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### OUR VISION

We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. CARE will be a global force and partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakable commitment to the dignity of people.

### OUR MISSION

CARE’s mission is to serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility.

We facilitate lasting change by:

- Strengthening capacity for self-help
- Providing economic opportunity
- Delivering relief in emergencies
- Influencing policy decisions at all levels
- Addressing discrimination in all its forms.

Guided by the aspirations of local communities, we pursue our mission with both excellence and compassion because the people whom we serve deserve nothing less.

### OUR CORE VALUES

- We respect and value diversity.
- We respect, value and seek to enhance local capacities.
- We value and support gender equality and women’s empowerment.
- We recognize and value the professionalism, skills and experience of our staff, and their contribution to institutional learning and development.
- We value CARE’s dynamism, adaptability and resilience.
- We value the support of our donors and program partners.
- We value the operational freedom which stems from being a not-for-profit Australian agency which is independent of any religious or political affiliations which does not discriminate on the basis of race, gender, ethnicity, age, religion or political affiliation.

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©Josh Estey/CARE.

Seab and her husband have increased their rice production with support from CARE in Cambodia.

©Jean Estey/CARE.
ABOUT CARE

CARE INTERNATIONAL

CARE is an international humanitarian aid organisation fighting global poverty, with a special focus on working with women and girls to bring lasting change to their communities. As a non-religious and non-political organisation, CARE works with communities to help overcome poverty by supporting development and providing emergency relief where it is needed most.

CARE was founded in the USA in 1945. Initially an acronym for Cooperative for American Remittances to Europe, CARE sent food aid and basic supplies in the form of the CARE package to post-war Europe. As the economies of the war-affected nations recovered, focus soon shifted from Europe to the challenges of the developing world.

Today, CARE is a confederation comprised of 14 national members - Australia, Austria, Canada, Denmark, France, Germany-Luxembourg, India, Japan, Netherlands, Norway, Peru, Thailand, the UK and the USA – forming one of the world’s largest independent, international emergency relief and development assistance organisations.

The national agencies operate independently but cooperate closely in the field and work together under the CARE International Board and Secretariat, based in Geneva. As a confederation, it is critical for CARE to be at the leading edge from both a programme and organisational perspective. CARE is working towards the achievement of Vision 2020 which sees CARE as a global leader in working towards the elimination of poverty by having greater interdependence and collaboration across all of its operations.

CARE AUSTRALIA

CARE Australia was established in 1987 by former Prime Minister, the Hon. Malcolm Fraser AC, CH. CARE Australia grew through the 1990s and developed a reputation for delivering timely and effective disaster assistance and development programs to those in need.

Today, CARE Australia undertakes activities in 24 countries in the Asia Pacific, Middle East and Africa, as well as responding to humanitarian emergencies. We manage six of CARE’s International Country Offices – Vietnam, Laos, Cambodia, Papua New Guinea, Timor-Leste and Myanmar - as well as the Vanuatu Project Office.

CARE Australia holds full accreditation status with AusAID, the Australian Government’s overseas aid agency and was reviewed and re-accredited for a further five years last financial year. Achieving accreditation involves a rigorous review of CARE’s systems and capacities. It reflected the Government’s confidence in CARE Australia’s professionalism, accountability and effectiveness.

FEEDBACK

We welcome feedback on this report or our operations and conduct. Please send any feedback to Greg Brown, Company Secretary, CARE Australia, GPO Box 2014, Canberra 2601. 

Complaints relating to a breach of the ACFID Code of conduct by an ACFID member can be made to the ACFID Code of Conduct Committee via www.acfid.asn.au/code-of-conduct/complaints

For donor support please call 1800 020 046 or email info@care.org.au

OUR WORK

CARE works with communities to address the underlying causes of poverty, helping empower them to increase their income, improve health and education services, raise agricultural production, build appropriate water supply and sanitation systems, and address child malnutrition. Our work is performed in cooperation with local partner organisations and government agencies.

Because poverty disproportionately impacts women and girls, CARE is particularly focused on gender equality. We know that supporting women and girls, ensuring their voices are heard and helping to remove barriers that hold them back, is the best way to bring lasting change to poor communities.

ACCOUNTABILITY AND ACCREDITATION

To ensure accountability and transparency, CARE Australia retains management and contractual responsibility for the projects we undertake. We are an active member of the Australian Council for International Development (ACFID) and the People in Aid Code of Good Practice.

CARE International – refers to the entire CARE International organisation consisting of 14 confederate members working under a global secretariat, and 72 country offices where local staff and partners work to deliver programs with poor communities.

CARE Australia – refers to CARE’s operations in Australia and the six Country Offices we manage, as well as programs and emergency responses supported by Australian funding.

In 2012, CARE Australia was recognised for the second year in a row as a finalist in the revenue greater than $30m category in the PwC Transparency Awards for the quality and transparency of our reporting.
CHAIR'S MESSAGE

Despite these challenges, women have proven time and time again that they are able to lift their families out of poverty if given the opportunity to do so. I am proud that CARE’s projects in Cambodia and around the world are supporting women like Phuong to learn new skills, access clean water and food close to home and break down barriers that hold them back. Australia, one of the wealthiest countries in the world, can afford to meet the humanitarian and development needs of the poorest, who are so often women and girls. As well as saving lives and helping some of the 1.3 billion people living in extreme poverty, aid also fosters economic growth and enhances our region’s security. The centre of gravity of the world’s economy is shifting to Asia. Supporting our region to be secure, prosperous and strong means we will all benefit from its growth.

I look forward to working with the CARE Australia Board, senior management team and our generous supporters to continue to advocate for the rights of women and girls, and Australia’s responsibility to support the world’s most vulnerable people. I welcome Peter Debnam to the CARE Australia Board this year, bringing with him experience as a former Member of the New South Wales State Parliament who began his career in the Navy before working in management and business development in the aerospace and naval services industry.

Thank you for your ongoing support of CARE Australia, the funds so generously donated by the Australian public change the lives of millions. I have seen it firsthand in countries like Cambodia and Timor-Leste. I look forward to working together in the coming year to build on our successes and continue creating lasting change for the world’s most vulnerable people.

Harold Mitchell, AC Chair CARE Australia

I am proud of the progress CARE Australia continued to make this year in advocating, fundraising and delivering programs to support women and girls to help their communities overcome poverty. With the generous support of the Australian public, we supported 2.58 million people across 24 countries.

Over the past year there was an unprecedented level of discussion around gender in Australian and international media. Here, the barriers women face to achieving equity in the workplace and public life are unacceptable. However, in developing countries women face significant challenges such as being denied the chance to earn cash of their own or play an active role in their household or community.

Last year, I visited CARE’s programs in Cambodia and met a woman called Phuong living in a remote village. Although she was unemployed, she was very busy. With no money, no electricity and no running water, her job is doing whatever it takes to survive: every day she wakes at dawn, walks a kilometre to get water and hauls a heavy bucket all the way back, again and again. She tends to her garden, tends whatever is broken and does what she can to provide a meal for her children.

There are nearly a billion women like Phuong around the world; women represent the majority of the world’s poor. A lack of education, assets and supportive environments where they can realize their rights means they have no income, protection from violence, access to contraception or healthcare and no power to send their daughters to school.

I hope over the next decade we will be able to scale up this work and assist the more than one million people in PNG who live in extreme poverty.

Julia Newton-Howes Chief Executive

CHIEF EXECUTIVE’S MESSAGE

With your support, this year CARE Australia directly assisted over 2.58 million people and 17 million people have indirectly benefited from our work. Such huge numbers can be hard to comprehend, but the impact really strikes me when I get the chance to meet and speak one-on-one with the people CARE is supporting. I am constantly inspired to see not only the change they have experienced, but how the lives of their family and the community have also improved.

