



**GREEN
CLIMATE
FUND**

Meeting of the Board
26 - 29 October 2026
Songdo, Incheon, Republic of Korea
Provisional agenda item 11

GCF/B.46/03/Add.10

5 October 2026

Consideration of accreditation proposals and activities – Addendum X

Accreditation assessment of APL191

Summary

This document contains the recommendation by the Accreditation Panel for accreditation of applicant 191 (APL191), Cooperative for Assistance and Relief Everywhere, Inc. (CARE USA), based in the United States of America, in accordance with the revised accreditation framework adopted in paragraph (a) of decision B.42/13, and includes the screening report confirming the applicant meets the screening requirements contained in part 1 of annex II to document GCF/B.42/04/Add.01.

I. Introduction

1. Cooperative for Assistance and Relief Everywhere, Inc. (CARE USA) is an international access entity based in the United States of America. The applicant is an international non-governmental organization (NGO), with a mandate to alleviate global poverty, assist populations affected by disasters and promote public awareness of global poverty and social justice.
2. The applicant applied and was assessed in accordance with the revised accreditation framework (adopted in decision B.42/13, paragraph (a)). The applicant was assessed against the screening requirements contained in part 1 of annex II to document GCF/B.42/04/Add.01.¹ As part of this assessment, the AP consulted the applicant's website and third-party websites to complement the information provided in the application.
3. The applicant has applied to be accredited for the following parameters under the GCF fit-for-purpose approach:²
 - (a) **Access modality:** international access;
 - (b) **Track:** normal track; and
 - (c) **Maximum environmental and social risk category:** medium risk (category B/intermediation 2 (B/I-2)).³

II. Contribution to GCF mandate and strategic goals

4. The applicant is found to have the potential to support GCF in implementing its Strategic Plan for 2024–2027 with respect to:
 - (a) The indicative projects/programmes that the applicant intends to submit to GCF;
 - (b) Alignment of said indicative pipeline with country programming priorities;
 - (c) Potential contribution to the adaptation and mitigation balance in the GCF portfolio since the applicant focuses primarily on adaptation and cross-cutting activities, while supporting diversity in GCF result areas such as health, food and water security, livelihoods of people and communities, and ecosystems and ecosystem services. The applicant also indicates engagement in mitigation-related activities, including nature-based solutions and support for the energy transition;
 - (d) Mobilizing climate finance at scale; and
 - (e) Enhancing private sector participation through the applicant's experience engaging private sector actors, facilitating linkages between community-based savings groups, microfinance institutions, and commercial banks, and promoting sustainable value chains.
5. The applicant has developed significant institutional presence and networks through 80 years of programming experience across 120 countries, including in crisis- and conflict-affected

¹ See <https://www.greenclimate.fund/board-document/gcf-b42-04-add01>.

² Refer to section IV below for the recommendations by the Accreditation Panel.

³ As per the revised Environmental and Social Policy adopted in decision B.BM-2021/18, category B is defined as "Activities with potential limited adverse environmental and/or social risks and impacts that individually or cumulatively, are few, generally site-specific, largely reversible, and readily addressed through mitigation measures," and intermediation 2 is defined as "When an intermediary's existing or proposed portfolio includes, or is expected to include, substantial financial exposure to activities with potential limited adverse environmental or social risks and impacts that are few, generally site-specific, largely reversible, and readily addressed through mitigation measures; and includes no activities with potential significant adverse environmental and social risks and impacts that, individually or cumulatively, are diverse, irreversible, or unprecedented."

contexts. This includes government counterparts as well as international partners and NGOs such as United States Agency for International Development (USAID), World Vision and World Wildlife Fund (WWF). CARE USA has also established partnerships with financial institutions and private sector actors to support climate-resilient development. For example, its She Feeds the World approach links village savings and loan associations with multilateral financial institutions and banks to increase access to finance for women farmers, while partnerships with private sector companies support the integration of climate-smart practices into agricultural value chains. These partnerships demonstrate the applicant's ability to leverage its extensive institutional networks to scale climate action.

6. CARE USA indicated that it integrates climate considerations across its programmes in food and water security, health, economic development, education, and humanitarian response, while maintaining gender equality as a cross-cutting priority. The applicant aims to support GCF strategic objectives through enhancing community resilience to climate change, promoting climate-smart livelihoods and food systems, advancing gender-responsive climate action, and improving access to climate finance for vulnerable and underserved population. This approach is underpinned by CARE's strategic commitment to climate action, as articulated in its Vision 2030. The applicant indicated that climate change disproportionately affects poor and marginalized populations, particularly women and girls, and promotes a climate justice approach that seeks to address the gendered impacts of climate change and their underlying drivers. The applicant further indicated that women play an important role in climate action, adaptation and resilience-building.

