

PPA Self-Assessment Review

Reporting Year	2009-2010
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Part A – Basic Information

PPA partner	CARE International UK (CIUK)
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Niche statement	<p>CARE International is one of the world’s largest aid agencies, with a global annual spend of some \$600 million, fighting poverty and injustice in over 70 countries and helping 65 million people each year to find routes out of poverty.</p> <p>CIUK leads within CI in the thematic areas of conflict, governance and private sector engagement. We also maintain capacity in emergency response, hunger, HIV/AIDS and climate change. The PPA underpins this leadership position, enabling greater effectiveness and resource leverage.</p>
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	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10
PPA funding (£)	1,780	3,309	3,225	3,334	3,940	3,844 ¹
As % of total CIUK organisational income	4%	7%	7%	9%	12%	12%

	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10
Other DFID funding (£)	18,347	17,651	13,532	10,763	12,864	8,242

Summary of partnership with DFID and other DFID funding
<p>CIUK has an established and successful partnership with DFID through a range of initiatives, predominantly in sub-Saharan Africa, South Asia and Latin America. DFID is CIUK’s most significant donor, with other funding coming principally from the EU, foundations, private sector partners and individuals.</p> <p>Flexible PPA funding has been transformative for CIUK. It has enabled us to become more proactive and strategic, accelerating an organisation-wide shift towards thematic and programme activities and away from a projects-based model. It has allowed CIUK to specialise within CARE around agreed themes – conflict, governance and private sector engagement – and spurred innovation and learning. Other interests, such as HIV/AIDS and more recently climate change, have featured over time. See Figure 2, “PPA budget by theme”, below.</p>

¹ Please note that 2009/10 data are based on unaudited figures

PPA funds have also been used to deepen relationships with countries in a way that closely fits with DFID objectives and targets. We have focused spending on DFID priority countries, including fragile states such as Yemen, Nepal, Sierra Leone and Afghanistan, and have built the capacity of beneficiaries, partners, and CARE country offices. PPA flexibility has also facilitated increased policy, advocacy and campaigning activities, both in the North and South.

With greater specialisation, DFID and other funding streams have gravitated to our principal focal areas, which together amount to over 50% of our non-emergency funding. Humanitarian response is not a focus of PPA III, though it is an area in which we get important alternative support from DFID.

CI retains a broad capacity to engage across sectors and part of CIUK’s work is to source funds from donors reflective of CI’s wider priorities. Hence support in Sierra Leone for work around maternal health and in Southern Africa around HIV/AIDS. However, we feel that we can add most value, both to CARE country offices and to other stakeholders, when programmes converge with our areas of greatest capacity and specialisation. The PPA has been a tremendous asset in strengthening these specialties, increasing CARE’s overall development effectiveness and impact.

A list of DFID contracts since 2004 is provided in Annex A.

Approximate % of total organisational expenditure allocated by sector or theme

Figure 1: Organisational expenditure by theme

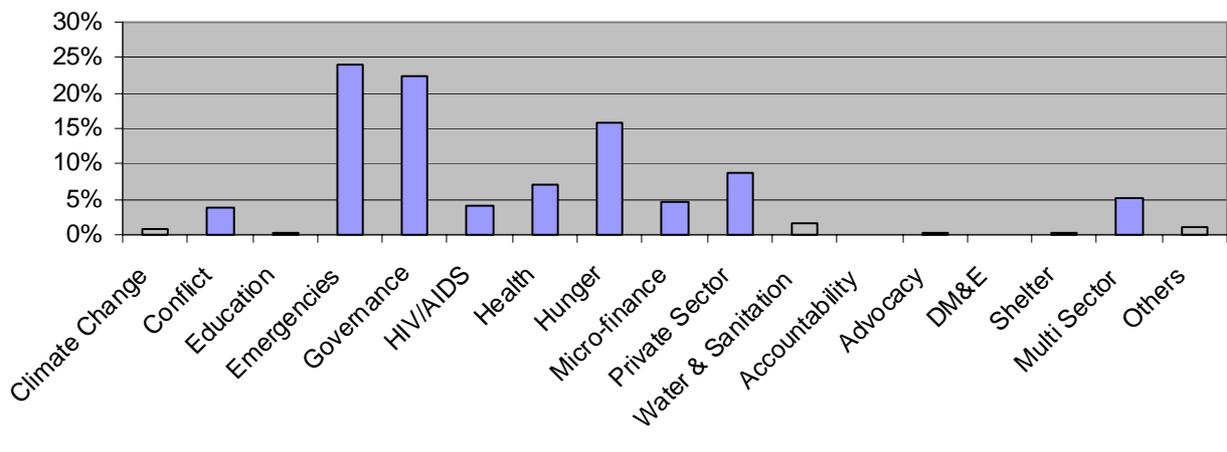
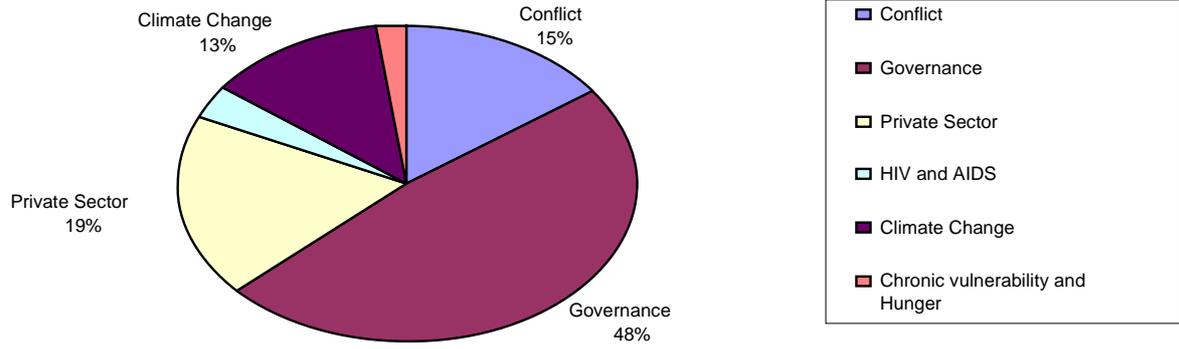


Figure 2: PPA budget by theme



Part B - Progress against PPA Strategic Objectives

Progress to date against PPA purpose statement

CIUK purpose statement:

To improve the impact of development programming by CARE, DFID and others, addressing the underlying causes of poverty by influencing development policy and practice, especially in the areas where CIUK leads: conflict, governance and engagement with the private sector. For PPAIII, 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.

CIUK has used the PPA to strengthen its impact and expertise around conflict, governance and private sector engagement - the thematic areas in which it leads within CARE International. With PPA support, its three expert teams are acting as drivers of change and effectiveness within the global CI confederation.

Under PPA III, we have achieved substantial positive outcomes against our purpose statement, and are on course to fulfil all five strategic objectives plus 10 out of 13 indicator targets by March 2011. Where we are not on track, often due to external factors, remedial action is underway.

Our private sector team is experimenting with innovative models of partnership between businesses and the extreme poor. In India, for example, we have sold over 200,000 microinsurance policies with Allianz to vulnerable coastal communities. Our conflict team has improved programme quality and impact in fragile states such as Afghanistan and Yemen, and is generating evidence-based learning across CI through a Community of Practice. Our governance team is helping marginalized communities on three continents participate in the policy processes that affect them most. In Peru, for instance, our support to a citizen-led health coalition has led to the passage in Congress of the first ever bill proposed by civil society.

PPA funds have directly led to enhanced networking and leverage of resources at the programme level, with co-financing from private, government and other aid donors. PPA partnerships include:

- the World Bank and the governments of Peru, Bolivia and Ecuador via the PRAA

CARE's PPA-led innovation

Country	Theme	Description
Peru	Governance	Piloting a civil society oversight system for local healthcare
India	Private Sector	Testing a model for delivery of microinsurance in partnership with Allianz
Uganda, Nepal, DRC	Conflict	Exploring new ways of designing, monitoring, and evaluating peacebuilding programmes
Bangladesh	Private sector	Working with Oxford University and the Schulich School of Business to study CARE's market engagement programmes
Nepal	Governance	Opening new channels for civil society input into constitutional development process

- initiative on climate change adaptation;
- the EC, through our DM&E in peacebuilding project in Uganda, Nepal and the DRC; and HIV/AIDS work in Ethiopia;
- the timber company Tahuamanu around markets in Bolivia;
- Norwegian People’s Aid via our PPIMA governance project in Rwanda; and
- USAID through the Scale-Up initiative to increase learning around global value chains.