I recently visited CARE’s work in Obura Woneana in the Eastern Highlands of Papua New Guinea (PNG) where a recent study has shown that parts of the region have always been the poorest areas in the country.

I have been to remote and there are no roads, so people who want to sell their coffee have to walk with a 50 kilogram bag on their back, crossing rivers along the way. I have walked through this area and seen how these river crossings can be frightening – every year people drown making this journey.

CARE Australia, with funding from AusAID and some wonderful private donors here in Australia, started working in this area in 2006. We knew that the villages were isolated and that local services were really reaching these communities. So we assisted the local government to increase their capacity to deliver services and worked with communities to understand and address their priorities. We brought village leaders together to express their concerns and develop a plan for their village, which were then taken to local, provincial and district governments in a process that supported bottom-up planning. The clear priorities raised by communities were better transport infrastructure; addressing law and order issues and education. In addition, our own research showed that people’s diets were lacking in protein and fat, leading to high levels of malnutrition and stunting.

CARE Australia Chief Executive Julia Newton-Howes.

CARE assisted the government to improve its services in the areas that were priorities for the villagers. Now, there are eight village courts operating in Obura Woneana for the first time ever, and each one has a female magistrate as well as a man. Eighty five elementary schools have been built by the communities and staffed by volunteers, some of whom are registered with the Department of Education, and over 600 children and 600 adults are enrolled in literacy courses. CARE has introduced fishing farming into the area as a source of protein and farms are spontaneously being replicated from village to village. Thanks to training in nutrition, men and women know how important it is to eat the fish and ensure their children do too. While in Obura Woneana, I was fortunate to attend the opening of a new footbridge built with CARE support. With a span of over 50 metres, it offers safe passage on the long walk from Andakimbo to Menyamya. The opening was a spectacular event with dancers, speeches, singing and plays for two hours. It was an opening ceremony for the Sydney Harbour Bridge and I was proud to be there. This bridge and many others like it and CARE’s work in PNG have now set the standard in the region. In PNG now have safe access to markets and clinics, their children are better nourished and more likely to make it to school and communities are safer thanks to the village courts.

This was a pilot program, an opportunity to demonstrate that it is possible to bring about change in some of the most difficult environments. I hope over the next decade we will be able to scale up this work and assist the more than one million people in PNG who live in extreme poverty.

Julia Newton-Howes Chief Executive

I have also recently visited CARE’s bilingual education program in Cambodia, which started a decade ago in six village schools in Ratanakiri. Schools have been built and school books have been supplied to students, but what is impressive about this program is not just the infrastructure. CARE’s program has led to a major reform of Cambodia’s education policy and is now assisting implementation of bilingual education across five provinces. Indigenous children are going to school for the first time and learning in their own language as well as Khmer, the national language. There are very high levels of literacy in the region, and school drop out amongst ethnic minority children is being addressed by providing education that meets the needs of these children.

The program has also looked at the reasons girls stay away from school and addressed these barriers too – such as establishing early childhood centres so girls don’t miss school to care for their younger siblings.

For me, visiting these projects emphasises how important it is to make a long-term commitment to a community. With trust, shared knowledge and understanding of local needs and priorities, amazing progress can be made by poor and marginalised people.

I am also humbled by the support Australians showed for CARE’s work this year, as people stand up against gender inequality and social injustice.

From the celebration of International Women’s Day, to participation in our Walk In Her Shoes challenge and regular giving program continuing to grow, I am sincerely grateful and inspired by the collective power of individuals who stand in solidarity with women, girls and their communities living in poverty overseas.

I sincerely thank you for your support. With people like you by our side, I am confident that we can continue to assist communities like those in Obura Woneana and Ratanakiri to identify, take action and overcome barriers to live a life free of poverty, with dignity and security.

Julia Newton-Howes Chief Executive
Our Strategic Direction

CARE Australia’s 2010–15 Strategy outlines our goal to be a recognised leader in achieving a significant, positive and sustainable impact on poverty through the empowerment of women and their communities. We are now over halfway through the strategy period, with significant progress made against our goals and contributing objectives.

Goal 1: Deliver Quality Programs with Demonstrated Impact in Reducing Poverty

1.1 Consistently deliver on program and project commitments and demonstrate outcomes for poor communities

- CARE Australia directly assisted 2.5 million people and over 17 million people indirectly benefited through policy changes, replicated innovations or change that was initiated by direct participants. We managed 184 projects in 24 countries, predominantly in the Asia-Pacific region (see pages 13–14).

- We responded to 13 emergencies including the ongoing East and West Africa food crises and internal displacement in Myanmar (see pages 13–14).

- We released the Asia Impact Report, an analysis of CARE’s work and impact over five years in 16 countries (see pages 13–14).

- An assessment of Country Office Performance Standards in Cambodia, Laos, Vietnam and Timor-Leste found all were meeting agreed standards.

- CARE International launched the Climate Change 2031–15 Strategy to increase the impact of our global efforts on climate change. CARE Australia is implementing four community-based climate change adaptation programs (see pages 21–22).

1.2 Effectively align programming, operations, fundraising, communications and advocacy around overcoming poverty and social injustice through women’s empowerment

- Ninety per cent of our long-term programs have a focus on women and girls, while also benefiting entire communities.

- Gender equity and Diversity training was undertaken by over 80 per cent of staff in Australia (see pages 21–22).

- Market research was completed to refine explanation of our women and girls brand platform to the Australian public.

1.3 Implement a program approach on a significant scale based on robust analysis, sound theory of change and impact measurement

- We finalised design for long-term programs in Vietnam, Myanmar, Laos and Cambodia, which have a clearly defined goal to assist a specific group of vulnerable people (see pages 13–14).

Goal 2: We Will Have Effective Leadership and Management Systems

2.1 Effective, coherent and accountable leadership and frameworks for policy implementation and decision-making

- We initiated a National Staff Leadership Development Program with seven national staff in Cambodia, Myanmar and Papua New Guinea. The program will roll out to Timor-Leste, Laos and Vietnam staff next year (see pages 25–26).

- Country Offices were supported to establish training and development plans for national staff.

- Leadership self-assessment and training was supported for Australian staff (see pages 25–26).

2.2 Access to timely, accurate and relevant information across human resources, programs and financial management, to consistently measure performance and enhance decision-making

- Implementation of the 2012–16 Information and Communications Technology Strategic Plan is underway, to improve infrastructure to support increased speed and connectivity.

- We received an unqualified audit report on our financial statement and further reduction in audit findings.

Goal 3: Significant Income Growth

3.1 Reach $2 million ($1.7 million unrestricted and $6.3 million restricted) cash donations from the Australian public per annum by 2013.

- Unrestricted income has grown by 37 per cent to $9,804,668 since 2009/10, due to investments in our regular giving program, appeals and Walk In Her Shoes campaign.

- Current trends in addition to future fundraising strategies suggest the $1.7 million target by 2013 can be achieved.

- Total restricted income in 2012/13 is $1,364,409. Restricted funds raised for emergencies is 70 per cent lower than in 2009/10 due to a lower number of large emergency responses. Restricted funds for programs is a 21 per cent down on 2009/10 as growing unrestricted income has been prioritised in the first years of the Strategy. Investment will be applied for next year to grow restricted income through our major donor, trusts and corporate partner revenue streams.

Goal 4: Foster Effective Relationships Which Enhance Our Reach and Impact and Position Us as a Champion for Women’s Empowerment

4.1 Active and influential member of CARE International

- We continued to play an influential role in decision-making within CARE International around the implementation of the organisation’s global vision: Vision 2020, which sees CARE as a global leader working towards the elimination of poverty by having greater interdependence and collaboration across all of our operations.