7. The applicant intends to leverage its experience in African States, least developed countries, and small island developing states to partner with the GCF in projects covering areas such as (i) building and supporting people's capacities and assets to manage climate-related shocks and stresses; (ii) reducing the drivers of climate risk; and (iii) supporting changes in formal and informal rules, plans, policies and legislation that enable individuals and communities to reduce their vulnerability to climate-related shocks and stresses. The applicant also indicated a 2030 goal of supporting 25 million poor and marginalized people, particularly women and girls, to strengthen their resilience and adaptive capacities to the effects of climate change while contributing to the energy transition.

8. The applicant intends to propose projects and programmes to GCF that are aligned with national development priorities and climate change strategies of the countries in which it operates, including nationally determined contributions (NDCs) and national adaptation plans (NAPs). CARE USA indicated that before project design, it conducts stakeholder consultations with government ministries, civil society organizations, the private sector, and communities to align approaches and activities with each country's NDCs, NAPs and any existing GCF Country Programme. Design is informed by climate science and local knowledge gained from expansive in-country presence. Country directors are responsible for host country engagement, with the support of global technical experts.

9. The applicant has experience in financing and implementing climate change adaptation and resilience projects with investment sizes ranging from USD 11 million to USD 101 million. Its portfolio includes grant-funded interventions across climate-relevant sectors such as food security, sustainable livelihoods, climate adaptation, market systems development, and community resilience in vulnerable and climate-affected regions. The applicant's track record in delivering these climate change and resilience initiatives includes:

- (a) USD 101 million (grants) for the Strengthening Household Ability to Respond to Development Opportunities (SHOUHARDO) III project in Bangladesh, funded by USAID, where the applicant acts as the prime implementer, supporting food security and community resilience through climate-smart agriculture, inclusive market systems, and early warning mechanisms;

- (b) USD 75 million (grants) for the Malawi Titukulane programme, a USAID-funded initiative where the applicant acts as the prime implementer, supporting climate-resilient agriculture, reducing the impacts of climate-related shocks, strengthening household resilience, improving natural resource management, and enhancing coordination among government institutions, civil society organizations and development partners;
- (c) USD 69.18 million (grants) for the Takunda project in Zimbabwe, funded by USAID, where the applicant acts as the implementer, supporting livelihood enhancement, nutrition improvement and local systems strengthening to build resilience to climate and non-climate shocks, including drought, with a focus on women and youth;
- (d) USD 58 million (grants) for the Ethiopia Livelihoods for Resilience (L4R) programme, a USAID-funded initiative where the applicant acts as the prime implementer, supporting food security and climate resilience by reducing household vulnerability and strengthening resilience capacities across 27 Productive Safety Net Programme woredas in the Amhara, SNNPR and Tigray regions;
- (e) USD 12.4 million (grants) for the Pastoralist Areas Resilience Improvement through Market Expansion (PRIME) project in Ethiopia, funded by USAID, where the applicant acts as a technical and implementation partner within a consortium led by Mercy Corps, supporting climate adaptation, livelihood diversification, improved livestock productivity, and resilience-building among pastoral and agro-pastoral communities, while promoting women's empowerment.

III. Screening report

3.1 Screening requirements assessed by the Secretariat

3.1.1 Legal status

10. The applicant, Cooperative for Assistance and Relief Everywhere, Inc., is a corporation with charitable purposes incorporated and registered under the laws of the District of Columbia, United States of America with file number 100031.

11. The applicant has provided evidence that it has legal personality and the legal capacity and authority to enter into contracts, and can bear financial and legal responsibility for performing those obligations. Based on the evidence submitted, the Secretariat finds that the applicant meets the "legal status" screening requirement.

3.1.2 International access applicant's support to direct access applicants

12. The applicant has indicated that strengthening the capacities of national and local entities, including potential direct access applicants, is a core component of its development approach. CARE USA works directly with host governments, local institutions and country-level partners to build capacities, share resources and support sustainable development outcomes. The applicant further stated that it supports NDAs in identifying and prioritizing direct access applicants and intends to assist such entities towards GCF accreditation and programming.

13. Based on the evidence submitted, the Secretariat finds that the applicant meets the "international access applicant's support to direct access applicants" screening requirement.

3.2 Screening requirements assessed by the Accreditation Panel

3.2.1 Corporate governance and internal control

14. CARE USA is part of the CARE International Confederation that comprises 19 national Members and 1 Affiliate operating in 57 countries. Each member of the Confederation is independent and responsible for its own operations and finances.