We have enhanced our accountability through improved monitoring and evaluation systems. In 2009, we conducted a series of field studies that yielded baseline information for many of the initiatives described in this report. Where updated information is available, we compare outcomes against the baseline to demonstrate evidence of progress. The PPA has also resourced our contribution to Uhora, an internal CI global impact monitoring system.

Our interventions are generating learning that is influencing the policies of CI and the wider NGO, donor and academic communities. This is described in Part C, “Lessons Learned”.

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

We have reported against all indicators under this objective.

Indicator 1:

Two programmes comply with the “Do No Harm” framework for conflict sensitive programming, i.e. they systematically take into account positive and negative impacts of interventions on the contexts in which they are undertaken, and the implications of these contexts for the design and implementation of interventions.

Progress achieved and challenges faced

We have made significant progress under this indicator in Afghanistan and Yemen, two volatile environments in which conflict sensitivity is critical. Neither country office as yet fully complies with the DNH framework, but we are on course to reach our targets in Afghanistan by 2011, while in Yemen one project is already DNH compliant.

In 2009, CIUK conducted baseline studies in both Afghanistan and Yemen to ascertain integration of conflict sensitivity into CARE's programming.

Afghanistan

The baseline study found fewer than 10% of staff had a grasp of DNH principles, and senior staff in Kabul were more willing to acknowledge the importance of conflict than staff outside the capital. This was partly driven by field staff fears that reporting conflict issues might lead headquarters to withdraw personnel for security reasons, bringing job losses. The study led to a two-part action plan creating a safe space for staff to discuss conflict issues and training staff to integrate conflict sensitivity into all aspects of their work.

CIUK's PPA-supported achievements include:

- A Conflict Working Group to embed conflict sensitivity in all programme work;
- Four DNH training workshops for senior management and field staff;
- A training of trainers curriculum to roll out DNH trainings to CARE regional staff across Afghanistan.



A girls education project in Afghanistan benefiting from conflict sensitivity support

Yemen

The baseline study found staff were aware conflict issues played an important role in their working environment, but felt they lacked the tools to address them. CIUK and CARE Yemen have since signed an agreement through which CIUK will build country office capacity. National roll-out of conflict sensitivity has been delayed until September 2010, but project-specific work has already yielded results. We have integrated DNH into a project working with refugees (and funded by the UK Conflict Prevention Pool). The training has led staff to modify their activities in a way that has improved information flow to stakeholders and reduced tensions with host communities.

List any documentary evidence of achievements

CIUK, Afghanistan conflict sensitivity baseline report, June 2009.

CIUK, Yemen conflict sensitivity baseline report, June 2009.

CPP Project Progress Report, January-March, 2010.

Indicator 2:

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

Progress achieved and challenges faced

Work during PPA III has focused on enhancing the quality of peacebuilding programming with reference to the OECD/DAC impact criteria of: relevance, effectiveness, impact, sustainability, and coherence.

Nepal

Progress can be illustrated with reference to some of the key peacebuilding programmes in CARE Nepal's portfolio. Women and Youth as Pillars of Sustainable Peace is a European Commission-funded project that is seen as CARE Nepal's flagship peacebuilding programme. With PPA-supported technical assistance from CIUK, the



A meeting of a women's peace group in Kapilvastu, Nepal

conflict analysis and theories of change underpinning the project have been reviewed and strengthened. A monitoring report carried out for the EC in June 2009 scored the project highly for relevance, quality of design and sustainability, in line with the OECD/DAC criteria.

A second peacebuilding project, Sahabagita, addresses the challenges of gender discrimination. The project developed a rigorous analysis of conflict drivers and works with communities to address root causes of tension. To ensure

sustainability, it engages all stakeholders, including belligerent groups, and achieves coherence through regular coordination with peer agencies.

Uganda

A number of activities have been carried out to improve Uganda's peacebuilding work in line with the OECD/DAC criteria:

- A 2008 conflict-mapping exercise explored the context of CARE's conflict work and identified significant gaps in government and civil society interventions – and noted many interventions were not conflict sensitive;
- Thirty people from CARE and peer organisations were trained in March 2010 in conflict sensitivity, conflict analysis and integration of conflict issues into programming – particularly around the Global Water Initiative (GWI);
- Conflict analyses were conducted for projects in the Albertine and Karamoja regions to improve design and set performance monitoring baselines.

Design, Monitoring and Evaluation of Peacebuilding

Civil society peacebuilding is a relatively new area of work, with a limited amount of accumulated best practice, particularly on performance measurement. To respond to this

gap, CIUK is leading an EC-funded project with International Alert to develop guidelines for DM&E of peacebuilding programmes, drawing on case studies from Nepal, Uganda and the Great Lakes Region of Africa, and partially supported by the PPA.

List any documentary evidence of achievements

Peacebuilding Impact of CARE Nepal's programme, baseline study, June 2009.

WYPSP narrative report January-December 2009.

WYPSP review by EC, June 2009.

CARE Uganda Conflict Mapping Report, February 2010.

CARE Uganda Conflict Sensitivity Workshop Report, March 2010.

Indicator 3:

Two coalitions, confederations or networks are effectively mobilized to claim their rights in peacebuilding and post-conflict governance processes.

Progress achieved and challenges faced

This indicator focuses on advocacy with grassroots beneficiaries and was due to report on programmes in Nepal and Haiti. The impact of the Haiti earthquake made this impossible and we have instead reported on our Voices Against Violence campaign to combat violence against women in conflict. The global campaign is covered under Strategic Objective 5.

Nepal – From grassroots peace groups to national coalitions

CARE Nepal has formed 184 peace groups since 2008, working with marginalised women and youth to engage in peace processes and raise awareness of rights and other relevant issues. They are connected through CARE-supported national networks, such as Shantimalika, a coalition of women's rights groups. Achievements have included:

- A wide range of research and advocacy initiatives;
- Increased credibility and influence, with an increasing number of interactions with parliamentarians and invitations by the government to contribute to policy discussions;
- Shantimalika participation in the national government's high-level advisory committee on the implementation of UN Resolution 1325 on women, peace and security.

CARE's Voices Against Violence campaign

Voices Against Violence supports campaigners in Uganda and Nepal to promote the protection of women from conflict-related violence and to empower women in conflict.

In Nepal:

- CIUK worked with local organisations to facilitate debates between government, political parties and civil society, developing a code of conduct directed at political groups on violence against women and the production of booklets and e-bulletins;
- PPA funding enabled Binda Panday, a leading Nepalese activist and parliamentarian, to be keynote speaker at a 2009 meeting of the UK All Party Parliamentary Group on Women, Peace and Security.

In Uganda, CIUK's PPA-supported activities have included:



Ugandan women take part in a march against violence

awareness-raising activities, with Ugandan celebrities endorsing the messages.

- Working with grassroots and national campaigns, which contributed to the passage of the Domestic Violence Bill in November 2009 and the Female Genital Mutilation Bill in March 2010;
- Mobilising hundreds of women to travel across the country to lobby parliament in Kampala during the 16 days of Activism on Violence against Women campaign in late 2009;
- Sustained media and

List any documentary evidence of achievements

CARE Nepal Advocacy Progress Report, June 2010.

Voices Against Violence in Nepal, Progress Report, June 2010.

Voices Against Violence in Uganda, Progress Report, June 2010.

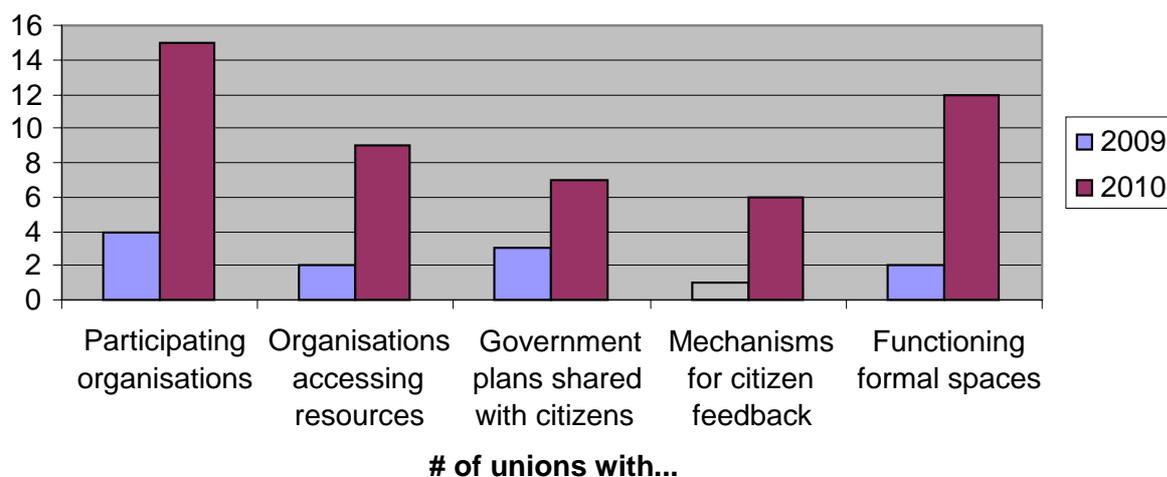
What is the likelihood that Strategic Objective 1 will be achieved? Rate 1 to 5.