- We actively engaged with the following CARE International committees and working groups: Program and Operations Committee, Finance Direction Group, Human Resources Working Group, ICT Working Group, Transition Planning Team; Gender Network; Poverty, Environment and Climate Change Network.

- We negotiated a new four-year ANCP Humanitarian Partnership Agreement and maintained our Humanitarian Partnership Agreement with the Australian Government.

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4.2 Develop effective alliances and networks in areas of strategic interest

- CARE Australia is the Secretariat for the Parliamentary Group on Population and Development, a cross-party group with members in the Federal and State/Territory Parliaments (see pages 23–24).

- We support the Movement to End Poverty, which calls on the government to increase aid to 0.50 cents in every $100 of Gross National Income by 2016.

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4.3 Build enduring relationships and engagement with an expanding donor base

- We continue to play an influential role in decision-making within CARE International around the implementation of the organisation’s global vision: Vision 2020, which sees CARE as a global leader working towards the elimination of poverty by having greater interdependence and collaboration across all of our operations.
LOOKING AHEAD – MILLENNIUM DEVELOPMENT GOALS AFTER 2015

As part of our commitment to reducing poverty and empowering women, CARE is proud to be making progress towards achieving the United Nations’ Millennium Development Goals (MDGs) by 2015, and is looking towards the post-2015 MDG agenda.

WHAT HAS BEEN ACHIEVED SO FAR?

There is much to celebrate in terms of MDG targets:

- Extreme poverty has been halved
- Less people are hungry around the world
- High rates of primary school enrolment
- Child mortality has been reduced
- Significantly improved access to clean drinking water

However there are still a number of indicators which are off track and many of them relate to women and girls:

- Maternal mortality figures are still too high, particularly in sub-Saharan Africa and South Asia
- Access to reproductive healthcare is inadequate
- Women’s share of paid employment and representation on national parliaments remains low.

LOOKING AHEAD TO POST-2015

With the Millennium Development Goals ending in 2015, CARE supports a renewal of the global commitment to poverty reduction and improved social justice through a new set of goals.

Limitations of the current MDG framework include the omission of goals relating to human rights and peace, conflict and security. It is also widely recognised that the current MDG targets and indicators do not adequately capture the multi-dimensions of gender inequality and injustices.

CARE is calling for a new set of indicators with increased accountability and a stronger focus on gender equality. We also support more engagement with civil society around improving the quality of services.

The scale of the challenges and increasingly interconnected nature of our economies and societies means delivering on global targets for poverty eradication and social justice is extremely complex. CARE will use the discussions around the “beyond 2015 framework” to challenge existing norms and practices for delivering development, and build on what we know is needed to create a safer and more equitable world for all.

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WHY CARE FOCUSES ON WOMEN AND GIRLS

Women and girls account for many of the world’s poor because the social expectations which exist in almost every society – including here in Australia – limit and constrain their choices. From the moment a baby girl is born in a developing country, she is more likely to have a life of disadvantage and discrimination simply because of her gender.

As a baby, if her mother is malnourished, she may be too, and this could have long-term effects on her health, or she may die. It is common for boys to receive more and better quality food than girls, and poor families are more likely to spend their limited money on healthcare for their sons over their daughters.

As a girl, she will be expected to help find food, fetch water and firewood and with caring for her siblings and farming. If her family needs her at home this will limit her education and chance to learn new skills to help her earn an income in the future. Over 60 per cent of out-of-school youth are girls, and two thirds of the adults who cannot read and write are women.

CARE’s Workload of Girls survey in Cambodia found that the main barrier faced by ethnic minority girls in attending school was their workload. CARE addressed this barrier to education by supporting parents and communities to agree on solutions such as the household sharing tasks more equitably.

As a teen, she may become a child bride to lessen the food burden on her family or to earn a bride price. Every year, at least 10 million girls under the age of 18 enter into early marriages. Child marriage has devastating individual and social repercussions, affecting health, domestic peace and economic wellbeing. The leading cause of death in girls aged 15–19 in low and middle income countries is complications in pregnancy and childbirth, and most teenage pregnancies happen to married teen mothers.

As a woman, she plays a critical role in crop production but has limited say in decisions on farming, agricultural inputs or family finance. Women produce over 50 per cent of the world’s food, but own only 1 per cent of its farmland. Having no legal title over land means that divorced and widowed women are especially vulnerable.

As an older woman, she is more likely to have had a lifetime of disadvantage. Poor education, nutrition and access to services and the labour market in earlier life often leave women with poor health and few resources in old age.

To address this lifetime of discrimination, we have to tackle the social norms which limit women and girls.

WHAT DOES AN EMPOWERED WOMAN LOOK LIKE?

CARE is assisting women in Tanzania to earn and manage their own income. ©Josh Estey/CARE.
WHERE WE WORK

COUNTRIES WITH CARE PROGRAMMING IN 2012-13:

1. Afghanistan
2. Armenia
3. Azerbaijan
4. Bangladesh
5. Benin
6. Bolivia
7. Bosnia and Herzegovina
8. Brazil
9. Burundi
10. Cambodia
11. Cameroon
12. Chad
13. Côte d’Ivoire
14. Croatia
15. Cuba
16. Democratic Republic of Congo
17. Djibouti
18. Ecuador
19. Egypt
20. El Salvador
21. Ethiopia
22. Georgia
23. Ghana
24. Guatemala
25. Guinea
26. Haiti
27. Honduras
28. India
29. Indonesia
30. Jordan
31. Kenya
32. Kosovo
33. Laos
34. Lebanon
35. Lesotho
36. Liberia
37. Madagascar
38. Malawi
39. Mali
40. Mexico
41. Montenegro
42. Morocco
43. Mozambique
44. Myanmar
45. Nepal
46. Nicaragua
47. Niger
48. Pakistan
49. Palestinian Territories
50. Papua New Guinea
51. Peru
52. Philippines
53. Romania
54. Rwanda
55. Serbia
56. Sierra Leone
57. Somalia
58. South Africa
59. South Sudan
60. Sri Lanka
61. Sudan
62. Tanzania
63. Thailand
64. Timor-Leste
65. Togo
66. Tunisia
67. Uganda
68. Vanuatu
69. Vietnam
70. Yemen
71. Zambia
72. Zimbabwe
73. Austria
74. Australia
75. Canada
76. Denmark
77. France
78. Germany-Luxembourg
79. Japan
80. Netherlands
81. Norway
82. United Kingdom
83. United States
84. Geneva, Switzerland
85. Brussels, Belgium
86. Czech Republic (of CARE Austria)

Countries with CARE Australia programming in 2012/13

1. Limited presence or working through strategic partnerships.
2. CARE Peru and CARE India are Affiliate Members of CARE International, with ongoing programs.
3. CARE Thailand is both a member of CARE International and a country with ongoing programs.
4. CARE Germany-Luxemburg has offices in both Germany and Luxemburg.
**OUR APPROACH**

CARE works with women, girls, men and boys to achieve gender equality and ensure the whole community is consulted and involved in our work. ©Josh Estey/CARE.

We draw on over 65 years of CARE’s global experience in partnering with communities to deliver practical, evidence-based solutions to poverty and injustice. We are in it for the long haul, working with communities for 10 to 15 years to help them break free from poverty. This means that the communities we work with remain safe, healthier and in control of their own future long after a program is finished. We cannot solve global poverty on our own, so we share our experience and knowledge and learn from others so outcomes can be strengthened and replicated. We monitor and evaluate our activities in consultation with local communities, so we can better understand and measure our impact, and learn how our work can be improved.

This way of working is known as long-term program models or the “program approach” — a way of achieving lasting impacts and designing our programming around groups of people we make a commitment to. Over the past year, CARE worked to align our programs more with long-term programs for greater impact.

