the policy and the programming arena which we are drawing on to drive our purpose that will be the subject of detailed assessment for results. Already as can be seen from sections B and C learning outputs are accompanying these interventions which are key instruments for improving practice, influencing policy and to contribute to greater awareness within our growing constituency of supporters and activists in the UK. We are confident that as a result of our focus and investment in monitoring and evaluation mechanisms we will be able to report more verifiable progress in the next Self Assessment.

Progress against PPA Performance Framework by each Strategic Objective

Strategic Objective 1:

Tackle the underlying causes of conflict and promote peace by working in and on conflict in ways that contribute to international efforts and capacity

Please explain choice of indicators reported on below [7]

The indicator below has been selected to highlight progress of initiatives at varying stages of development. PPA support in all three Country Offices (COs) featured has shifted from conflict sensitivity (indicator 1) to peacebuilding (indicator 2), C-Nepal having the most recent shift in emphasis. Additionally 2 COs featured are newly supported on advocacy (indicator 3).

---

[5] The phrasing in this section is intended not to preclude referencing back to previous work in a different reporting period.

This is also an opportunity to generate a rich picture of PPA funding and demonstrate its value.

[6] This is intended to be an executive summary, a 'this is how we're doing' type narrative to set the scene for detailed information on the objectives and indicators. It also emphasises the qualitative aspects of reporting

[7] Agencies may choose to select just some of the indicators for each year of reporting. Please indicate and explain which indicators have been chosen.

Indicator 1:
2. Two programmes demonstrate results with reference to the OECD/DAC impact criteria for conflict prevention and peacebuilding programmes

Progress achieved and challenges faced[8]
Please draw on evidence in line with the performance framework. (Word guidance: up to 300 words.)

CARE Uganda – Previous PPA funding included support for Civil Society Organisations for Peace in Northern Uganda (CSOPNU) advocacy, and research and capacity building on conflict sensitivity and causes of conflict. In the current reporting period, national level conflict mapping has been undertaken to strengthen the linkages between micro and macro level impact, and a strategy developed for work on sexual and gender based violence. Research to shape advocacy has been conducted on the relevance of international fragile states policy frameworks for Uganda, as well as the extent to which the Juba Peace Process reflects UNSCR 1325. The process of creating the PPA baseline led to the identification of gaps around the quality of conflict analysis, clarity of underlying theories of change, and the need to address institutional linkages to foster more appropriate cross-border conflict response.

CARE Caucasus – The humanitarian response to the August 2008 military conflict over South Ossetia occurred almost exclusively on the Georgian side of the border. In order to provide a conflict sensitive humanitarian response CARE Caucasus undertook an assessment inside South Ossetia. This provided grounded advocacy and leveraged additional funding for a deeper analysis of peacebuilding needs in and around South Ossetia. CARE Caucasus has now critically reviewed theories of change underpinning peacebuilding programming, and has developed a plan to increase its capacity and resources for high quality work around peacebuilding.

CARE Nepal –PPA 1 & 2 support focused on conflict sensitivity with a much more recent shift to focusing on peacebuilding as part of CARE Nepal's conflict strategy development and reflecting the changing dynamic in country. The strategy extends Country Office focus from the local level more towards a macro level. Under PPA 3 support has been provided to assist CARE Nepal's flagship peacebuilding project: 'Women and youth – pillars of sustainable peace' to help the organisation locate itself more at the macro level. The baseline served to identify the need for greater focus on strengthening theories of change underpinning programming and to capture the outcomes and impacts of peacebuilding interventions. |

List any documentary evidence of achievements[9]
- UNSCR 1325 and Juba peace Process Study – by Sandra J Ayoo   'Aid and fragility' – (forthcoming) draft report by Tony Vaux and Arthur Larock   - CARE Uganda Sexual and Gender Based Violence Advocacy Strategy   - Conflict mapping in Uganda – by Amanda Coughlin (January 2009) *internal document*   - CARE Uganda baseline   - South Ossetia: Assessment of Humanitarian Situation in the aftermath of August 2008 fighting (November 2008)   - Community Perceptions and Conflict Prevention Needs in the Georgian-South Ossetian Border Area and Among IDPs in Georgia (March 2009)   - CARE Nepal baseline

What is the likelihood that Strategic Objective 1 will be achieved? Rate 1 to 5[10] *See footnote 10.*	2

---

[8] Indicate the period referred to: in some cases it may be artificial to focus just on the prior year, and a focus on overall progress may be more helpful

[9] This can also be used as an opportunity to provide DFID with case studies, YouTube clips etc for 'building support for development'.