2

Strategic Objective 2:
Strengthen the relationship between states and citizens, making it more participatory, accountable, transparent, effective and equitable in eight countries.
Please explain choice of indicators reported on below
We have reported against all indicators under this objective.

Indicator 1:
Four model initiatives demonstrate improved collaboration between communities and state agencies in decision-making or policy development or service provision or holding the government to account.
Progress achieved and challenges faced
<p>Three out of four initiatives under this indicator – in Bangladesh, Peru and Angola – show significant progress towards our 2011 targets around improved collaboration between communities and local government. The fourth initiative, in Sierra Leone, has anecdotal evidence of progress but a comprehensive data collection exercise is not due until September 2010.</p> <p>Social and Economic Transformation of the Ultra-Poor - Bangladesh</p> <p>CARE aims to help 20,000 poor households access better services and participate in policy decisions that affect them. The initiative addresses three dimensions of collaboration: citizen empowerment, state accountability and effectiveness, and spaces to negotiate. We have seen an improvement in all three of these dimensions since work began:</p> <ul style="list-style-type: none"> • There are more organised groups of extreme poor participating in planning and budgeting; • More Union Parishads (units of local government) with formal spaces for citizen participation, increasing from two unions in 2009 to 12 in 2010 (on track to reach our 2011 target of 15); • Five unions with greater accountability since 2009; • Increased access to public resources for extreme poor, with 12 groups accessing resources in two unions in 2009, compared with 102 groups in nine unions in 2010 (again on track for our 2011 target).

Participation of extreme poor in Bangladesh



Governance in the Andes (GOA) - Peru

This project seeks to improve relations between citizens and government in Puno and Apurimac. There has been good progress at the provincial level. The Aymaraes Roundtable, a provincial forum bringing together civil society, local government and extractive industry to negotiate around environmental impact of mining activities, is meeting more frequently, and should near our target of nine meetings in 2011. The meetings have already contributed to resolving two conflicts between citizens and mining companies. Progress at the regional level, however, has been slower, due mainly to external politics.

Governance in Angola

CARE's programming in Angola aims to support decentralisation by working with the government to replicate a participatory planning model nationally. The model has been adopted in five of six municipalities, with some encouraging results, including an increase in availability of information about municipal budgets and citizen participation in these budgets. These are significant steps forward in the context of Angola, where limited political space has been constrained by a new constitution.

ENCISS - Sierra Leone

ENCISS aims to increase citizen-state dialogue in order for poor people to achieve an improved and sustainable quality of life. Achievements include:

- At district level, increased number and quality of opportunities for district and ward authorities to involve citizens in development plans;
- Pioneering solidarity events to offer potential for local mitigation of conflicts.

A full data collection exercise, due in September, will provide further information about ENCISS's progress towards 2011 targets.

List any documentary evidence of achievements

Hinton, Roopa. "Promoting Inclusive Governance in Bangladesh: Empowering the Extreme Poor", *Learning and Policy Series Issue 1*, CIUK, May 2010.

GOA Mid-Term Evaluation, Maritza Mayo D'Arrigo, May 2010.

Apurimac Government Resolution on official member contributing to the design of the Regional Equal Opportunity Plan (Mentioning Maritza Mendoza – CARE's Staff) – Oct 2008.

"Report: Results of the second participative environmental monitoring of the River Chualhuaca" – August 2009.

Croese, S (2010) Angola Governance Programme: PPA Mid-term review, CARE International UK.

Indicator 2:

Four model initiatives enable citizens to have better access to information that enables them to:

- be aware of their rights; or
- participate in decisions that affect their lives; or
- hold government to account for failure to promote, protect or realise rights.

Progress achieved and challenges faced

Two of four initiatives under this indicator are on course to meet their targets for 2011, while two have faced difficulties and delays due largely to external factors – specifically, local elections in Ecuador, and a political context of fear and self-censorship in Rwanda.

Participatory Voices - Peru

This project seeks to improve healthcare in three of the most deprived regions of Peru by strengthening civil society oversight of health services. Achievements since 2008 include:

- An effective citizen surveillance system - a model for replication throughout Peru - established by CARE Peru and ForoSalud (a civil society health platform);
- Improvements in health care, including increased medical supplies, elimination of illegal charges and stricter measures around patient confidentiality.

Transparent and Accountable Local Government - Ecuador

CARE is working to strengthen citizens' ability to monitor public spending, both by building the capacity of civil society organisations and by increasing the transparency of municipal and provincial budgeting processes. Positive results include increased social monitoring, more trained civil servants and greater information-sharing by local government. However, the project has faced delays due to changes in the local administration following last year's election, as well as high turnover of project staff. Our 2011 targets, as set out in our "Monitoring for Results" logframe, look likely to be delayed. Much remains to be done, as demonstrated by a recent survey showing 53% of citizens believe transparency has not improved since 2008.

Social and Economic Transformation of the Ultra-Poor - Bangladesh

This project is described under Indicator 1, above. The component falling under Indicator 2 relates to CARE's work to build the capacity of Union Parishads to share policy information in community meetings. The project has opened up a number of spaces that are intended to increase transparency of information. These include:

- *Gram Sabha assemblies* - annual public meetings at the ward level allowing citizens to question their elected representatives;
- *Participatory planning meetings*, at which community members work jointly with local government to prioritise issues and expenditures; and
- *Annual budget meetings*, at which the local government presents its income and expenditure for the previous year and its budget for the coming year, with the public able to ask questions.

We have seen an increase in community participation in these meetings since we conducted our baseline in 2009.

Public Policy Information Monitoring and Advocacy - Rwanda

This innovative civil society-strengthening project aims to promote citizen participation in Rwandan policy and budget processes. It has required concentrated efforts to prepare the ground for implementation, particularly as it is operating in a highly sensitive and relatively closed political context. Therefore, progress has been slow, but has included:

- Civil society training on basic rights and on monitoring government budgets and service delivery;
- Community-level awareness-raising efforts about the law as it relates to gender-based violence;
- Local resolution of 30 incidents and another 75 cases referred to police and the judiciary.

List any documentary evidence of achievements

A video about the Puno citizen surveillance system can be found at <http://www.womenempoweredproject.com>. Follow link to “Stories” and choose “Vigilantes de la Vida”.

Ecuador Mid-Term Evaluation: Deysi Perez, May 2010.

DVD on Sexual and Gender Based Violence in Rwanda: Legal Theory and Local Realities 2010– pending authorisation from Rwandan Ministry of Health for distribution.

ISARO progress report: 1 January – 31 December 2009 (submitted March 2010).

Indicator 3:

Four inclusive advocacy platforms or coalitions carry out effective advocacy and policy influencing (presenting pro-poor policies, developed by citizens or movements) to local/regional/national level policy-makers.

Progress achieved and challenges faced

One of four advocacy platforms under this indicator has achieved effective policy influencing. This is in Peru, which has a tradition of civic engagement and where CARE's work on this issue predates the current PPA. A second initiative, in Ghana, has seen a strengthening of advocacy coalitions at the national level but as yet no concrete policy outcomes. Our work with the two remaining platforms – in Angola and Nepal - has thus far focused primarily on capacity issues, but given their low starting points progress has been considerable.

ForoSalud - Peru

ForoSalud, Peru's leading civil society health platform, has achieved significant policy successes in its four years of advocacy work supported by CARE.

- National adoption of the Health Services Users' Rights Law, the first ever civil-society-proposed bill passed in Congress;
- Leading efforts to reform legislation around pharmaceuticals and the treatment of TB;
- A range of advocacy successes with provincial governments, especially with regard to culturally acceptable health services.

Constituent Assembly Initiative - Nepal

This project has focused on building the capacity of a newly formed network, the National Forum for Women's Rights Concern (NFOWRC), to provide inputs into the constitutional development process, particularly around women's rights. Forum members with no experience of national policy-making processes or basic rights have developed

significantly in 18 months. During our 2009 assessment, 40% identified human rights and women's rights as a capacity gap, compared with only 6% in May 2010. While advocacy interactions with Constituent Assembly members have begun, it is too early to judge the long-term impact on the constitutional development process.