**CHARACTERISTICS OF A CARE PROGRAM**

**NUMBER 1: We start with a goal to make sustained improvements in the lives of a specific group of vulnerable people over 10–15 years**

Our programs focus on a particular group of vulnerable and marginalized people identified as the impact group — for example, marginalized women, ethnic minority groups or the urban poor. An impact goal is established and the program works towards this goal, showing measurable, enduring improvements in the lives of the impact group over a 10–15 year period (see pages 15 and 16 for examples).

**NUMBER 2: We undertake a thorough analysis of underlying causes of poverty and social injustice at multiple levels**

In our work, we seek to bring about changes by addressing causes of poverty. CARE recognized three levels of causes of poverty and social injustice:

1. Immediate causes — directly related to survival like malnutrition, disease or natural disasters.
2. Intermediate causes — related to improving people’s wellbeing; these are about what women and men lack or need. For example, lack of access to services, lack of skills, lack of a safe environment in which to work.
3. Underlying causes — these focus on why intermediate causes exist. They often include economic, social, and political structures that exclude some groups; policies that allow some groups more power; and cultural systems that foster discrimination and injustice. To address the various causes of poverty, our programs operate at three levels:
   - **Human condition** — ensuring people’s basic needs such as food, water and shelter are met.
   - **Social position** — support women’s and men’s efforts to take control of their lives and fulfill their rights, responsibilities and aspirations, and overcome inequality and discrimination.
   - **Enabling environment** — create an environment that is responsive, inclusive and respectful to all people.

Each of the programs is then based on a theory of change, which identifies what kinds of changes are required to achieve the impact and how these changes are related to each other.

A **program** is a coherent set of initiatives by CARE and our partners that involves a long-term commitment to specific marginalized and vulnerable groups to achieve lasting impact at a broad scale on underlying causes of poverty and social injustice. A **project** is a smaller, targeted initiative working within smaller areas to help deliver the overall program goal.

**Impact group** is a specific group whose lives will show a measurable, lasting and significant improvement through the effects of the program.

**Impact goal** is a clearly defined goal for impact on the lives of the impact group.

**STRIVING TO ACHIEVE GENDER EQUALITY**

Our research, analysis and experience show that poverty and the denial of women’s basic human rights go hand in hand. CARE works with women and girls, men and boys to achieve gender equality by ensuring the whole community is genuinely consulted and their different needs, aspirations and capacities are considered in the design, implementation and evaluation of our development and emergency work. Our programs aim to work with communities to transform gender roles, alter structures that maintain inequality and promote positive change in the relations between women and men.

**NUMBER 3: We work through partnerships**

We work towards high-level impacts over the long term. To achieve changes of this kind, we operate in strong partnerships with broad alliances and networks who share our interests in overcoming poverty and gender inequality. The design of programs includes considering the work of other agencies, groups and networks who are also contributing to a specific impact, and identifying new ways of working together.

Our partners might include local NGOs, civil society organisations, government agencies, community groups, private sector groups or research institutions.

**OPPORTUNITIES FOR IMPROVEMENT**

**ACTION TAKEN BY CARE**

- Longer term programming: Program approaches with broad scale impact and a 10–15 year strategy
- Improving information and knowledge management: Improving baseline reporting, monitoring and evaluation and establishing common indicators
- Standardising monitoring and evaluation: Developing good practice standards on monitoring and evaluation
- Sharing lessons and outcomes across CARE: CARE International Program Director and Program Group will work towards greater coherence, quality and interdependence

(See pages 7–8 for more detail on these initiatives.)

**INNOVATION AND TECHNOLOGY**

CARE is implementing an innovative approach to making communities central to monitoring and evaluation processes through community digital story telling.

Project participants in CARE’s Women’s Empowerment – Improving Resilience, Income and Food Security (WE-RISE) project in Ethiopia, Malawi and Tanzania capture their own reflections and experiences in a sequence of photos that are supported by their own narrative and turned into videos. The videos are a positive way to encourage community members, especially those who do not read or write, to share reflections and experiences in their own voice and language. The process and video-sharing activities are also a powerful tool for community members to articulate and advocate for positive change at a variety of decision-making levels.

Video story telling is being used by project participants in Malawi to capture their reflections from the project ©Josh Estey/CARE.

CARE launched the Asia Impact Report in October 2012, an analysis of our programs and projects undertaken with partners over five years, across 16 countries ranging from Afghanistan to Vanuatu. The aim of the report was to further improve our accountability and transparency, to get a better understanding of the impact of CARE’s work in the region, to improve our evidence base for CARE programs and advocacy, and to inform improvements in program monitoring and knowledge management.

The report provided evidence of where CARE and our partners made a positive impact on the lives of millions of poor and vulnerable people in Asia. For example, we supported 9 million people through initiatives addressing income poverty, including increasing the average annual income of almost 2.7 million people by an average of 117 per cent in Bangladesh, India, Sri Lanka and Vietnam. We believe the review is a useful contribution to the broader dialogue on aid effectiveness and acknowledge the valuable support of AusAID and the United Kingdom’s Department for International Development.

Opportunities for improvement were also identified, and are being addressed through several current initiatives.
Recently, they worked together to improve hygiene in the village and share information about nutrition. This knowledge helped Ka care for her family, particularly eight-month-old La.

There are many different ethnic groups in Cambodia, with at least 11 different language groups living in 13 of Cambodia’s 24 provinces. CARE Cambodia has worked with indigenous communities in the north-east of the country for over a decade with a focus on education, particularly for girls and young women. CARE’s programs recently included assistance for food security and livelihoods as well as there were considerable achievements, particularly in regard to the government’s adoption of a bilingual education policy and model. Through this work, CARE developed strong partnerships with communities, local organisations and provincial governments.

PROGRAM GOAL: Marginalised ethnic minority people have their rights respected, their identity valued and equitable access to livelihoods and skilled jobs

In 2012/13, the Rural Development Project directly supported 8,259 people through:

- Constructing or upgrading village water supplies in 11 villages
- Assisting 87 households with improved upland rice seed, 22 villages with diversification of upland farming, and over 100 households to plant banana trees and spices to sell
- Creating village development plans in eight villages and reviving 20 existing plans
- Assisting 28 women’s groups to improve nutrition and plant home gardens, 18 groups to breed livestock, 199 households to farm fish, and 23 villages to develop veterinary worker systems.

MARGINALISED ETHNIC MINORITIES PROGRAM, CAMBODIA

The Marginalised Ethnic Minority (MEM) Program is focused in Ratanakiri Province, but will also have benefits for wider Cambodian society, especially the rural poor. The program promotes the rights of ethnic minority communities and develops indigenous female leadership by supporting bilingual education, improving food security, access to climate change adaptation, disaster and disease resistance.

The Education for Ethnic Minorities Project, funded by CARE Australia and AusAID, is building on the success of CARE’s bilingual education system and improving access to education, particularly for girls. A major focus for the project this year was the completion of a three-year exit strategy from the six bilingual pilot schools which will now be managed by the provincial government. The hands-on process included thorough consultation with communities and government officials, workshops to share information and additional training to school boards, who are now highly capable champions of bilingual education with a great deal of knowledge, skill and confidence.

In addition, CARE Australia’s Education for Ethnic Minorities Project worked directly with 5,756 people in 2012/13 by assisting:

- Community School Board members, teachers and government officials to work together, student councils at six schools to develop yearly activity plans and improve hygiene, School Support Committee capacity building workshops.
- A knowledge transfer visit to neighbouring Mondulkiri Province and study tour for grade nine students to teacher training college.
- Hygiene education activities, sports competitions, orientation program, youth clubs and girls clubs to make school a welcoming place for all students.

Established in three provinces, 39 VSLAs mobilised $75,000 in loans for 455 of the 855 female members. A network of community trainers was set up to provide the groups with technical advice.