15. CARE USA is governed by a 27-member Board of Directors, which serves as the organization's principal policymaking and oversight body. The Board operates under approved bylaws that provide for between 5 and 35 directors and define arrangements for their appointment, removal and remuneration. The Board of Directors is supported by four standing committees: the Finance Committee, Audit and Risk Management Committee, Nomination and Governance Committee, and Executive Committee. It meets at least three times annually. Board minutes from November 2025 and March 2026, together with Audit and Risk Management Committee minutes from June 2025, were reviewed by the AP as evidence of active governance oversight. Board members bring diverse expertise spanning philanthropy, the private sector, education and other relevant fields.

16. CARE USA maintains an organizational structure that delineates functional responsibilities and reporting lines through to Executive Management and the Chief Executive Officer. The detailed organizational chart is accessible to employees through its intranet, while a high-level organogram of organizational units and governance bodies is publicly available.

17. CARE USA's FY26–FY30 Strategy translates its mission to save lives, defeat poverty and achieve social justice into three strategic pillars: Respond, Sustain and Rise. The strategy was developed through a structured, cross-functional process incorporating country and regional priorities, with senior management and Board of Directors oversight. Strategic objectives are supported by measurable organizational goals and indicators aligned with the CARE 2030 Global Indicators Framework. Annual plans and corresponding budgets establish milestones towards the 2030 goals across six impact areas: humanitarian response, food and water, health, education, women's economic growth, and climate, with gender integrated as a cross-cutting priority. CARE USA's preceding FY22–FY25 Strategy provides an established track record of implementation and performance reporting, with progress publicly disclosed through annual reports.⁴ The AP reviewed the FY 22-25 strategy, annual plans, performance indicators and related annual reporting.

18. The five-member Audit and Risk Management Committee operates under an approved charter and provides oversight of the internal audit function. Under its revised charter (August 2026), CARE USA aligns its internal audit arrangements with Institute of Internal Auditors (IIA) standards and ethical requirements and provides for an external quality assessment at least every five years. The Director of Audit and Counter Fraud reports functionally to the Audit and Risk Management Committee and administratively to the Chief Financial and Operating Officer. The AP reviewed annual audit plans, completed audit reports and evidence of follow-up on audit recommendations, demonstrating an established audit planning, reporting and remediation process.

19. CARE USA appoints independent external auditors to conduct annual financial statement audits in accordance with auditing standards generally accepted in the United States (Generally Accepted Auditing Standards or GAAS) and the Government Auditing Standards issued by the U.S. Comptroller General. Audited financial statements are publicly disclosed within its annual reports.

⁴ See <https://www.care.org/annual-reports/>.

20. CARE USA has established a documented internal control framework (March 2026) that brings together its governance, risk management, control, assurance and reporting arrangements. The control environment is supported by Board of Directors and committee oversight, defined delegations of authority, and policies and procedures governing key organizational processes. Enterprise risk management is overseen by the Audit and Risk Management Committee, with active institutional risks consolidated within an organization-wide risk register, which was reviewed by the AP. Control activities, including requirements for compliance with applicable laws and regulations, segregation of incompatible tasks are embedded within functional policies and procedures. Assurance is provided through the in-house internal audit and counter-fraud office, complemented by statutory external audits and donor-specific audits. Established reporting lines and communication arrangements support the flow of relevant control and risk information across the organization. Collectively, these arrangements are consistent with the key components of the Committee of Sponsoring Organisations (COSO) Internal Control Framework.

21. The AP finds that the applicant meets the screening requirements for corporate governance and internal control.

3.2.2 Financial management

22. CARE USA prepares its publicized⁵ annual financial statements in accordance with United States Generally Accepted Accounting Principles. Its financial management framework is designed to support the scale and complexity of its global operations and is underpinned by standardized accounting systems, documented financial policies, procedures, and operational manuals. These arrangements support consistent financial reporting, internal control, and accountability over both organizational and donor-funded resources.

23. The finance and accounting function is led by the Chief Financial and Operating Officer, who reports to the Chief Executive Officer and is supported by a finance team with defined responsibilities across accounting, financial management, treasury and related functions. The function provides oversight of financial reporting and the management of funds across CARE USA's operations. CARE USA also maintains the banking and treasury arrangements necessary to execute domestic and international payments, including payments associated with its international programmes.

24. CARE USA utilizes Oracle PeopleSoft Financial Management as its principal enterprise resource planning (ERP) system. The system supports core financial management functions, including general ledger accounting, accounts payable, budgeting, and asset management. Financial controls are embedded within PeopleSoft through defined user roles, approval authorities, and system-based segregation of duties, thereby restricting incompatible functions and supporting appropriate authorization of financial transactions. These system controls operate alongside CARE's documented financial procedures and delegated authorities to provide an integrated control environment for the initiation, approval, processing, recording and reporting of financial transactions.

25. The AP finds that the applicant meets the screening requirements for financial management.

3.2.3 Procurement

26. CARE USA's procurement framework is governed by an approved Procurement Policy and Procurement Manual, which establish the principles, procedures and controls applicable to procurement activities. The framework promotes transparency, efficiency, accountability and

⁵ See <https://www.care.org/annual-reports/>.

ethical conduct and defines responsibilities and approval authorities throughout the procurement cycle.