Governance Programme - Angola

Advocacy and community organising are relatively new concepts to Angola, and we have focused at the outset on building bottom-up community organisations that can advocate on behalf of their constituencies and link together in civil society fora. CARE provides training on policy issues and advocacy skills, as well as support in gaining legal recognition by the state. Our work has contributed to an 87% increase in community organisations over the past year, to a total of 398.

CIVIC – Ghana

- We have supported organisations to develop advocacy plans with communities dependent on Agriculture and Natural Resources (ANR). These organisations have joined forces with other CSOs to influence the development of national legislation around natural resources and the environment;
- Two communities have succeeded in having their Community Action Plan accepted at district level.

List any documentary evidence of achievements

Participatory Voices Mid-Term Evaluation Report, Miriam R. Santivanez, May 2010.

“A la Conquista del derecho a la Salud” (Taking a stand for the right to Health) – Maria Luisa Vázquez, *Semana Salud*, 27 September 2009.

Statement of Ariel Frisancho, on behalf of CARE International - Peru and the International Initiative on Maternal Mortality & Human Rights (IIMMHR) – Presentation in front of the UN Human Rights Council - 14/06/2010.

“Institutional mechanism for social surveillance of policies and services” – CARE Presentation to the World Bank, 2010.

“Women’s voice in the new constitution”, CARE/NFOWRC radio programme aired in 35 districts, June 2010. CD available.

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 and 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

We have reported against all indicators under this objective.

Indicator 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, relevant to needs and has positive lasting impact on the lives of poor people.

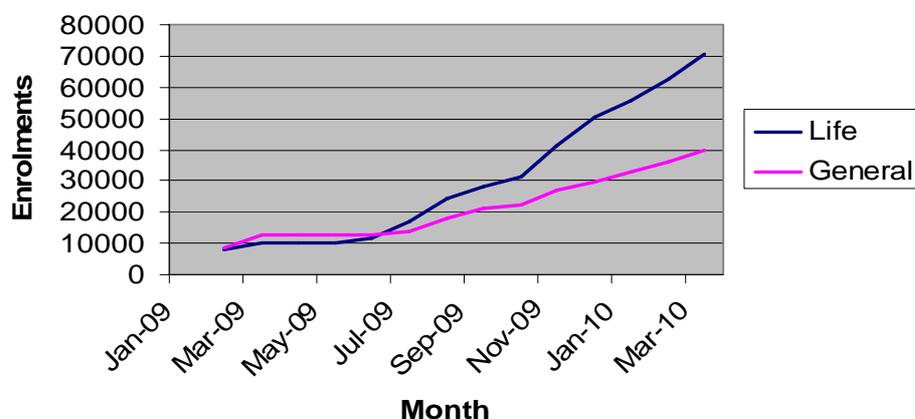
Progress achieved and challenges faced

This indicator relates to CARE's partnership with the multinational insurance corporation, Allianz, to bring microinsurance products to disaster-affected communities in India.

Number of policies sold

As of March 2010, cumulative enrolment in the CARE/Allianz microinsurance scheme stood at 210,206 policies. This figure covers enrolment since the inception of the scheme in March 2008. Our indicator target of "an additional 100,000 policies" relates to the period between our January 2009 baseline and March 2011. Since January 2009, 110,206 policies have been sold, and we have therefore exceeded the goal by 10,206 policies with a year remaining in the PPA period.

Figure 1, Cumulative Life and General Enrolments, January 2009 to March 2010



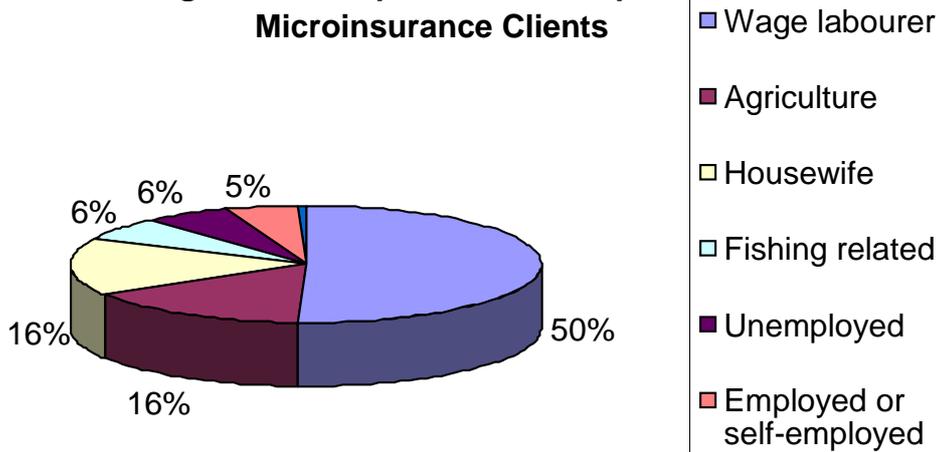
Affordability

At the outset of the project, an annual combined life and general insurance product cost 90 rupees (approximately £1.30) compared to an average annual per capita income of 6,628 rupees (£95.50). Following a surge in property claims in the aftermath of Cyclone Nisha, CARE and Allianz reviewed the product and in June 2009 agreed a 230% rise in the price of general insurance. Despite this increase, premiums remained within the “affordability range” identified in a 2008 survey of consumer demand, which showed 75% of households willing to pay between 600-1200 rupees annually towards insurance. This finding is affirmed by the steady rate of enrolments since the price rise.

Accessibility

The microinsurance scheme is offered at community level by field officers and “animators” through group meetings, awareness events and door-to-door visits. To reach clients, CARE partners with 27 local NGOs working with the extensive Self-Help Group network (in Tamil Nadu alone there are 382,833 such groups, with 6.1 million members). This allows CARE to reach the most vulnerable: 87% of policy-holders are female, 79% are earning below a 2,000 rupee per month poverty threshold, and 27% are of the lowest castes.

Figure 2: Occupation of a Sample of Microinsurance Clients



Relevance

CARE-Allianz products are tailored to the perceived risks of community members as identified through a 2008 Risk and Demand Assessment. This tailoring is unique in the microinsurance world. The assessment showed 95% of households had experienced a crisis such as death, serious illness, accident, marriage at short notice or crop failure over a three-year period. Medical emergencies were most common, with 56% of households reporting one in the last two years. The combined life and general policy offers death benefits, cover for injury, disability and hospitalization as well as cover for dwellings and contents.

Social impact

CARE and Allianz's microinsurance products are showing strong potential to help vulnerable communities deal with external shocks. Demand for the products remains high, and the partnership has recently expanded to cover three new districts. However, challenges remain around pricing and coverage, and more broadly in getting the balance right between social and economic gains.

List any documentary evidence of achievements

Video

"Insure Lives and Livelihoods" project overview (15 minutes) – available on request; soon to be on CIUK webpage.

"Father's Gift" community education drama (20 minutes) available on request; soon to be on CIUK webpage.

CIUK trustee discussing partnership at DFID Business Innovation Facility launch event, April 2010. <http://businessfightspovetry.ning.com/video/frances-house-care>

Publications

Burns & Delal, 'Explaining Insurance: Implementing Consumer Education in CARE India's Insure Lives and Livelihoods Programme' A Financial Access Initiative Research Report, New York University, March 2010.

Devabalan & Sundararajan, "From Compensation to Claims: Benefits of Microinsurance for the Poor", CARE India, December 2009.

<http://www.careinternational.org.uk/privatesector/CARE-Compensation-to-Claims-Brochure-Jan10.pdf>

Warner etc, "Vulnerable Countries and People: How Disaster Risk Reduction & Insurance Can Help Manage the Risks of Climate Change" Policy Brief, UNU-EHS, November 2009.

http://www.climate-insurance.org/upload/pdf/MCII_Policy_Brief.pdf (See p.12 for CARE case study.)

Indicator 2:

Two programmes develop new approaches to working with local communities and populations in ways that increase company accountability and link to wider governance processes.

Progress achieved and challenges faced

CARE's work under this indicator focuses on two initiatives promoting accountability and transparency within the Peruvian mining sector. While both projects adopt new approaches to working with local populations, neither has yet produced significant gains in company accountability as perceived by communities. We believe this is due largely to the short period of time in which the projects have been operating.

The first initiative tests a model for cooperation among mining companies, civil society, and the government in Apurimac, one of the poorest regions of Peru. The model aims to strengthen local communities' ability to participate and hold the government and mining companies to account in the management of a Social Fund derived from mining concession fees.