In addition, 114 ethnic minority women, who are members of 10 different livelihood interest groups, improved their skills in animal rearing and cash crop production. The groups connected with a social enterprise in Phnom Penh to sell their products. As a result, 200 ethnic minority families have better and more regular income with a collective value of about $15,000 a year. The women also gained knowledge about market demand, production planning, management and legal policies.

An impressive broad scale outcome came from 20 female representatives participating in workshops to share experiences and influence decision making. They contributed significantly to the revision of the Cambodia Constitution and National Rural Development Program in 2012, which were initiated by Government. The provincial Women’s Union, one of CARE’s partners, applied the project’s bottom-up approach instead of the usual top-down method. This process collected valuable information that reflected the needs of women to support poverty reduction and prevent domestic violence.

As a national level, along with other projects under the REM Program, CARE worked with the Ministry of Agriculture and Rural Development to revise the national poverty reduction program. As a result, 34 ethnic minority representatives participated and provided information for local and national Government policy makers through workshops and meetings. A revision of policy better reflected their voice and is more responsive to local conditions and ethnic minority and women’s needs. This policy will be submitted for final approval by Prime Minister in late 2013.
FIGHTING POVERTY AND INJUSTICE AROUND THE WORLD

CARE works with the poorest and most marginalised people in the world. Often, this means that our programs operate in difficult environments to assist communities to overcome poverty and injustice.

EMPOWERMENT THROUGH EDUCATION IN AFGHANISTAN

Afghanistan is one of the poorest countries in the world and has large gender and geographical disparities in access to education. Since 2001, the recorded attendance in formal schooling has increased from one million to seven million children, including 2.5 million girls. Despite this achievement, an estimated 4.2 million children are still out of school and 60 per cent are girls.

CARE has been supporting education in Afghanistan for more than 19 years. Our work has focused on providing sustainable community-based education for marginalized children, youth and adults in areas with no access to formal schools. Between 1998 and 2013, CARE directly based education for marginalized children, youth and adults in areas with no access to formal schools. Between 1998 and 2013, CARE directly based education for marginalized children, youth and adults in areas with no access to formal schools. Between 1998 and 2013, CARE directly based education for marginalized children, youth and adults in areas with no access to formal schools.

CARE’s Empowerment through Education (EaE) Project in Afghanistan, funded by CARE Australia and AusAID, provides greater access to quality basic education for school-aged girls and boys in remote and rural communities across the provinces of Khost, Parwan and Kapisa. The project is supporting:

- A well-established primary community-based education model (grades 1–4).
- A successful lower secondary community-based education model (grades 7–9), which develops the leadership potential of girls in remote communities.
- Improved knowledge and practices on individual and environmental hygiene, particularly by promoting access to quality health information.

By June 2013, the project had contributed to quality basic education for 6,419 students (61 per cent female for primary, and 100 per cent female for lower secondary). The project built upon CARE Australia’s previous work, which enrolled 127,000 students across seven provinces (60 per cent of them girls) to attend primary school.

To support access to education in Afghanistan, CARE addresses the major obstacles that keep Afghan children, particularly girls, out of school. Girls face many barriers to accessing school, such as long distances between their homes and schools, restricted movement, shortage of female teachers, poor facilities, and the lack of value placed on female education. The innovative design of CARE’s education projects transfer ownership of the schools to the communities, and ensure local leaders and parents have a key stake in their children’s education.

Building local capacity

CARE provided technical assistance and classroom supplies, trained school teachers, built the capacity of communities and Ministry of Education (MoE) staff to administer the schools, and in limited cases, help communities build new classrooms. As the project grew, Village Education Committees took responsibility for promoting girls’ education and sustaining community financial and in-kind support. As the provincial and district education departments obtained additional resources and capacity, CARE, in close collaboration with communities, transitioned community schools into the government’s public school system. CARE will continue to strengthen the skills and knowledge of the MoE staff, particularly related to management planning, resource allocation, monitoring of teacher attendance, the provision of quality education and improved gender equity in education.

Increasing access to further schooling

As more girls obtained a primary education it became clear to CARE, that opportunities must also be made available for continued schooling as there were a lack of secondary schools for girls. CARE introduced the Lower Secondary Community-Based Education (LSCBE) initiative under the COPE program in 2006, and lower secondary community-based education which is now being expanded. This model is the only non-state lower secondary education for girls’ program in the country. Peer-group and extracurricular activities are implemented to increase post-graduation opportunities. Para-professional training are offered in teaching and health education to provide girls the chance, upon graduation from grade nine, to either continue their education in formal high schools (if they have the means and access) or become a community-based teacher (thus helping to fill a critical gap in female teachers) or a community health worker.

CARE also promotes partnership between the Ministry of Education and influential community members from the targeted provinces to develop and foster a pathway for the development of girls and women’s leadership potential.

PROMOTING PEACE AND IMPROVING HEALTH IN SOUTH SUDAN

South Sudan, the world’s youngest nation – formed on July 9, 2011 – faces huge challenges, including violence, lack of services and poverty. With more than 30 years’ experience working with Sudanese communities, CARE is committed to acting in partnership with the people of South Sudan to tackle these challenges. CARE is providing health services, water and sanitation, drought intervention and supports peace-building activities.

In 2011, along with four other agencies, CARE Australia was awarded a grant under AusAID’s Early Recovery and Humanitarian Program. In Jonglei State, which is highly insecure, CARE Australia promoted peaceful co-existence among communities through improved water, sanitation and hygiene services, and enhanced health status and livelihood opportunities for women and youth. An AusAID-appointed evaluation team affirmed CARE’s work with the highest overall rating across four critical elements: relevance, efficiency, effectiveness and gender. The evaluators highlighted CARE’s actions aimed at reducing community-learned violence and preventing reconciliation, such as cross-ethnic savings groups, and cattle-drinking troughs being placed on the boundaries of competing grazing areas in consultation with the communities.

The evaluation team commented that CARE’s work in creating livelihood opportunities, including for women and youth, was meeting and exceeding targets with unprecedented cross-ethnic, mainly female, savings and loans groups already having a capital of over $100,000.

ASSISTING DISPLACED PEOPLE IN SOMALIA

The protracted conflict and instability in Somalia has caused suffering and displacement. CARE Australia’s Dollar for Dollar Project, co-funded with AusAID, directly assisted 81,439 people who were displaced by the conflict in Mogadishu with water and food security initiatives, which are part of CARE’s broader activities to assist over 100,000 people in the city. The project was carried out with experienced local NGOs: Multinational for Relief and Development Organisation (MURDO) around food assistance and Humanitarian Initiative Just Relief Aid (HIJRA) on WASH (water, sanitation and hygiene).

This project provides water and food vouchers that help communities protect themselves against public health risks and meet basic food, water and sanitation needs.

The project:

- Provided 81,439 displaced people with 1 litres of water per person per day, seven litres more than they were accessing before the project.
- Doubled the availability of latrines.
- Provided food vouchers to 17,000 people with an 88 per cent subsequently reporting they were able to increase their meals to three a day.
- The community actively participated in project design, implementation and decision making. Assting partner organisations in identifying water activity locations and targeting distribution of emergency items.
COMMUNITIES LIVING IN POVERTY ARE PARTICULARLY VULNERABLE TO THE EFFECTS OF NATURAL DISASTERS, WARS, FOOD INSECURITY AND DISEASE OUTBREAKS – EVEN THOUGH LOW-INCOME COUNTRIES ACCOUNT FOR JUST 9 PER CENT OF THE WORLD'S DISASTERS, THEY SUFFER 44 PER CENT OF TOTAL FATALITIES.

BY MEETING THE IMMEDIATE AND LONG-TERM NEEDS OF PEOPLE AFFECTED BY EMERGENCIES AND HELPING COMMUNITIES PREPARE AND PLAN FOR FUTURE DISASTERS, CARE'S WORK HELPS TO REDUCE THE IMPACTS OF DISASTERS AND PREVENT FURTHER LEVELS OF POVERTY.