27. The Procurement Manual establishes differentiated procedures for the procurement of goods, services, consultants and contractors, including applicable solicitation methods, evaluation requirements, approval thresholds and documentation requirements. Segregation of duties is incorporated throughout the procurement process, while accountability and authority matrices establish approval thresholds and escalation arrangements, providing for appropriate managerial oversight based on the nature and value of procurement transactions.

28. Procurement activities are also subject to internal audit review, providing independent assurance regarding compliance with established policies and procedures and the effectiveness of procurement controls.

29. The AP reviewed samples of completed procurement transactions to assess implementation of the framework in practice. These included procurement processes for crop seed as well as submersible pumps and solar accessories. The documentation provided demonstrated the application of CARE USA's established procurement procedures across the relevant stages of solicitation, evaluation, approval and award.

The AP finds that the applicant meets the screening requirements procurement.

3.2.4 Integrity

30. CARE USA maintains a Code of Conduct applicable to its personnel, with ethical obligations communicated through mandatory training and formal acknowledgement. Equivalent conduct requirements are incorporated into contractual terms and conditions for service providers, suppliers and other third parties, requiring them to adhere to CARE's ethical standards. Programme participants are also sensitized to applicable fraud and corruption requirements at the commencement of programmes, with training and awareness materials provided in multiple languages, where appropriate. CARE USA introduced a dedicated Board of Directors' Code of Conduct in August 2026, which has been formally ratified by the Board of Directors. Training for members of the Board of Directors has been scheduled to reinforce understanding and application of its Code of Conduct.

31. Governance oversight of ethics is formally assigned to the Audit and Risk Management Committee (ARMC) under its Board-approved charter (August 2026). The AP reviewed ARMC minutes and ethics-related reporting to the Board of Directors, including minutes from March 2026, demonstrating that ethics matters are regularly considered by the ARMC.

32. CARE's Policy on Fraud and Corruption articulates a zero-tolerance approach and applies broadly across CARE-affiliated entities and personnel, Board members, consultants, vendors, suppliers, volunteers and other parties involved in CARE-financed activities, including those operating through country offices, sub-offices and headquarters. The Policy prohibits practices broadly consistent with those defined under the GCF Policy on Prohibited Practices. CARE's zero-tolerance statement is made public on its website.⁶

33. CARE has also established a Whistleblowing Policy that provides for confidentiality, anonymous reporting and protection against retaliation. Multiple reporting channels are available, including an independently hosted electronic reporting system that facilitates anonymous disclosures.⁷ Investigation procedures and information on reporting channels are publicly available on CARE's website.⁸ At field level, whistleblowing arrangements are further

⁶ See <https://secure.ethicspoint.eu/domain/media/en/gui/100612/index.html>.

⁷ See <https://secure.ethicspoint.eu/domain/media/en/gui/100612/index.html>.

⁸ See <https://secure.ethicspoint.eu/domain/media/en/gui/100612/faq.html>.

communicated through multilingual signage and awareness materials, samples of which were provided to the AP.

34. Investigations are undertaken by CARE USA's Internal Audit and Investigation function, under the leadership of the Director of Audit and Counter Fraud, with governance oversight provided by the ARMC. The investigation function operates under documented investigation guidelines and established procedures for receiving, assessing, investigating and reporting allegations of wrongdoing. The function includes experienced investigators with professional qualifications (including Certified Fraud Examiners) and demonstrated experience in conducting fraud and misconduct investigations. The function also supports the development of investigation capacity across CARE USA's programmes through training of investigation support personnel. Samples of training materials were reviewed by the AP. In addition to reporting individual significant matters, as appropriate, the Director of Audit and Counter Fraud provides the ARMC with analyses of case trends, as evidenced in reporting reviewed by the AP.

35. CARE has established a risk-based framework within its Counter Financing of Terrorism Policy for managing anti-money-laundering (AML) and countering the financing of terrorism (CFT) risks. Controls include counterparty due diligence prior to engagement, sanctions and watchlist screening of partners, vendors and other counterparties, ongoing screening where appropriate, and financial and procurement controls designed to identify and prevent improper transactions. CARE uses a screening tool, LexisNexis's Bridger Insight XG, which is integrated with PeopleSoft, with system administration managed by the Office of General Counsel. The framework is complemented by periodic risk assessments, mandatory escalation and reporting of suspected wrongdoing, and risk-based training for relevant personnel and partners.

36. Operational responsibility for sanctions screening for third parties rests with CARE functions responsible for selection and engagement with each category of third parties, with managerial oversight provided by the Office of General Counsel, and the Chief Financial and Operating Officer, and governance oversight by the ARMC. CARE USA's underlying policy framework historically focused principally on CFT; however, it was revised in August 2026 to explicitly incorporate AML prohibitions and a definition of money-laundering aligned with the GCF policy.