A recent mid-term evaluation shows improvements against some indicators regarding levels of disclosure and discussion of the municipal budget (which includes Social Fund revenues). However, a series of interviews with the local population shows continued feelings of mistrust of the Fund; many interviewees said they do not receive clear information from community leaders who participate in Fund meetings.

While this calls for close monitoring and potentially a review of our implementation strategy, we believe it is too early to draw conclusions about the effectiveness of the intervention, particularly given the history of tensions between the extractive industry and civil society in Peru.

The second initiative, which began in February 2010, aims to bring Peru's Social Funds and the PMSP (another fund drawing payments from mining companies) under the purview of the Extractive Industries Transparency Initiative (EITI). A baseline study found low levels of transparency in these funds, and the project aims to address this through a combination of training and advocacy with government and companies. We expect to see progress on these baseline indicators by the conclusion of the PPA period.

Baseline indicators, Peru EITI Initiative, May 2010

# of PMSP-contributing companies making PMSP-related information available in external reports and communications	11 out of 39
# of Social Funds with public-access websites, as required by law	4 out of 7
# of companies failing to meet legally-mandated social spending requirements	13
# of PMSP project baselines available to the public	0

List any documentary evidence of achievements

Baseline study for the Project "Promoting good governance and economic development in the mining investment area of Cotabambas – Apurimac Region - Peru." CARE Peru, June 2009.

Midterm Evaluation, "Promoting good governance and economic development in the mining investment area of Cotabambas – Apurimac Region – Peru." CARE Peru, May 2010.

Cotabamba Provincial Diagnostic - Production Potential Analysis and Evaluation of the Supply and Demand of Products that Contribute to the Local Economic Development. CARE Peru, February 2010.

Baseline for the Project "Transparency and Accountability in the management of PMSP and Social Funds". Grupo Propuesta Ciudadana, May 2010.

Indicator 3:

Assess how companies have contributed to positive, lasting changes for poor producers through the reengineering/adaptation of at least one value chain.

Progress achieved and challenges faced

In Bangladesh, CARE has been working to adapt the dairy value chain in favour of poor producers. Milk production has long been a part of Bangladesh's subsistence farming practices, yet only 9% of the milk produced reaches formal processing companies, requiring the country to import 27% of what it consumes. Poor farmers suffer from low productivity and limited access to quality inputs, while private sector processors have

difficulty sourcing enough milk to run their facilities at full capacity.

CARE's Strengthening Dairy Value Chains project aims to double dairy-related incomes of 35,000 low-income farm households. CARE has built relationships with the major dairy processing companies in Bangladesh, and has facilitated projects to improve farmers' access to business services such as feed, veterinary care, artificial insemination and loans; develop an intermediary organisation model to aggregate farm inputs and outputs; and determine the optimal cow breed and feed ration for smallholder production.

With PPA support, CARE has been working since June 2009 with researchers at the Schulich School of Business in Toronto to extract lessons from its programme. A preliminary report based on data from April 2010 shows a 78% gain in smallholder milk production since the work began. The research is also identifying best practices that can be applied to value chain partnerships elsewhere. A full set of findings will be published in December 2010 and shared widely across the NGO, donor and business communities.

	September 2008 (baseline)	April 2010	% Increase
Benefits to Poor Producers			
Avg. milk production (litres/day)	1.2	2.1	78
Avg. price per litre sold (Taka*)	24.9	26.5	5
Avg. smallholder income from milk (Taka/day)	22.5	29.6	31
Benefits to Companies			
Percentage of participating farmers selling to formal private sector	25	39	56
Volume of milk sold by participating farmers to formal private sector (litres/day)	1,198	3,563	297

*100 Taka = £1

List any documentary evidence of achievements

McKague, K., Demonstrating Company Contributions to Inclusive Value Chains: A Study of Strengthening the Dairy Value Chain in Bangladesh, forthcoming, December 2010.

Ahmed, A.U., B. Minten, A.R. Quisumbing, and D. Roy (2009). Evaluating the Dairy Value Chain Project in Bangladesh: Baseline Report. Washington, DC: International Food Policy Research Institute.

Participatory Performance Tracking Report, CARE Bangladesh, April 2010.

Group Progress Assessment Q4 2009, CARE Bangladesh Monitoring and Evaluation data.

CARE Bangladesh Semi Annual Report to the Bill and Melinda Gates Foundation, April 2010.

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 strengthened, and CARE demonstrates its accountability for results to all stakeholders by more rigorous and systematic evaluation of programmes.

Please explain choice of indicators reported on below

We have reported against all indicators under this objective.

Indicator 1:

Two country programmes' accountability to partners, communities and other local stakeholders in CARE's development programming is strengthened.

Progress achieved and challenges faced

We have made significant progress in strengthening our accountability in Peru, and have taken initial steps to improve accountability in Nepal. Overall, we expect to have largely achieved our targets under this indicator by March 2011.

Accountability in Peru

CARE's accountability initiative in Peru aims to strengthen its forward accountability to beneficiaries as well as increase its capacity and legitimacy to promote accountability amongst other actors, particularly local government and the mining sector. Building on its experiences during the 2007 earthquake response, and with PPA-supported technical assistance from CIUK, CARE Peru is piloting accountability systems within two regional offices, Ancash and Huancavelica, based around four components:

- *Publicly disclosing information:* offering information on what we are doing and fostering dialogue with our stakeholders.
- *Participation and decision-making:* involving stakeholders in decision-making related to our interventions.
- *Soliciting and responding to feedback:* opening ourselves to complaints, compliments and suggestions from stakeholders and adapting our work in

response.

- *Managing quality*: working to constantly learn and improve the quality of our work.

Activities have taken place within each of these accountability components. We have organised information events with local government and community representatives to explain CARE's work and its commitment to accountability. We have piloted citizen oversight committees to monitor CARE's activities. We have established systems to facilitate stakeholder feedback, including a toll-free telephone number. And we have developed a monitoring and evaluation system to help staff track their progress towards greater accountability. Citizens' recommendations have already resulted in corrective action and there is evidence that our systems are helping to strengthen CARE's relationships with communities.

Nepal Governance Framework Initiative

This initiative aims to further CARE's broader thinking about how to engage in governance processes in Nepal, but CARE's own accountability to stakeholders has emerged as a priority issue and therefore a workshop was held to kickstart activities in this area. The workshop resulted in recommendations to increase the amount of spending information shared with communities, be clearer with partners about our role and our mutual obligations, and improve how we measure our impact. We expect to see results against these recommendations by March 2011.

List any documentary evidence of achievements

CARE Peru case study, Making accountability to disaster-affected people a reality: Learning about accountability in CARE Peru's earthquake response, April 2008.
www.careinternational.org.uk/download.php?id=824

Politica de Rendicion de Cuentas y Transparencia, Documento Preliminar a ser revisado/ajustado/aprobado, April 2010.

Nepal Governance Learning Initiative Inception Workshop Report, 28 April 2010.

Indicator 2:

Three country programmes' accountability to partners, communities and other local stakeholders in CARE's humanitarian programming is strengthened.

Progress achieved and challenges faced

Latin America Region Humanitarian Accountability Initiative

This initiative supports the roll-out of CARE's newly launched [Humanitarian Accountability Framework](#) across the twelve country offices of the Latin America region. It focuses on

building awareness of the CARE HAF as an important first step in strengthening our accountability to disaster-affected populations. It also aims to integrate accountability into emergency preparedness planning.

Since the initiative was launched in April 2010, we have made good progress towards the indicator target. A regional level workshop bringing together senior emergency and programme managers was held to demystify accountability and provide a space for learning to be shared across the region. Participants assessed their country office capacities and identified key follow up actions. Among these is a series of Emergency Preparedness workshops due to be held in at least seven of the ten country offices over the next six months.

We are also conducting a LAC capacity assessment to feed into a regional strategy and provide baseline data that will allow us to monitor longer-term progress in strengthening accountability. We will be assessing staff knowledge, skills and attitudes, and conducting a document review of emergency preparedness plans and emergency response performance reports.

List any documentary evidence of achievements

CARE International Humanitarian Accountability Framework Policy Statement and Guidance Note, Pilot Version, February 2010, <http://www.care-international.org/Accountability/>.

Latin America Regional Humanitarian Workshop Report, April 2010.

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 eight priority areas (conflict, governance, private sector, climate change, HIV/AIDS, hunger, chronic vulnerability and humanitarian response).

Please explain choice of indicators reported on below

We have reported against all indicators under this objective.

Indicator 1:

Policy-influencers (parliamentarians, journalists, and our activist supporters) demonstrate awareness relating to:

- chronic vulnerability; and
- gender-based violence in conflict settings.