In 2012/13, CARE Australia supported the response to 13 emergencies, six new and seven ongoing.

SYRIAN REFUGEE CRISIS

Over 8.5 million Syrians, 40 per cent of the population, are affected by three years of civil conflict. Almost two million Syrians fled to neighbouring countries, and within Syria a further 4.5 million people are displaced. CARE International’s response focuses on women and children, who make up 78 per cent of Syrian refugees and are the most vulnerable of those affected by crisis and displacement.

In Jordan, CARE reached more than 115,000 refugees with cash assistance, relief items and information on how to access healthcare and social support. CARE established a refugee centre in East Amman where CARE volunteers, who are refugees themselves, assist in organising distributions and providing access to support services. We plan to open another centre and refugee camp in Al Arqaj.

In Lebanon, CARE is supporting urban refugees and people living in informal camps to access shelter, livelihood opportunities, social support and information about available services. In vulnerable areas of Beirut, we are increasing access to water and sanitation facilities. CARE aims to meet the immediate needs of approximately 100,000 refugees and vulnerable host communities.

In Egypt, CARE plans to help more than 20,000 refugees over the next two years by meeting basic needs, creating awareness of sexual exploitation and other forms of gender-based violence, and helping Egyptian communities support Syrian refugees.

CARE Australia secured $1.35 million through AusAID’s first allocation of funding through the Humanitarian Partnership Agreement (HPA) to support CARE International’s response, along with $125,000 from our public fundraising appeal.

WEST AFRICA FOOD CRISIS AND CONFLICT

The Sahel region in West Africa is among the poorest and least developed in the world, characterised by low seasonal rainfall and chronic food insecurity. In 2012, late and irregular rainfall, floods, locusts and other pests affected already sparse crops. This resulted in a serious shortfall of food, driving food insecurity. In 2012, late and irregular rainfall, floods, locusts and other pests affected already sparse crops. This resulted in a serious shortfall of food, driving food insecurity. In 2012, late and irregular rainfall, floods, locusts and other pests affected already sparse crops. This resulted in a serious shortfall of food, driving food insecurity.

CARE is supporting those affected through our existing Strengthening Partnerships and Resilience of Communities (SPARC) development project, including constructing:

- 60 semi-permanent shelters and providing 850 buckets of rice, 1,200 bags of fertiliser and 2,000 family kits with soap, blankets and clothes to families in Northern Rakhine State and Sittwe town
- 224 temporary shelters and 228 latrines in camps for displaced people in Sittwe

EMERGENCY PREPAREDNESS

CARE continuously works to reduce poor communities’ vulnerability to disasters, build resilience and strengthen our own capacity to deliver effective emergency responses.

With funding from the Humanitarian Partnership Agreement (HPA), CARE employed six local Emergency Coordinators in high-to-medium risk country offices in the Asia-Pacific region. These coordinators enhance preparedness, inter-agency coordination and response capacity of CARE and our partners.

In response to the Saphung earthquake in Myanmar, CARE’s Emergency Coordinator in Myanmar played a key role in organising the inter-agency rapid assessment team with other NGOs and UN agencies, coordinating with local authorities and community Disaster Management Committees, and leading CARE’s response monitoring activities. CARE was subsequently able to respond to the immediate needs of the affected population from the third day.

EMERGENCY WATER SANITATION AND HYGIENE EXPERTISE

Unless adequate water, sanitation and hygiene services are provided quickly to emergency-affected communities, it is highly likely that widespread disease outbreaks will follow.

CARE Australia hosts the hub of expertise for CARE International’s Emergency Water, Sanitation and Hygiene (WASH) activities worldwide, and employs seven professionals to be deployed to disaster zones to support planning and implementation of WASH activities. The team also works with CARE Country Offices and partner organisations to develop WASH response capacity and emergency preparedness. To facilitate the scale-up to larger emergencies, the team maintains a register of 35 approved WASH personnel.

Countries supported by the Emergency WASH team over the last year include Haiti, Sierra Leone, Mali, Niger, Sudan, South Sudan, Somalia, Ethiopia, Djibouti, Lebanon, Yemen, Nepal, India, Pakistan, Vietnam, Indonesia and Papua New Guinea. Support was also delivered in Jordan and Mauritania through the secondment of team members to UNICEF to work within the Global WASH Cluster.

CARE Australia supported the response in Mali with donations from a public appeal and The Charitable Foundation. Our response assisted:

- 1,000 families to meet their immediate food needs through participation in Food for Work activities
- 1,000 acutely malnourished children under five years of age with food
- 500 displaced households to receive urgent non-food items
- 2,000 households to receive seeds and land

VIOLENCE IN MYANMAR

In Myanmar’s Rakhine State, more than 115,000 people were displaced when violence erupted between ethnic groups in June 2012, prompting authorities to declare a state of emergency.

CARE is supporting those affected through our existing Strengthening Partnerships and Resilience of Communities (SPARC) development project, including constructing:

- 60 semi-permanent shelters and providing 850 buckets of rice, 1,200 bags of fertiliser and 2,000 family kits with soap, blankets and clothes to families in Northern Rakhine State and Sittwe town
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CARE is supporting Syrian refugees in Jordan, Egypt and Lebanon (ICARE).

FOOD SECURITY

The Sahel region in West Africa is among the poorest and least developed in the world, characterised by low seasonal rainfall and chronic food insecurity. In 2012, late and irregular rainfall, floods, locusts and other pests affected already sparse crops. This resulted in a serious shortfall of food, driving food insecurity.
OUR RESPONSE TO CLIMATE CHANGE

Climate change poses a significant threat to CARE’s vision of a world where poverty has been overcome and people live in dignity and security. New climate records are being set with alarming frequency. The seasons are becoming harder to predict, resulting in crop losses, reduced yields and a negative impact on food supply and livelihoods.

Climate change represents a massive global injustice: the worlds poorest and most vulnerable people, who have the least responsibility for causing climate change, are bearing the brunt of climate impacts. CARE is integrating climate change considerations into our work with vulnerable communities, our global advocacy, public outreach, and making climate-smart decisions in our own operations.

CLIMATE CHANGE STRATEGY

CARE International launched a CARE Climate Change Strategy, 2013–15 to align and increase the impact of our global efforts on climate change. CARE’s strengths in climate change response include our strong global presence; promotion of gender equitable responses; a strong evidence base from years of experience; and our strong expertise delivering humanitarian assistance and longer-term development programs.

The strategy identifies four priority themes for CARE to focus on:
1. Climate change adaptation, loss and damage and emergency risk reduction
2. Climate change, agriculture and food nutrition security
3. Climate finance
4. Mitigation and low-carbon development

PARTNERSHIPS

CARE works with local and international partners to ensure that benefits from our work are sustained and far-reaching.

Climate finance

We support local governments, organisations and communities to be the drivers of our projects. In PNG, communities established disaster risk reduction and agricultural groups to lead planning and create demonstration plots for climate resilient crops. We are working with a National Agricultural Research Institute to identify productive and resilient crop varieties and agricultural techniques, and with the local District Administration and the Autonomous Bougainville Government Disaster Management Office to improve preparedness for disasters and a quicker response for communities in need.

We also work with other NGOs, universities and the private sector to build an understanding of how communities are responding to a changing climate. The Where the Rain Falls project, conducted with the University of Oxford, involved hundreds of families across eight countries, the study helped us to understand the complexities of rainfall patterns; their effects on food security and human mobility.

Climate Vulnerability and Capacity Analysis

CARE developed the Climate Vulnerability and Capacity Analysis (CVCA) Handbook to help guide a shared understanding of the implications of climate change and disasters by development workers and communities. It generates discussion about current and future impacts of climate change and strategies to respond. CARE Australia’s four CBA projects all applied the CVCA Handbook, to share insights about vulnerability and capacity to manage hazards and climate variability.