37. The AP finds that the applicant meets the screening requirements for integrity.

3.2.5 Project management

38. CARE has an established track record in the identification, design and appraisal of development and humanitarian programmes across sub-national, national and regional contexts. Its project appraisal process is governed by standard operating procedures and project management guidance, which provide a common institutional framework while allowing requirements to be adapted to the specifications of individual funding partners. For GCF-funded activities, these requirements are further articulated through the CARE-GCF environmental and social management system (ESMS).

39. Project appraisal follows a multidisciplinary and risk-based approach. Proposals are assessed across technical, financial, economic, legal, environmental, social, gender and climate dimensions, with the depth of assessment proportionate to the nature and risk profile of the proposed intervention. Programme and technical teams draw on relevant specialist functions, including finance, the Monitoring, Evaluation, Accountability and Learning (MEAL) framework, environmental and social expertise, and procurement and award management services, with external technical specialists engaged where additional expertise is required. The appraisal process incorporates feasibility, risk and impact assessments to validate the underlying assumptions of the proposed intervention and determine whether identified risks can be appropriately mitigated.

40. CARE applies a theory-of-change methodology to project design, establishing the causal relationship between proposed activities, outputs, outcomes and intended development impact. Quantitative and qualitative performance indicators are identified during proposal development, while baselines and targets are established or validated through subsequent assessments. Stakeholder consultation forms part of this process and may include engagement with communities, implementing partners, government institutions and other relevant stakeholders. Findings from these assessments inform the final theory of change, results framework, beneficiary and geographic targeting, implementation approach and sequencing of activities.

41. Environmental and social considerations are integrated into appraisal and subsequently monitored throughout implementation. Depending on the nature of the project and donor requirements, CARE undertakes environmental and social screening and may prepare instruments such as the Initial Environmental Examinations, Environmental Mitigation and Monitoring Plans, Water Quality Assurance Plans and detailed Environmental Assessments. These assessments identify foreseeable environmental and social risks, establish mitigation measures, assign responsibilities and define monitoring and reporting requirements. External specialists may be engaged for technically complex assessments.

42. Financial appraisal is similarly embedded within proposal development. CARE's Pricing Guidelines establish organisational requirements for project costing and budgeting, supported by a Budget Review Checklist and related guidance to assess the completeness and reasonableness of proposed costs. Procurement requirements, approval authorities, and segregation of duties are also considered during project preparation to ensure that implementation arrangements are financially and operationally viable.

43. The track record provided related to a project funded by USAID/BHA Resilient Food Security in Somali in 2024, which applied the Refine and Implement (R&I) model. The appraisal documentation demonstrated integrated assessments covering gender, climate vulnerability, environmental risks, market systems, livelihoods, institutional capacity and governance. Under the R&I approach, findings from assessments conducted during the first year are used to validate and refine the initial project design, including its theory of change, targeting, and implementation approach, prior to full-scale implementation. The refined technical approach is subsequently subject to funding partner review and approval. This demonstrates CARE's capacity to undertake iterative, evidence-based appraisal and adapt project design where further analysis is required before significant programme resources are deployed.

44. The AP finds that the applicant meets the screening requirements for project management.

3.2.6 On-lending/blending

45. The applicant did not apply to be assessed against this screening requirement.

3.2.7 Revised Environmental and Social Policy and ESS standards

A. Revised Environmental and Social Policy

46. CARE International's Climate and Environment Policy (2023) establishes federation-wide commitments to reduce greenhouse gas emissions, minimize environmental impacts, and integrate climate and environmental considerations across programming and operations, with particular attention to vulnerable and climate-affected communities. Applicable to all CARE country offices and implementing partners, the Policy is guided by principles of preventing and mitigating adverse environmental impacts, supporting environmental protection and restoration, and promoting responsible environmental stewardship. It requires compliance

with applicable national laws and is informed by internationally recognized frameworks and standards, including the Sustainable Development Goals, Sendai Framework for Disaster Risk Reduction, Convention on Biological Diversity, United Nations Convention to Combat Desertification, Humanitarian Aid Donors' Declaration on Climate and Environment and the IFC Performance Standards (PS1-PS8). The AP finds that CARE USA maintains a comprehensive framework for managing environmental, social, climate-related and gender-related risks and impacts that is aligned with the GCF Interim Environmental and Social Standards.