Strategic Objective 2:
Strengthen the relationship between states and citizens, making it more participatory, accountable, transparent, effective and equitable in 8 countries

Please explain choice of indicators reported on below

The indicator below has been chosen to highlight some interesting activities, key achievements and important challenges. The indicator covers a range of initiatives from different geographical regions each of which is at different stages of implementation, from ones that are well established to others that have only started recently. Progress from three initiatives is detailed below with a fourth, in Ghana, not being reported against because it is in the set up phase.

Indicator
2.1.3 4 advocacy platforms or coalitions developed by civil society organizations or movements at local/ regional/national levels

Progress achieved and challenges faced

Please draw on evidence in line with the performance framework. (Word guidance: up to 300 words.)

Nepal – The 'National Initiative on Women's Political Engagement for Making a Gender Responsive Constitution' (CA Initiative) started on the 1st March 2009. A significant achievement has been the submission from by a range of local, district and national groups into the Constitution drafting process. Consolidated issues (including right to property, citizenship, education and women's political participation) were submitted by representatives of the national women's network (NFOWRC) to the Constitutional Committees. A challenge has been engaging with women CA members who have competing demands from political parties, parliament and the CA, in order to discuss the network's submissions.

Angola – CARE Angola conducted 6 community workshops on advocacy and internal governance for CSO networks in the municipalities of Kilamba Kiaxi (KK), Cazenga, Cabinda, Chitato, Chicala Choloanga and Andulo. This training and other capacity building activities, supported a network in KK to work in partnership with the Office of President in charge of the National Reconstruction Programme to advocate for the building of150 community managed water-tap stands to benefit approximately 300,000 people. An on-going challenge for community-led development is a tension between the established system of political party-based groups acting as representatives for communities and the emerging practice of direct engagement between CSOs and government bodies.

Peru - The Participatory Voices initiative provides support to a health network (ForoSalud) to build the capacities of CSOs and health providers to produce pro-poor health policies. In December 2008, Congress approved the bill on the Rights and Duties of Health Service Users. This law, initially designed in 2005, required wide-spread mobilisation, awareness raising, continuous and

---

[10] Having the ratings at the end of each section puts more emphasis on the earlier narrative and qualitative information, rather than on the quantitative rating.

Ratings to be applied:
- **1**. = Likely to be **completely** achieved, i.e. well on the way to completion (or completed)
- **2**. = Likely to be **largely** achieved, i.e. good progress made
- **3**. = Likely to be **partly** achieved, i.e. partial progress made
- **4**. = Only likely to be achieved **to a very limited extent**
- **5**. = **Unlikely** to be achieved

persistent lobbying with MPs to have a bill passed. There have been challenges in its implementation since there remains resistance from parts of the Ministry of Health and a general lack of capacity to translate the bill into practice.

List any documentary evidence of achievements

- **Nepal** (CA Initiative) – baseline report.
- **Nepal** (CA Initiative) – quarterly narrative report (1 March-31 March 2009)
- **Nepal** (CA Initiative) – written submission to CA drafting committees
- **Nepal** (CA Initiative) – trip reports from Roopa Hinton (Governance Advisor, Asia and Horn of Africa)
- **Angola** (Governance Programme) – baseline report
- **Angola** (Governance Programme) – annual narrative progress report for Country Office Programme Agreement (CARE Angola-CARE UK)
- **Angola** (Governance Programme) – case study on development of women's platform
- **Angola** (Governance Programme) – case study on Participatory Integrated Development Planning
- **Angola** (Governance Programme) – trip report from Bianca Suyama (Governance Advisor, Great Lakes and Southern Africa).
- **Peru** (Participatory Voices) – baseline report
- **Peru** (Participatory Voices) – quarterly reports from April 2008-July 2009
- **Peru** (Participatory Voices) – trip reports from Gaia Gozzo (acting Governance Advisor, LAC)
- **Peru** (Participatory Voices) – case study published in Lancet medical journal (2009)
- **Peru** (Participatory Voices) – case study in report by Human Rights Centre (University of Essex)

What is the likelihood that Strategic Objective 2 will be achieved? Rate 1 to 5.	2

Strategic Objective 3:

Engage with the private sector to develop services, products & markets for poor, vulnerable and marginalized populations, and improve social responsibility policies and practice by linking private sector impact to wider governance and accountability processes

Please explain choice of indicators reported on below

The indicator has been chosen in order to document some recent and compelling achievements in the distribution of micro-insurance product in Tamil Nadu, as well as highlight some of the challenges the project is currently addressing.