Experience from our projects and research is shared regionally and globally, to help communities tackle climate change and inform our advocacy.

Vanuatu – Yumi Stap Redi Long Climate Change Project

The project is working to ensure women, men and youth have a greater ability to anticipate and respond to the impacts of climate change. We are working with NGOs through a consortium to ensure delivery of climate change initiatives is more effective. The CARE component of the project is implemented in Tanna Island, where community members are trialing techniques for improving soil fertility and moisture retention. Kitchen gardens are being introduced so women can play a leading role in food production and preserve food.

NGO activities are being linked to efforts to improve access to climate information and capacity to use it for decision-making, combining forecasts from the government meteorological department with traditional weather forecasting systems.

Vietnam – Integrated Community-based Adaptation in the Mekong Project (ICAM)

The ICAM project aims to improve the climate change resilience of 1,800 people in five communes in An Giang and Soc Trang provinces. The project is finding solutions for those particularly vulnerable to climate change, including landless households, women and children.

CARE is partnering with commune and district governments, the Women’s Union and local NGOs. A comprehensive planning process with the community is underway, and a study on resident livelihoods commenced to help communities strengthen their income and food security.

CARE’s operations

CARE Australia is committed to reducing our carbon footprint by 40 per cent across our Australian operations. In the past year we achieved:

- 13 per cent decrease in the carbon footprint of our Canberra and Melbourne buildings.
- Reduced vehicle emissions by replacing an ageing 6 cylinder vehicle with a more efficient model.
- Implementation of a recycling system in our Melbourne office and continued improvement of our Canberra system.
- Although we recorded a small increase in our air travel emissions, a greater proportion of our emissions were offset through the Qantas program this year.

CARE AUSTRALIA’S PROGRAMS

CARE Australia began implementing Community-Based Adaptation (CBA) projects in Vanuatu, Vietnam, Papua New Guinea (PNG) and Timor-Leste in 2011/12. These were funded through the International Climate Change Adaptation Initiative, via AusAID.

These projects are designed to assist communities with increased food and livelihood security, reduced disaster risk and improved local planning. They also work to address underlying causes of vulnerability, including unequal access to information and resources, and gender inequality.

The projects seek to enhance the voice and promote the rights of women, supporting them to take action in the face of a changing climate.

Papua New Guinea – Community-Based Adaptation to Climate Change in Nissan District

Nissan District in PNG is comprised of two coastal atolls, Nissan and Pentecost Islands, with a population of approximately 7,000 people. Part of the Autonomous Bougainville Region, the islands are very remote: four hours by boat from the provincial capital. Communities identified droughts, changes in rainy season and intense storms as issues impacting food and water security.

Communities are now increasing their food and water security with agricultural and water management practices. Their livelihoods will be strengthened by the introduction of conservation agriculture techniques and resilient crop varieties.

Timor-Leste – Mudansa Klimatika iha Ambiente Segur (MAKAKS) Project

The MAKAKS project is assisting vulnerable women and men in Liquiçá District to be more resilient to impacts of climate change. People in the district already experience food and water insecurity, with households facing an average hunger gap of more than 2.5 months a year.

Through the MAKAKS project, communities are developing and implementing action plans to improve their food and water security. Activities include locally-appropriate methods of land management and agriculture that are resilient to climate change and contribute to food security.

We partnered with WaterAid to ensure that community members have year round access to safe water, despite increased rainfall.

CARE appreciates the assistance provided by Sanctum in compiling the emissions inventory.
We are committed to mobilising Australians to join us in driving for a world where poverty has been overcome and people live in dignity and security. Through our integrated public campaigns and initiatives, we speak out about poverty and injustice and inform people about how they can support our communities through their own actions.

**EDUCATION**

As part of our Development Awareness Program, CARE Australia engaged with 9,920 Australians on issues relating to global poverty and how it can be overcome.

**Speaker Program**

CARE spoke directly with over 15,500 people about poverty and injustice through 74 presentations to school groups, community groups and workplaces. Over 1,500 copies of CARE’s Global Poverty Teacher’s Toolkit were distributed around the country, primarily to Australian school teachers. The toolkit helps teachers lead discussions and activities on global poverty and injustice through 74 presentations to school groups, community groups and workplaces.

**Event and Volunteer Program**

We launched a formal Event and Volunteer Program during the year, with support from AusAID, to build on the Australian community’s understanding of international development and foreign aid through delivering interactive activities at public events.

CARE attended 12 events throughout the year and an Event Volunteer Network was established with 814 people from around Australia registered. From major music and cultural festivals to events at a university campus, our event volunteers work side by side with our staff, helping to spread CARE’s vision and increase awareness of Australia’s aid program.

In March, a contingent of five volunteers and two CARE staff travelled to WOMADelaide (a four-day festival celebrating music, food and culture from around the world) and spoke to over 3,000 people. Our interactive stand encouraged festival-goers to attempt walking with buckets of water and consider making this journey every day for millions of women in developing countries. Others made a pledge for the change they will make towards a better world on our pledge tree.

Our volunteers also supported our presence at a Dixie Dirt World Forum in Melbourne, where CARE CEO Dr Julia Newton-Howes was a panelist discussing the post-2015 development agenda. Some 450 people were exposed to CARE during this forum and 150 people were reached through face-to-face conversations.

**Rising Hope – Documentary about foreign aid in Cambodia**

CARE worked with Network Ten and AusAID to film and produce a 45-minute documentary entitled Australian Aid: Rising Hope to showcase Australian-funded aid programs in Cambodia. The documentary aired in July to an audience of 88,600, with likely further screenings.

**CAMPAIGNS**

**Walk In Her Shoes**

In March, more than 4,100 people from across the country joined us to walk in the shoes of women and girls living in poverty in Africa, who go without the chance to access the basics every day. In 2012 the Go Bare call to action was to go without make-up, jewellery or something important to them for one day. In the lead up to Go Bare day on Friday 14 September, a mix of online and print paid media, social media and online channels were used to promote the inaugural day and build support. Through these mixed channels, the Bare initiative achieved a total audience reach of 137,826 people.

**AVOCACY**

CARE increased media presence throughout the year and advocated on issues ranging from sexual reproductive health, aid in Afghanistan, child marriage, land grabbing in Myanmar and cuts to the federal aid budget. Media coverage highlights included opinion pieces on financial inclusion for women and the Syrian refugee crisis as well as national coverage on CARE’s bilingual education program in Cambodia, World Environment Day and Cyclone Mahasen’s impact on Bangladesh and Myanmar.

CARE also supported the Movement to End Poverty, which calls on the government to increase aid by 30% in every $100 of Gross National Income by 2016. A petition supporting the campaign is available to sign on the CARE website.

As a member of the Sexual Reproductive Health Rights Consortium of NGOS, CARE advocated around the London Summit on Family Planning in July to call for increased global commitment to making family planning accessible for all. A social media campaign supported our advocacy, promoting CARE’s Top 10 Tips to World Leaders, and particularly focused on highlighting the needs of more than 200 million women who do not have access to family planning services.

**Parliamentary Group on Population and Development**

CARE Australia is the Secretariat for the Parliamentary Group on Population and Development (PGPD), with funding support from the UN Population Fund (UNFPA). The PGPD is a cross-party group of members in the Federal and State/Territory Parliaments. It supports the empowerment of women and girls through its commitment to gender equality and the advancement of women.

The Group works to mobilise political will in addressing discrimination and violence against women and to reverse the high rates of maternal deaths and disability by advocating for safe reproductive healthcare services. It also affirms that integrated reproductive healthcare and HIV/AIDS policies and practices are a critical tool for achieving the Millennium Development Goals and the empowerment of women.