47. CARE International's Safeguarding Policy establishes mandatory requirements for preventing and responding to sexual exploitation, abuse and harassment (SEAH) and other safeguarding misconduct across all operations and programmes. Applicable to all personnel and contractual partners, the Policy adopts a zero-tolerance approach to SEAH, abuse, neglect and other safeguarding violations. Together with the Code of Conduct, Code of Ethics and Gender Equality and Inclusion Policy, it establishes requirements relating to non-discrimination, equal treatment, reporting procedures and the protection of vulnerable groups. The Policy promotes a survivor-centred approach through confidential reporting, timely investigations, and appropriate disciplinary measures. The AP finds that CARE USA has systems and institutional capacity to meet SEAH-related requirements under the GCF Revised Environmental and Social Policy. CARE's EthicsPoint platform provides globally accessible and confidential channels for staff and the public to report concerns. Complaints are assessed and investigated using established safeguarding procedures, including the Core Humanitarian Standard investigation methodology, with outcomes communicated where appropriate. CARE publishes annual safeguarding transparency reports and participates in the Misconduct Disclosure Scheme, supporting information-sharing on misconduct across participating organizations. Mandatory safeguarding awareness, training and compliance measures apply to staff and partners, and all personnel are required to adhere to CARE's Safeguarding Code of Conduct.

B. Environmental and social management system

48. CARE's ESMS operationalizes environmental and social (E&S) risk management, stakeholder engagement, disclosure and accountability throughout the project and programme cycle. Applicable across CARE country offices and implementing partners, the ESMS establishes procedures, tools and governance arrangements for the identification, assessment, management, monitoring and reporting of E&S risks and impacts. The ESMS and supporting guidance documents are publicly available and promote the consistent application of E&S requirements across the organization.

49. CARE USA applies a precautionary and exclusion-based due diligence process for identifying, assessing, managing, monitoring and reporting E&S risks and impacts. The process comprises: (i) application of an exclusion list aligned with GCF requirements; (ii) use of an IFC-informed screening tool to identify potential risks and impacts; (iii) E&S risk categorization; and (iv) a multi-tiered review and approval process involving project teams, Country Directors, the CARE GCF ESMS Focal Point, and the CARE GCF Team Lead. Emergency programmes apply separate screening and risk management procedures through CARE's Emergency Toolkit.

50. For risk category B/I-2 projects, CARE requires preparation of an environmental and social impact assessment (ESIA) and an environmental and social management plan (ESMP), including mitigation measures, monitoring requirements, responsibilities, timelines and resource allocations. Risk management may also be supported through project-specific action plans addressing identified E&S risks and impacts.

51. CARE USA submitted supporting documentation demonstrating the application of these requirements in practice, including environmental and social screening reports and mitigation monitoring reports for projects in Mali; environmental status reports and socioeconomic baseline studies for projects in Malawi; and safeguarding action plans for projects in Cambodia

and Rwanda. In these cases, CARE applied rigorous donor requirements, including USAID's Refine and Implement process, demonstrating the organization's capacity to undertake comprehensive E&S risk identification, assessment, mitigation and monitoring. The evidence provided demonstrates a strong track record in applying donor-aligned E&S risk management processes.

52. CARE USA's MEAL framework, together with the CARE-GCF ESMS, establishes indicators, monitoring procedures, spot checks, site visits and feedback mechanisms to assess the effectiveness of mitigation measures and support adaptive management throughout project implementation. Monitoring information generated through project-level feedback and accountability mechanisms (FAMs) is reviewed as part of regular supervision processes, enabling the identification and resolution of environmental, social and safeguarding concerns. Findings are incorporated into programme oversight and inform adjustments to mitigation measures and project implementation.

53. CARE submitted supporting documentation, including environmental monitoring and status reports for projects in Niger and Zimbabwe and a spot-check monitoring report for a USAID-funded project in Malawi, demonstrating the systematic application of monitoring procedures and risk management measures. The Safer Programming Toolkit additionally requires periodic safeguarding reviews to identify and address emerging risks during implementation. The AP finds that CARE USA has systems and institutional capacity broadly consistent with the requirements of the Evaluation Policy for the GCF.

54. The CARE-GCF ESMS and associated policies, including the Safeguarding Policy, Climate and Environment Policy and the Gender Equality and Inclusion Policy, apply to downstream partners engaged in CARE-funded activities. CARE submitted E&S monitoring reports from downstream partners for projects in Malawi and Syria, demonstrating the organization's capacity to oversee and monitor downstream partner performance.

55. CARE USA maintains a dedicated public-facing GCF webpage that provides information on its E&S policies, ESMS, grievance mechanism and arrangements for future GCF-funded activities. The webpage currently serves as a repository of relevant institutional information and commitments. CARE's website also provides channels for stakeholders, community members, and other interested parties to submit enquiries, feedback and complaints. In addition, EthicsPoint serves as an independent channel for the confidential and anonymous submission of complaints. Complaints may be lodged through multiple channels, including online reporting systems, direct engagement with project staff and email communications.