Indicator

3.1. Scale up a financial service/product (micro insurance) in partnership with the private sector to reach an additional 100,000 policies in India, ensuring the product is affordable, accessible, and relevant to needs and has positive lasting impact on the lives of poor people.

Progress achieved and challenges faced

Micro-insurance outreach - By March 2009 over 125,000 life, non-life and health policies had been distributed to 80,000 households through 20 NGO partners in four coastal districts of Tamil Nadu. Clients are predominantly women in the economically active age group of 25-45 years who are characterized by a range of economic, social and other forms of vulnerability as demonstrated by data on the client profiles in one target district:

- 82.9% of households covered have a household income of less than 2,000 INR per month (£25 per month)
- 76.7% of households have only one earning member and 71% of primary income earners in households undertake agricultural and other daily wage labour
- 26.9% of households are from scheduled castes and 17.5% of clients are illiterate

Claims following disaster - Cyclone Nisha hit southern India on 26th November 2009 causing widespread flood damage in coastal districts. CARE and our NGO partners supported the insurer to settle claims worth 38.5 million INR (£440,000) to 13,500 families for house and household property damage. 55% of policyholders in Nagapattinam and 35% of policyholders in Cuddalore were eligible to receive a settlement. Sample data shows almost 60% of clients eligible to receive a settlement belong to socially excluded groups.

Challenges faced - The scale of claims following Cyclone Nisha presented challenges in assessing claims and managing the settlement process. Processes to rapidly assess claims and distribute settlements were negotiated by CARE between the insurer and NGO partners. The scale of settlement represented a major financial impact for the insurer prompting a renegotiation of pricing and structure of the general insurance product. Geographic expansion of the project has been agreed in three non-coastal districts of Tamil Nadu with perceived lower risk cyclone damage.

List any documentary evidence of achievements
▪ Status paper on outreach in Nagapattinam and Cuddalore (the two districts where majority of products are distributed) ▪ DVD for key project stakeholders including government and potential NGO partners featuring short interviews with key representatives from Allianz SE and Bajaj Allianz ▪ Case study on Nisha claims due to be published externally by end of 2009

What is the likelihood that Strategic Objective 3 will be achieved? Rate 1 to 5.	2

Strategic Objective 4:
Our accountability to partners, communities and disaster affected populations is also strengthened, and CARE demonstrates its accountability for results to all stakeholders by more rigorous and systematic evaluation of programmes

Indicator
4.1 In 5 countries CARE programmes conduct more rigorous & systematic monitoring and evaluation processes, and implement specific accountability processes in humanitarian programmes
Progress achieved and challenges faced
The process of developing the baseline for the CARE UK's PPA Performance Framework has been a significant step forward towards the creation of a more systematic and rigorous evaluation system. Programmes selected for monitoring and reporting comprise an 'indicative portfolio' of CARE UK's work and results. The baseline and the work associated with producing it in association with 13 CARE Country Offices represents a major change in practice in terms of the way CARE UK is monitoring the PPA. The baseline is built upon a consistently applied methodology and provides a strong foundation for demonstrating objectively verifiable results in forthcoming reports.
List any documentary evidence of achievements
PPA: Monitoring for Results baseline, CARE UK June 2009

What is the likelihood that Strategic Objective 4 will be achieved? Rate 1 to 5.	2

Strategic Objective 5:
Contribute to broader understanding of international development and public support for this and humanitarian issues through strengthening policy influencing and raising public awareness in some or all of 8 priority areas (conflict, governance, private sector engagement, climate change, HIV/AIDS, hunger, chronic vulnerability and humanitarian response)