Progress achieved and challenges faced

Results centre around the global aspects of Voices Against Violence, CI's PPA-supported campaign to end violence against women in conflict.

In 2009, Voices Against Violence focused on influencing the UN Security Council debate around Resolution 1820, which recognised rape as a tactic of war and called for the protection of civilians, particularly women and girls, from all forms of sexual violence. CARE sought the creation of a dedicated UN post to spearhead change, and [presented a petition](#) with 1820 signatures to Sir John Sawers, then UK Ambassador to the UN, asking him to push for such a post in the Security Council debate.

We recommended immediate steps to reduce sexual violence and improve the lives of victims, based on CARE's long experience working with survivors of gender-based violence.

The Security Council passed resolution 1888, which called for a range of measures in line with our recommendations, including the appointment of a special representative.



A campaign participant shows CARE's Voices Against Violence message



Trafalgar Square on International Women's Day, March 2010

Commonwealth Office had "received a great deal of correspondence from [CARE's] Action Network members" urging international action.

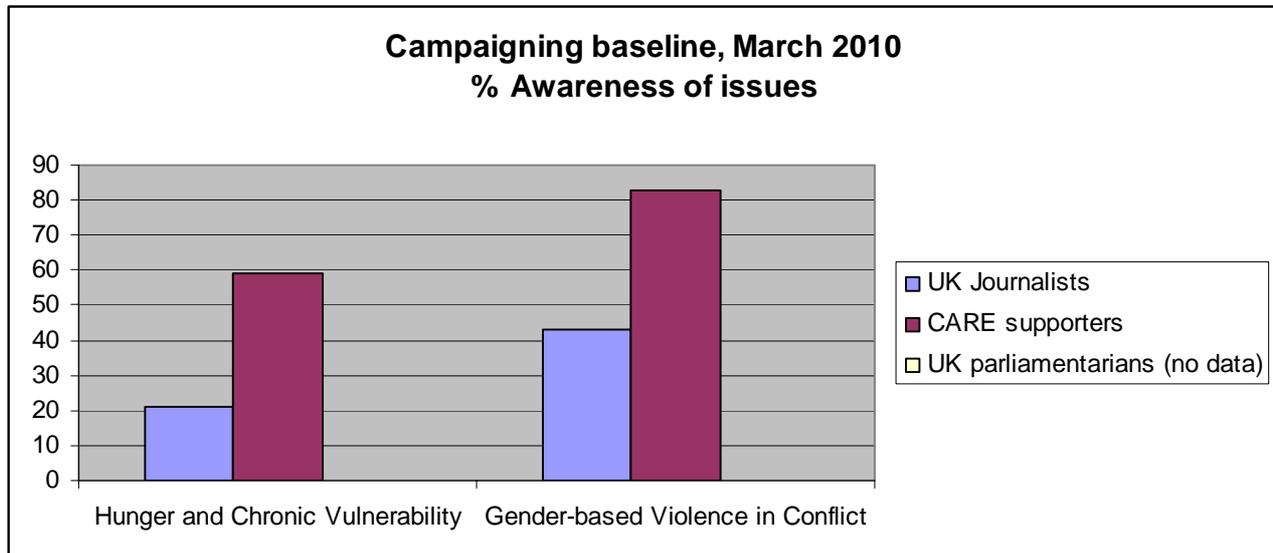
Following on from resolution 1888, the campaign has worked to raise awareness of these issues among policy-makers and the public, including by:

- Speaking at a rally in Trafalgar Square on International Women's Day;
- Leading an online campaign in the run-up to the general election that brought the issues to the attention of 485 parliamentary candidates and featured in

19 media outlets. Baroness Glenys Kinnock told CIUK that the Foreign and

We have looked for ways to measure changes in awareness, attitudes and behaviour

among policy leaders, but have found the cost of regular surveys beyond our budget. We have tackled the issue by joining a syndicate that puts a limited number of questions to journalists, MPs and Peers at regular intervals. The timing of these surveys is beyond our control and, as evident in the chart below, we have yet to gather baseline data for one of three target groups.



List any documentary evidence of achievements

Letter from CIUK Chief Executive Geoffrey Dennis to UK Ambassador to the UN Sir John Sawers, June 2009.

YouTube online video appeal to sign petition,
<http://www.youtube.com/careinternationaluk#p/u/9/yTEeznA854M>

Letter from Baroness Glenys Kinnock to CIUK acknowledging Voices Against Violence campaign, August 2009.

International Women’s Day video,
<http://www.youtube.com/careinternationaluk#p/u/12/OnLgGhxxVis>

Indicator 2:

Pool of activist supporters grows by 20%.

Progress achieved and challenges faced

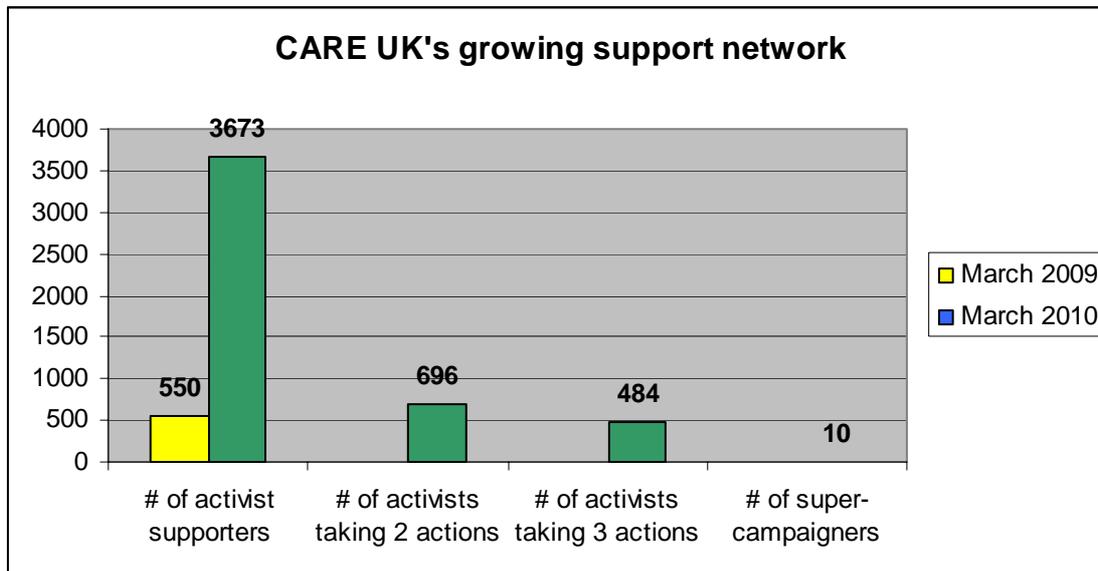
Since 2009, our UK-based CARE Action Network has grown from 550 members to nearly 3,700 – a rate of growth far exceeding our 20% annual target.

The Action Network brings members together to participate in a variety of activities, from small evening lectures to national marches. Recent actions include participating in The Wave, a 50,000-strong demonstration in London in December 2009 urging politicians to strike a robust climate change deal in Copenhagen; running a street stall in Brighton as part of BOND's Stand Up and Take Action campaign; and turning out in Trafalgar Square to raise awareness of violence against women in conflict. Regular updates are provided online to keep supporters abreast of CARE's activities and policy platforms.



Individuals participate in the CARE Action Network in different ways; some take part in a single event, while others are regular campaigners. As such, our growth strategy has a dual emphasis on increasing both the overall size of the membership and expanding the number of highly engaged members. We have also identified a group of "super campaigners," who advise CIUK on how to engage supporters further and who help build support for development among their friends and colleagues.

Volunteers sign up for the CARE Action Network, Latin American Festival, London, 2009



In this period, CIUK also increased its social networking outputs, with Facebook fans now totalling 2,803 and our new Twitter account already showing 770 followers.

List any documentary evidence of achievements

CIUK Supporter Database (housed at our London HQ). Data available on request.

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

1

Part C – Lessons Learned

What lessons are being learned from this PPA?

CARE has made organisational learning a central focus of its 2008-2011 PPA. To this end we have used the PPA to strengthen our UK-based conflict, governance and private sector expert teams, invested in rigorous monitoring and evaluation systems, and funded innovative research that is yielding lessons for CARE and for peer agencies, donors and the public.

Thematic expertise

CARE International is the world's third largest aid agency, with 13 members and over 70 country offices. This offers immense learning and scale-up opportunities. Flexible PPA support allows CIUK's thematic teams to take a broad view, comparing intervention results across projects and acting as managers of learning. The PPA's flexibility also allows CIUK to direct seed funding towards the most promising thematic research opportunities across the confederation.