56. The CARE-GCF ESMS establishes procedures for the disclosure of project-related E&S information, including ESIA's, ESMPs and other safeguard documentation, in accordance with GCF disclosure requirements and timelines. The system is intended to ensure that stakeholders have timely access to relevant information throughout the project lifecycle. CARE's Consent to Use Stories and Images Policy requires informed consent for all individuals featured in project communications. Additional safeguards apply to children and vulnerable groups, including survivors of gender-based violence and internally displaced persons. For minors, parental or guardian consent is mandatory, and anonymity measures may be applied where necessary. Third-party visitors, including donors and media representatives, are required to comply with CARE safeguarding and consent requirements when engaging with communities.

57. The CARE-GCF ESMS establishes a structured stakeholder engagement process supported by guidance materials, tools and procedures designed to promote meaningful participation throughout the project cycle. Stakeholder engagement approaches are adapted where social norms, safety concerns, disabilities, literacy levels and/or time constraints may limit participation. Measures may include separate consultations, female facilitators, accessible venues, flexible scheduling, childcare support and confidentiality safeguards, as appropriate. These approaches are intended to enable effective participation by women, girls, persons with

disabilities and other marginalized groups. CARE also conducts stakeholder validation workshops during project preparation to present proposed interventions, obtain feedback and incorporate stakeholder perspectives into project design. During implementation, community-level feedback and accountability mechanisms, including the Community Score Card and EthicsPoint platform, provide channels through which stakeholders can raise concerns, submit complaints and contribute to project oversight regardless of age, gender, disability, or social status.

58. The CARE-GCF ESMS clearly defines E&S roles, responsibilities, and decision-making authority at the global, country and project levels. At the global level, the GCF Team at CARE provides overall oversight of E&S risk management and implementation. This function is supported by specialized expertise within the Safeguarding Team, Climate Justice Centre, Gender Team, and Feedback and Accountability Mechanisms Team, which provide technical guidance, tools, quality assurance and capacity-building support across the CARE Confederation.

59. At the country level, project teams are staffed with appropriate technical and operational expertise and supported through structured E&S screening, review and approval processes. Decision-making responsibilities extend from project teams and Country Directors to the CARE-GCF ESMS Focal Point and the GCF Team Lead, ensuring accountability and oversight throughout the project life cycle. Additional expertise on climate adaptation, water resources, agriculture and other technical areas is provided by specialized staff or external consultants, as required.

60. The Programme Manager serves as a key liaison between project teams and the CARE GCF Team, while the GCF Team Lead provides overall oversight of ESMS implementation, including quality assurance, monitoring and reporting functions. Where specialized expertise is required, CARE engages qualified consultants to undertake ESIAAs and prepare ESMPs. Based on the evidence reviewed, the AP finds that CARE USA has an adequately defined institutional structure to support the management of E&S risks and impacts associated with funded projects and programmes.

61. CARE USA has established capacity-building measures to support effective ESMS implementation. Relevant personnel receive training on E&S risk screening, categorization, ESMS tools and procedures, exclusion lists, safeguarding requirements and risk assessment methodologies. E&S responsibilities are incorporated into staff performance management processes, demonstrating CARE's commitment to strengthening institutional and project-level capacity for E&S risk management.

C. Grievance redress mechanism

62. At the institutional level, CARE USA operates the EthicsPoint platform,⁹ which serves as its primary independent mechanism for receiving, managing and resolving reports of abuse, misconduct, other workplace concerns, and E&S complaints. The platform is accessible globally to staff and external stakeholders through online and telephone-based channels, operates 24 hours a day and is overseen by the Office of the General Counsel. At CARE USA and its managed country offices, E&S and human resources-related cases are managed by the Manager of Investigations and the Director of Safeguarding. Investigations are conducted in accordance with the Core Humanitarian Standard (CHS) Investigation Quality and Training Standards and are generally completed within 60 days.

63. In addition, CARE USA maintains FAMs to receive, assess and address feedback and grievances from project stakeholders and other third parties. The FAM Guidance establishes standards, procedures and timelines for grievance management and provides practical tools

⁹ See www.care.ethicspoint.com.

aligned with CARE USA policies and legal obligations relating to whistleblowing, prevention of sexual exploitation and abuse (PSEA), fraud, misconduct, safeguarding and gender-based violence. These requirements apply across CARE USA's development and humanitarian programmes.

64. At the project level, FAMs are established within one to three months of project inception and include both public and confidential reporting channels. The mechanisms enable the submission of feedback and complaints, including anonymous reports, and track cases through to resolution. Feedback and grievance data are regularly analysed, including through gender-disaggregated reporting, to support oversight, learning and continuous improvement. Complaints are assessed, triaged and investigated in accordance with the CHS investigation model, and complainants are informed of outcomes, where appropriate. CARE submitted key documentation evidencing the operation of FAMs in its Somalia and Sudan country offices. Project-affected stakeholders are also informed of the GCF Independent Redress Mechanism as an additional avenue for recourse.