Indicator:
3 campaigns run

Progress achieved and challenges faced
The first of CARE UK's three campaigns, *Living on the Edge: Paying the Price of Inaction* report was launched on 18th September 2008. This initiative which focuses on issues closely linked to MDG 1 on hunger was also promoted on World Food Day the following month. It was originally released to feed into debate around the UN High Level Event in September which reviewed progress against the MDGs The report was covered in a range of UK print and broadcast media with circulation and audience figures totalling 60,996,645. Coverage included: - A 30 minute Radio 4 feature 'Costing the Earth'   - A Today Programme interview with CARE UK's Chief Executive   - National and regional radio bulletins   - Pieces in the Metro, Evening Standard and London Lite   - A range of regional newspaper reports   The report and press release were shared and used by CARE International in Australia, Austria, France, Germany and Norway who adapted it for their use and secured coverage in their own media on the same day as the UK launch.   The report launch coincided with critical moments in the unfolding of the 'Credit Crunch' and several newspapers and broadcasters (ITN news, The Independent and the Telegraph) which had been planning to use it dropped in the light of major news around the economic crisis. Our decision to launch the report around the MDG Summit took place only a month or so beforehand and this, coupled with certain capacity limits at the time, since addressed meant that we did not engage with parliamentarians or celebrities, though it was used to engage with CARE UK's growing pool of activists.

List any documentary evidence of achievements
• Living on the Edge: Price of Inaction report   • Press release accompanying the report   • DVD accompanying the report   • Detailed breakdown of media coverage

What is the likelihood that Strategic Objective 3 will be achieved? Rate 1 to 5.	1

Part C – Lessons Learned[11]

What lessons are being learned from this PPA?

You might find it helpful to frame your response around each strategic objective and/or to comment on how the PPA has contributed to:

- knowledge generation
- dissemination of knowledge (e.g. to other PPA partners, UK public, etc.)
- your organisation's impact
- relationships with others (whether PPA partners or not)

(Approx. 600 words.)

The PPA funding to CARE UK is a critical resource for generating knowledge for CARE International at large. It is a source of flexible funding that enables the organisation to embed research, analysis, experimentation and evaluation into the wide portfolio of projects and programmes that CARE implements globally. CARE UK has taken on certain leadership responsibilities in the areas of conflict, governance and private sector engagement within the wider organisation and the PPA resources are the main mechanism that allows CARE to generate learning resources in these areas. As this report demonstrates a significant amount of materials are being generated. They are taking a variety of forms and feeding into a range of ways of using such learning such as:.

- Promoting national and sub-national learning from practice such as action research in Angola that is informing local actors of opportunities and obstacles for citizen engagement in local governance processes.
- Feeding in to international policy formulation as occurred with CARE UK lead contribution to an influential paper that focused on the civil society dimensions to aid effectiveness in fragile states at the Accra High Level Forum
- Creating training resources such as a Governance training manual in Tanzania entitled: 'Knowing Governance and Making it Known'
- the School of Citizenship initiative saw CARE country offices in the Latin America and Caribbean region work with universities/academic institutions and develop four modules on democratic politics for field practitioners
- Feeding into campaigning and advocacy such as the use of the learning and advocacy initiative of the Great Lakes Advocacy Group to shape outreach to the public and mobilisation of activitists in the UK in web-actions relevant to the UN Security Council Resolution 1820 on gender based violence and women and girls.
- Shaping thinking and practice of complementary initiatives as has been the case in learning generated from earlier and the current PPA feeding into the design and implementation of the DfID CHF funded Conflict Sensitivity Consortium project which reaches nine partners agencies in the UK.
- Developing e-learning course and M&E systems on Value Chain Programming and piloting these with Country Offices in Peru, Ethiopia and Bangladesh
- Working with SAID business school to undertake independent research into CARE's bottom-of-the-pyramid programming in Bangladesh.

Undoubtedly, the PPA is the critical mechanism that has and continues to enable CARE UK to add value to the diversity of project funding for which we and other parts of the CARE Confederation mobilize resources. The funds provided by DfID PPA are widely considered to be a critical element of the wider organisations capability to leverage learning and influence from its diverse global portfolio of projects and programmes. CARE UK disproportionately contributes to knowledge generation and the products are used by a diversity of stakeholders in the CARE system.

---

[11] We left this section fairly open to interpretation. Additionally, it's an opportunity to show the reach and value PPA money has.

Part D – Partnership with DFID[12]

Partnership with DFID

Your organisation, through your PPA, is formally in partnership with DFID, guided by a mutual accountability framework (MAF). This section provides space for your organisation to comment on how that partnership is working in practice.

Some questions to guide you (but please feel free to comment as you wish):
- Have your expectations of the MAF been met in this reporting period?
- What has been the level of mutual engagement between you and DFID?
- What has worked well?
- What has worked less well?
- What suggestions do you have for more effective partnership in future?