Innovative research

In Bangladesh, CIUK has partnered with two world-class business schools to examine the impact of its private sector engagement work.

- Toronto's Schulich School of Business is studying CARE's efforts to re-engineer the dairy value chain to benefit both smallholder farmers and companies. Preliminary results show a 78% gain in smallholder milk production. Full research findings will be published in December 2010 as a case study for the Schulich School's MBA programme.
- Oxford University's SAID Business School is studying CARE Bangladesh's Rural Sales Programme, which provides poor Bangladeshi women with opportunities to engage in small-scale enterprise. The Rural Sales Programme presented at the recent Skoll Forum at Oxford and will be published in leading business journals this year, including *Harvard Business Review*.

The PPA is funding governance research in five countries under CARE's Governance Action Research Initiative. CARE staff and civil society partners in Angola, Malawi, Mali, Nepal and Peru receive training and support from the CIUK-based governance team to lead their own research projects. Angola produced recommendations for improving accountability between CARE and the communities with which it works, and we now provide detailed information about our budget and activities to the local Municipal Forum, where it is accessible to community stakeholders.

The PPA is supporting CIUK's participation in the Poverty Environment and Climate Change Network (PECCN). Peer agencies, donors, the public and CARE staff have

benefited from PECCN's development of high quality, evidence-based briefing papers, operational tools and strategy documents.

The Learning & Policy series

CIUK is disseminating its research findings through the *Learning & Policy* publication series. Launched in 2010 and supported by the PPA, the series aims to share lessons and influence policy within the CARE International confederation, as well as with NGOs, donors, and the academic community. The inaugural issue, *Promoting Inclusive Governance in Bangladesh: Empowering the Extreme Poor*, describes an innovative governance initiative run by CARE Bangladesh and its local partner, RBNS.

Three other *Learning and Policy* studies are due for publication over the coming year. Two of these – on aid effectiveness, and on providing humanitarian assistance in conflict-affected countries – are being produced with a view to influencing the November 2011 High Level Forum on aid effectiveness in Seoul, South Korea. The third paper looks at CARE's microinsurance partnership with Allianz and assesses whether it is practicable to replicate this model in other settings.



Investing in Monitoring and Evaluation

A critical aspect of any learning effort is a reliable means of monitoring and evaluating country-level performance. CIUK has directed a considerable level of its PPA funding towards new, more rigorous M&E systems. In 2009, we launched a set of studies to develop baseline data for the indicators under the PPA performance framework. Beyond setting the stage for future impact measurements, the data collection was a useful analysis and goal-setting exercise in itself.

The Scale-Up project aims to address a global gap in M&E around private sector value chain programmes. Jointly funded by the PPA and USAID, the project has begun developing twelve e-learning modules to build staff capacity, designed and piloted new M&E indicators, and created a Community of Practice comprising 250 CARE staff.

Specifically describe innovative learning, e.g. specific knowledge generation about new issues encountered or discovery of new means of solving specific problems

As outlined elsewhere in this report, the PPA is supporting a number of innovative learning initiatives. An example is CARE's work in India to develop and refine a microinsurance model that meets both CARE's social protection objectives and the

profitability goals of its corporate partner, Allianz.

A key aim of the partnership is to reach poor and vulnerable members of society. This presented several challenges: first, this was an unknown market for Allianz; second, the communities had little experience of insurance products; and third, targeting the vulnerable – in this case coastal communities in the path of regular cyclones – meant that by definition clients would be high-risk from an insurer’s perspective.



“If I hadn’t joined the [insurance] scheme, I would have had to use my savings and rely on family, friends and money lenders. The money from insurance settlement means that I can start to rebuild my home.” Anjamaal, Cuddalore, India.

Through trial and error, CARE made considerable progress in addressing these challenges. To reach marginalized communities, it settled on a distribution model that saw it act as an intermediary between Allianz and local NGO partners who were already working with the extensive Tamil Nadu Self Help network. Enrolment is voluntary, unlike microinsurance linked to credit and savings schemes, and carried out on a rolling basis throughout the year.

CARE also developed a risk awareness and education curriculum that was recently described in an International Labour Organization publication as a best practice and direct factor in ensuring outreach and social impact. To improve financial viability of the model, CARE and Allianz scaled up the project to three inland districts in Tamil Nadu. This expansion served to spread risk because although the socio-economic profile of communities is similar to the original districts, the risk profile is different because new districts are less prone to severe storms.

Although there is much to refine in the partnership model, including balancing affordability with risk coverage, the work is producing valuable information to inform NGO-private sector partnerships around the world.

Part D – Partnership with DFID

Partnership with DFID

CI UK has significant relationships with DfID and in some cases other parts of government across the areas where we have specialist capacity.

In terms of our PPA work we have, for example, strong relations through our PSE team with the Business Alliances Team (BAT). We recently worked closely with that team to provide an NGO perspective on experiences of partnering with business to use market opportunities to the advantage of poor producers on the occasion of the launch of the Business Innovation Facility (BIF). We have also had a range of interactions with DfID both in London, via CHASE, and in country missions e.g. Afghanistan, Nepal and Uganda on a range of issues such as peacebuilding and civil-military relations. In the latter instance our contacts extend to other parts of government, namely the Foreign and Commonwealth Office and the Ministry of Defence. This has included an ongoing role catalysing joint NGO policy engagement with the EU and NATO on country-specific deployments and the development of the Comprehensive Approach. Work on Statebuilding and Peacebuilding is also feeding into policy development with CHASE, and through our country offices we are engaging with in-country donor processes to develop Peacebuilding and Statebuilding goals in the build up to the High Level Forum on Aid Effectiveness in Seoul.

CARE is also an active member of a number of joint agency working groups that regularly interact with DfID. These include the UK Aid Network and the BOND Conflict Policy Working Group, which we chair.

PPA resourcing is often a means to leverage links with DfID that lead to other forms of partnership. Our conflict work resulted in our taking the lead on the CHASE-funded Conflict Sensitivity Consortium, which has fostered a range of opportunities for interactions with DfID. The PPA-funded work on climate change, while initially focused on Latin America, has enabled us to link with DfID around the CARE International Poverty, Environment and Climate Change Network (PECCN). This in turn led to the development of the innovative Adaptation Learning Programme (ALP), which looks to scale up community-based adaptation work in four pilot countries into policy and practice models at a continental level. ALP is a segway into a range of DfID-supported adaptation initiatives.

The PPA adds huge value to the wider portfolio of work that CIUK and the entire CARE International confederation undertake. By providing complementary and flexible resources around select areas of specialisation, we are better able to generate policy lessons and research findings that enhance our effectiveness and that of the development sector more broadly.

There is no doubt that there could be greater synergies between CARE and DfID. We value our relationship with the Civil Society Department but at times that does not feel as much as a window to the rest of DfID as it might be. The collapse of the Mutual Accountability Framework seems like something of a missed opportunity at the UK level in particular. On the other hand we do feel in some areas of government a growing range and quality of contacts, and believe linkages should be the result of good practice and not

artificially created. CIUK also needs to capitalise more extensively on the range of work that CARE International is involved in that is of value to a wider range of stakeholders. To achieve this we need to continue serious investments in areas such as M&E, research and learning, and explore further means of effectively sharing the knowledge that we have gained. These efforts are underway and have been substantially aided by the PPA, though more remains to be done.

Part E – Corporate Governance and Organisational Change

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

CIUK has been recognised by the Charity Commission as a case study in good corporate practice. We have clear delegated authorities as to what can be undertaken by management and what remains a Trustee obligation. We maintain sound business processes and ensure their integrity through internal audit. At an international level, CIUK sits on the CI-Board, Executive Committee and a number of standing sub-committees to help deliver our strategy as a confederation. We have been given the role within the confederation of taking forward Centres of Expertise as a governance model, and with PPA support have successfully implemented the Climate Change network (PECCN) to focus our energy in this area.

The PPA is also helping us strengthen our “forward accountability” to partners and beneficiaries. The Red Cross and NGO Code of Conduct, Sphere, HAP and People in Aid are core to CIUK’s commitment to stakeholders. We have been actively involved in these initiatives since their inception and are members of both the Sphere and HAP Boards.

We have supported the development, field testing and roll-out of an organisation-wide Humanitarian Accountability Framework (HAF) to help clarify and implement our commitments. We have also supported a global team of CARE staff that can be deployed to assist country offices and wider inter-agency efforts to strengthen accountability during humanitarian response. Integrating CARE’s HAF into Emergency Preparedness Planning is a focus of a PPA-funded initiative to strengthen our accountability to disaster-affected populations across the Latin America region.