65. The AP finds that the applicant meets the screening requirements for the Revised Environmental and Social Policy and the screening requirements for ESS standards for activities of up to medium E&S risk (category B/I-2), as applied for.

3.2.8 Indigenous Peoples Policy

66. CARE USA does not maintain a stand-alone Indigenous Peoples Policy. However, its CARE-GCF ESMS, screening tools, risk assessment processes and exclusion criteria incorporate provisions relating to Indigenous Peoples and are aligned with the principles of IFC Performance Standard 7. These measures support the identification and management of risks and impacts affecting Indigenous Peoples, promote meaningful stakeholder engagement and require the application of free, prior and informed consent (FPIC), where applicable.

67. CARE USA's approach emphasizes the meaningful participation of Indigenous Peoples, including Indigenous women, throughout project design and implementation. Responsibility for stakeholder engagement rests with the Community Liaison/Stakeholder Engagement Lead, who supports the planning and implementation of stakeholder consultations, FPIC processes, project-level feedback and accountability mechanisms, and coordination across relevant project teams. CARE is aware of, and commits to meeting the requirements of, the GCF Indigenous Peoples Policy at the funded activity stage.

68. The AP finds that the applicant meets the screening requirements for the Indigenous Peoples Policy.

3.2.9 Updated Gender Policy

69. CARE International's Gender Equality and Inclusion Policy (GEIP) (2022) recognizes gender equality and inclusion as fundamental human rights and essential to addressing poverty and social injustice. Supported by the FY25-26 Gender Action Plan, which operationalizes the policy's twelve commitments and responds to findings from the FY24 Gender Equality and Inclusion Accountability Report, the GEIP provides a framework for integrating gender equality and inclusion across CARE's operations and programmes. The framework encompasses gender-responsive programming, inclusive stakeholder engagement, risk management, safeguarding, institutional gender mainstreaming, capacity development, accountability, monitoring, evaluation and learning, advocacy and resource mobilization. The GEIP is aligned with relevant international frameworks, including the Convention on the Elimination of All Forms of Discrimination Against Women and the Sustainable Development Goals, and is complemented by CARE's Code of Conduct, Code of Ethics, Harassment Policy and other related institutional policies.

70. The GEIP is operationalized through the CARE-GCF ESMS, the Gender Best Practices Approach and the CARE Safer Programming Approach, which provide guidance across the project cycle. At the institutional level, the Global Gender Equality Hub supports gender mainstreaming through training, technical advisory services, Rapid Gender Analysis, safeguarding risk assessment tools, FAMs, and monitoring frameworks with indicators disaggregated by sex, age and disability. CARE USA also applies participatory gender and power analysis, identifies risks of gender-based violence and implements measures to prevent and respond to SEAH. Gender analysis is conducted alongside E&S risk screening to identify gender-related vulnerabilities and inform the development of gender action plans.

71. The ESMS clearly defines roles, responsibilities and authorities for implementing gender-related requirements at both the global and country office levels. The CARE International Secretariat oversees the implementation and periodic review of the GEIP and supports the Gender Focal Points in biennial policy reporting and analysis. The Gender Specialist provides technical support for gender risk screening and assessment, leads the development of Gender Action Plans, and coordinates quality assurance and approval processes with the Global Gender Team.

72. At the country level, each Country Office designates a Gender Focal Point, while project teams work closely with the Global Gender Team to identify and assess gender-related risks and impacts, including SEAH, address barriers to access and reporting, and develop appropriate mitigation measures. Country Offices also receive technical and operational support from the CARE USA Gender Team throughout project design and implementation.

73. CARE USA promotes gender equality through targeted recruitment, staff development, gender and PSEA training, and transparent reporting on diversity and pay equity. As of March 2026, women represented 40 per cent of the workforce and 48.9 per cent of leadership positions across the organisation. These figures demonstrate CARE USA's commitment to advancing gender equality in leadership at all levels.

74. CARE USA demonstrated a track record in advancing gender equality through participatory gender and power analyses, SEAH risk screening, evaluation reports, implementation of its Gender Audit and Accountability System, and collaborations with partners such as USAID and the Canadian International Development Agency. The evidence demonstrates the systematic integration of gender considerations and climate resilience into programme design and implementation, while promoting women's empowerment and gender-related co-benefits.

75. The AP finds that the applicant meets the screening requirements for the updated gender policy.

IV. Recommendations

76. Based on the assessment, the applicant is found to have met all applicable screening requirements.

77. Therefore, the AP recommends APL191 for accreditation and that they be accredited for **maximum environmental and social risk category: medium risk (category B/I-2)**.