Please give specific examples if possible of your PPA partnership with DFID, including links to relevant documents/websites and any collaborative DFID engagement done with other PPA partners

(Approx. 600 words)

The Mutual Accountability Framework (MAF) is a welcome development. We have seen the language around the relationship change with the last round of funding and welcome the openness to dialogue with key personnel in DfID that MAF appears to offer, as was presented to CARE UK staff in the initial meeting in March 2009. Expectations of MAF were not high prior to the meeting but have been considerably raised since then. In the course of the reporting year we have had meetings with senior staff from the Civil Society Department. These were loosely linked to MAF in that the meetings were the result of CARE approaching the Civil Society Department. However the meetings were both conducted in a way which suggested that there were growing possibilities for dialogue around areas of mutual concern. We have noted that some CARE Country Offices are being invited to meetings of agencies in country were we are prioritising our engagement. To date however we have not seen much specific substance beyond this, though we do also note a gradual shift in terms of the way the Department as a whole is relating to colleagues across a range of encounter linked or otherwise to the PPA, a shift which seems to be underpinned by thinking from the recent White Paper. We are though still awaiting feedback to our request for a set of key contacts in line with our framework. We are encouraged by the possibilities that MAF seems to offer and note a change in attitude in terms of how DfID is portraying the relationship but we are yet to really see many concrete manifestations of what has been trail blazed as the new way of working. We would very much like to have the opportunity to channel learning from the PPA into more planned interaction with DfID personnel to complement the existing but somewhat ad hoc relations we already have. Rather than make further suggestions at this stage we would rather see movement towards realisation of what was discussed and recorded in our mutual commitments meeting.

---

[12] Again, we wanted to focus on partnership over relationship here and have left this section open to interpretation by each organisation.

This is where the mutual accountability framework will slot in, once it has been developed by DFID.

This is an opportunity to expand on some of the information in Part A on the partnership between DFID and PPA holders and a chance to flag up issues.

Again, there is a shift in emphasis from a purely financial relationship to a partnership that is also about learning, accountability and communication with other parts of DFID beyond the Civil Society team.

Part E – Corporate Governance and Organisational Change[13]

Provide evidence of how your organisation demonstrates good corporate governance, whether this has changed as a result of the PPA, and if so how.

You must include in your response assurance that your organisation complies with UK equalities legislation on disability, gender and child protection, and shows due regard for environmental impact.

(Approx. 500 words.)

The Red Cross and NGO Code of Conduct, Sphere, HAP and People in Aid are core to CARE International's commitment to the accountability of our organisation to all stakeholders. CARE has been actively involved in these initiatives since there perception and are members of both Sphere and HAP Boards, with a CARE UK staff member sitting on the former. CARE had developed its own Humanitarian Accountability Framework (HAF) to address shortcomings that have been identified in a 2007 baseline study through the Emergency Capacity Building (ECB) project. Main conclusions of the study were that agencies commitments to different standards are often unclear and that performance is often not determined by extent of fulfilment to them. The CARE HAF seeks to ensure that the issues are more prominent in CARE and make clearer the organisational commitment to greater accountability and to putting it into practice.

CARE International is growing its capacity to engage in work around environmental standards, particularly through its Poverty, Environment and Climate Change Network (PECCN). The network is developing a range of tools for the organisation including one offering guidance on going carbon neutral entitled: *Doing the right thing: A guide to taking responsibility for CARE's greenhouse gas emissions.*

CARE International UK has an equal opportunities statement that covers disability, gender and child protection. All jobs externally advertised are done to ensure that we reach all sections of the community and shortlisting and interview is done against objective selection criteria based on the competencies required for the job. We also have a gender policy which not only looks at our programmatic work but our internal processes and procedures. CARE has adopted and approved an organisation wide policy on Prevention of sexual exploitation and abuse which focuses on the protection of children and other vulnerable people.

We have done much work to ensure that we have a good gender balance in our management team and at Board level where we have focussed on an open selection process to ensure that our Board are representative of the people that we serve.

---

[13] This section is about both ticking the basic legal compliance boxes and showing that PPA holders are pioneering dynamic new approaches to e.g. environmental standards.

This also provides an opportunity for PPA holders and other organisations in the sector to learn from each other and presents PPA holders as at the forefront of new approaches to good corporate governance, accountability, transparency, organisational change etc.

This is an opportunity to list which standards and codes you are signed up to (e.g. HAP, Sphere etc).

Emphasising how PPA funding has contributed to improving governance and change in your organisation and how this learning has been shared in order to strengthen the sector will also provide more material to demonstrate the reach and value that PPA funding has.