In pursuit of improved accountability to internal and external stakeholders, we have embarked on a three-year “Transformative Initiative” to strengthen our internal processes and structures. This has involved opening up space for internal discussion and learning from good practice within CARE and from peer agencies. Through this process we aspire to drive forward wider organisational change within the CARE confederation.

Accountability and good corporate governance also entails rigorous monitoring and evaluation. As described throughout this report, CIUK has made important strides in improving M&E, in part through PPA support. We have also used the PPA to resource CARE International’s global Uhora performance monitoring system. An initiative of the CI secretariat, Uhora collects quantitative information on the quality of our work and provides a good governance platform to make staff accountable in their own areas.

Please provide any evidence to show how PPA funding allows you to take risks and innovate (if at all).

PPA funding has allowed CIUK to take a leading role within the wider CARE confederation in the Programme Shift. This is having a transformational effect on our work globally by taking the organisation away from a projects-based model to one built around long-term programmes aiming to achieve lasting impact at scale on the underlying causes of poverty and social injustice.

One of the primary implications of a programme approach is increased attention at the programme design stage to analysing the root causes of poverty, developing explicit theories of change, and putting in place monitoring and evaluation systems that measure performance and contribute to organisational learning. This has required significant levels of technical assistance from our thematic experts in the UK, which would not be possible without the PPA.

As the Programme Shift has progressed, the governance team, for example, has seen a rise in field requests for assistance. In the past, CARE's governance work took place in relative isolation, but with the Programme Shift, weak or unfair systems of governance are increasingly being recognised as a root cause of poor services in many of the countries in which CARE operates. As a result, governance issues are cutting across a far wider range of CARE's work, and our programmes are becoming increasingly effective at targeting the causes rather than the symptoms of poverty.

Part F – Cross –cutting issues

Describe any work your organisation has done on Gender and Faith if applicable (this question will be limited for the period 2008-2011)

Gender – Please describe how your organisation is mainstreaming gender in its work, as well as any specific work your organisation has done to promote gender equality and women's empowerment.

Faith – Please describe how your organisation is working with faith groups and communities

Gender

CARE's mission is to help poor people around the world improve their lives. Increasingly, our work has focused on addressing the injustice, discrimination and exclusion that prevent women and girls from achieving their full potential. In 2008, we concluded a four-year study assessing programmes serving women and girls in 24 countries in Asia, Africa and Latin America. The learning from this research illustrated what "empowerment" really means for women and girls in developing countries, the obstacles they face in realising their potential, and steps CARE can take to measure the impact of our programmes.

The study fed into a new CARE International Gender Policy, which articulates a set of internal standards to ensure the quality of our work around gender equality and

women's empowerment. It also provides the basis for mainstreaming gender in all of our programmes, partnerships, and campaigning activities. This commitment was affirmed in a 2009 decision of the CARE International Board to align our work globally around a platform of women's and girls' empowerment.

Specific examples of CARE's initiatives around gender equality and women's empowerment are provided throughout this report. These include involving women in the peacebuilding process in Nepal, providing information about women's rights to communities in Rwanda, supporting female entrepreneurs in Bangladesh and Peru, and leading a global advocacy campaign against sexual violence in conflict.

Annex A: DFID contracts since 2004

Country	Project Title	Grant Amount	Theme
GLOBAL			
GLOBAL	Adaptation Learning Program (ALP) for Africa	5,000,000.00	Climate Change
GLOBAL	Consortium Bid of British Humanitarian Agencies	110,000.00	Emergency Relief
GLOBAL	Programme Partnership Agreement III	11,750,000.00	Other
GLOBAL	The Practice of Conflict Sensitivity (Kenya, Sri Lanka, Sierra Leone)	2,100,000.00	Conflict
GLOBAL	Partnership Programme Agreement II	5,250,000.00	Other
GLOBAL	Water and Sanitation for the Urban Poor	3,950,640.00	Water and Sanitation
ASIA			
Nepal	Community Support Programme - Phase II	142,000.00	Governance
Indonesia	Transitional shelter assistance	1,084,598.00	Emergency Relief
India	Design and Implementation of Bihar Health Sector Reform	1,416,325.00	Health
Sierra Leone	A Collaborative Approach to Reducing Maternal and Child Health in Sierra Leone	782,043.00	Health
Myanmar	Accelerated WASH Project in Myanmar	56,146.00	Emergency Relief
Myanmar	Cyclone Nargis Recovery Project Kungyangon, Dedaye and Bogele Townships.	600,000.00	Integrated/ Livelihoods
Afghanistan	NGOs and Humanitarian Reform	302,887.57	Accountability
Myanmar	Cyclone Nargis Response Programme - Pathein, East Dagon, Thaketa	700,000.00	Emergency Relief
East-Timor	Support and basic relief to IDP Camps	186,372.00	Emergency Relief
EME			
West Bank/Gaza	Emergency Livelihood Support for Conflict Affected Small Farmers and Rural Households in Gaza Strip	650,000.00	Emergency Relief
Yemen	Reducing conflict between refugees and local communities in Yemen	264,522.00	Conflict

Georgia	Sustainable Livelihoods in the Adigeni and Adjacent Rayons 2	2,619,680.00	Agriculture and Natural Resources
ECA			
Horn of Africa, Kenya	Hunger Safety Net Programme Management of the Administration Component	628,499.00	Hunger
Kenya	Water for Garissa and Mandera	887,336.00	Water and Sanitation
Sudan	Nuba Mountains Rebuilding Rural Livelihoods project	497,550.00	Integrated/ Livelihoods
Sudan	Greater Darfur Logistic Operations for Non-Food Items	2,853,325.00	Emergency Relief
SWA			
Zambia	ART Adherence Research	500,000.00	HIV/Aids
Madagascar	Addressing recurrent cyclones- Plastic Sheeting and NFI pre-positioning	185,000.00	Shelter
Benin, Cameroon, Cote d'Ivoire, Ghana, Liberia, Mali, Niger, Sierra Leone, Togo	West Africa Emergency Response Programme Food Security & Agricultural Recovery Management 2	2,000,000.00	Emergency Relief
Ghana	Ghana Research & Advocacy Programme	1,204,627.00	Agriculture and Natural Resources
Ghana	Cyclone Ivan Response in Eastern Madagascar	989,005.00	Governance
Madagascar	Protracted Relief Programme Phase II	349,944.00	Emergency Relief
Zimbabwe	LURE 3 - Building Influence, Strengthening Governance	2,533,871.07	Integrated/ Livelihoods
Angola	Disaster Risk Reduction Niger	522,476.00	Governance
Niger	Enhancing Interaction between Civil Society and the State phase 2	3,373,725.00	Integrated/ Livelihoods
Sierra Leone	Food Security & Agricultural Recovery Management	4,049,201.00	Governance
Ghana	Protracted Relief Programme	343,000.00	Agriculture and Natural Resources
Zimbabwe	Response to Cyclone & Flooding in Mozambique	1,323,104.00	Emergency Relief
Mozambique	Flooding and Cholera Outbreak	129,470.00	Emergency Relief
Niger	Protracted Relief Programme	71,100.00	Health
Zimbabwe	Malaria Outreach and Safety Initiative	1,850,000.00	Emergency Relief
Sierra Leone	Using Media and Outreach for National and Community Engagement	1,255,032.00	Health
Sierra Leone		995,000.00	Governance

Lesotho	Interim Support to Lesotho Vulnerability Assessment Committee (LVAC)	155,000.00	Other
Sierra Leone	Enhancing Interaction between Civil Society and the State	3,793,959.00	Governance
Zambia	Zambia PPA	10,000,000.00	Integrated/ Livelihoods
Lesotho	Private Sector Coalition Against AIDS in Lesotho II	170,000.00	Other
Zimbabwe	Protracted Relief Programme	3,373,489.00	Emergency Relief
LAC			
Haiti	Haiti Earthquake Emergency Response	120,000.00	Emergency Relief
Bolivia	Support to the implementation of the Regional Learning Programme	65,000.00	Governance
Peru	Rehabilitation of sanitation services to earthquake affected victims in Peru	500,000.00	Water and Sanitation
Bolivia	Potosi Community Based Livelihood Relief and Rehabilitation	100,000.00	Emergency Relief
Guatemala	Hurricane Stan Emergency Assistance for Displaced Families	100,000.00	Emergency Relief
El Salvador	Hurricane Stan Emergency Water Supply and Sanitation Project	50,000.00	Emergency Relief
Regional	Latin America Partnership Programme Agreement	4,500,000.00	Other