**Go Bare**

The Bare initiative, in partnership with Marie Stopes International Australia, asks Australians to Go Bare for one day to raise awareness of women and girls living in poverty in Africa, who go without the chance to access the basics every day. In 2012 the Go Bare call to action was to go without make-up, jewellery or something important to them for one day. In the lead up to Go Bare day on Friday 14 September, a mix of online and print paid media, social media and online channels were used to promote the inaugural day and build support. Through these mixed channels, the Bare initiative achieved a total audience reach of 137,826 people.

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**International Women’s Day**

CARE marked International Women’s Day by highlighting the issue of sexual and gender-based violence. Gender-based violence is one of the worst widespread but least recognised – human rights abuses in the world, and is at the heart of women’s and girls’ marginalisation. In 2012, CARE’s Go Bare campaign in 50 countries worked to address sexual and gender-based violence.

CARE called on the Federal Government to use its international influence to shape the post-2015 development agenda to prioritise the elimination of sexual and gender-based violence.

CARE hosted two major events to mark International Women’s Day. The first event involved the world premiere of the post-2015 development agenda to prioritise the elimination of sexual and gender-based violence.

CARE hosted two major events to mark International Women’s Day with our corporate partners Westpac and Qantas. We were delighted to be the headline charity for Qantas’ International Women’s Day event attended by 200 senior Qantas female leaders. Australian of the Year Ita Buttrose and Jettstar CEO Jane Hyrdlika joined Julia Newton-Howes in speaking about the challenges women face both in Australia and overseas.

CARE’s philanthropic and corporate supporters enjoy a breakfast hosted by Westpac CEO and CARE Women’s Empowerment Ambassador Gail Kelly and CARE Australia CEO Julia Newton-Howes about the importance of girls education.
OUR STAFF

Our experienced staff are one of CARE’s greatest strengths, bringing compassion and skill to CARE’s work. Of CARE’s staff, 95 per cent are nationals of the country they work in.

STAFF PROFILE

CARE Australia employs 1,020 staff: 79% in Australia and 941 in our Country Offices. The total number of staff in Australia increased by five per cent from last year, primarily to support continued increases in public fundraising initiatives. Expatiate staff increased by 11 per cent and local staffing numbers in Country Offices increased by 1 per cent in accordance with program requirements.

NUMBER OF STAFF BY LOCATION

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<tr>
<th>LOCATION</th>
<th>EXPATRIATE STAFF†</th>
<th>LOCAL STAFF‡</th>
<th>TOTAL STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>n/a</td>
<td>n/a</td>
<td>79</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>11</td>
<td>227</td>
<td>238</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>10</td>
<td>78</td>
<td>88</td>
</tr>
<tr>
<td>Laos</td>
<td>7</td>
<td>91</td>
<td>98</td>
</tr>
<tr>
<td>Cambodia</td>
<td>5</td>
<td>127</td>
<td>132</td>
</tr>
<tr>
<td>Vietnam</td>
<td>5</td>
<td>97</td>
<td>102</td>
</tr>
<tr>
<td>Myanmar</td>
<td>6</td>
<td>263</td>
<td>269</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Regional (incl. NAKO staff)</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td><strong>TOTAL STAFF</strong></td>
<td><strong>51</strong></td>
<td><strong>890</strong></td>
<td><strong>941</strong></td>
</tr>
</tbody>
</table>

Note: Staff numbers include part-time staff.
† Expatiate staff are international employees posted to a CARE Australia managed Country Office and staff undertaking Emergency, Water, Sanitation and Hygiene field-related activities.
‡ Local staff is locally-employed staff in CARE Australia managed Country Offices.

STAFFING LEVELS OVER TIME

<table>
<thead>
<tr>
<th>STAFF NUMBERS</th>
<th>30 June 2010</th>
<th>30 June 2011</th>
<th>31 December 2011</th>
<th>30 June 2012</th>
<th>30 June 2013</th>
<th>% GROWTH 30-JUNE 12 - 30-JUNE 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian-based</td>
<td>65</td>
<td>68</td>
<td>75</td>
<td>79</td>
<td>79</td>
<td>5%</td>
</tr>
<tr>
<td>Overseas-based</td>
<td>50</td>
<td>49</td>
<td>45</td>
<td>51</td>
<td>51</td>
<td>13%</td>
</tr>
<tr>
<td><strong>Local Staff</strong></td>
<td><strong>1,280</strong></td>
<td><strong>920</strong></td>
<td><strong>878</strong></td>
<td><strong>890</strong></td>
<td><strong>900</strong></td>
<td><strong>1%</strong></td>
</tr>
<tr>
<td><strong>TOTAL STAFF</strong></td>
<td><strong>1,355</strong></td>
<td><strong>1,037</strong></td>
<td><strong>998</strong></td>
<td><strong>1,020</strong></td>
<td><strong>2%</strong></td>
<td></td>
</tr>
</tbody>
</table>

PEOPLE STRATEGY

The People Strategy Action Plan was developed to assist in achieving the goals in CARE Australia’s People Strategy 2011–15. Activities were developed through staff consultation, review of organisational strategies, employee engagement survey results and employee exit data. Initiatives include ongoing investment in building leadership capabilities and capacity of managers to manage day-to-day human resource issues.

Priorities for next year include the development of a Wellbeing Policy and a Prevention of Harassment and Discrimination Policy.

RECRUITMENT AND RETENTION

Staff turnover rate for 2012/13 was 24.5 per cent, compared with 15 per cent in 2011/12 and 26 per cent in 2010/11. The analysis of exit questionnaires indicates that external career opportunities were a factor in resignations. Resources were developed to improve the delivery and overall outcomes of CARE Australia recruitment and selection practices and procedures to ensure CARE Australia staff make effective selection decisions.

VOLUNTEERS

This year, CARE developed and launched a formal Event and Volunteer Program with support from AusAID. The program allows CARE to build on the Australian community’s understanding of international development and foreign aid through delivering interactive activities at public events.

Event volunteers enable us to extend our reach and increase our impact at these events. Since the implementation of the Event Volunteer Network in July 2012, 814 people from around Australia registered their interest through CARE’s website. Across Victoria, South Australia and the Australian Capital Territory, 31 volunteers had the opportunity to work with CARE staff during events. All volunteers are kept informed with regular emails and opportunity to provide feedback.

We also hosted 19 informal volunteers in our Australian offices, 11 in Canberra and 8 in Melbourne. Five volunteers were supported in our Country Offices through our continued participation in Australian Youth Ambassadors for Development (AXAOD) and Australian Volunteers for International Development (AVOID).

PERFORMANCE MANAGEMENT

Performance Management Skill Building Sessions were held during the year in Canberra and Melbourne offices to build capacity to managing staff performance. The content of these sessions included dealing with difficult issues and dispute resolution.

STAFF DEVELOPMENT

Building the capacity of our leaders continued to be a priority in 2012–13. Support was provided to Country Offices around the establishment of training and development plans for national staff. In 2013/14 we will continue to support each Country Office to consistently implement effective training and development for local staff. We also initiated a National Staff Leadership Development Program with senior national staff from Country Offices in Cambodia, Myanmar and Papua New Guinea. An evaluation of the initial Program indicated that participants have demonstrated improved critical thinking, analytic, problem-solving and decision-making skills and increased their confidence in assuming roles within the Country Offices. The Program will roll out to Timor-Leste, Laos and Vietnam staff next year.

Safety and security self-assessments were undertaken in all Country Offices, and specific training has been undertaken for Country Office Safety and Security focal points to develop skills and capacities and share best practices.

Training and development in Australia focused on building the capacity of staff in negotiation and influence and time management. The Negotiation and Influence Workshop improved staff understanding and skill of negotiation and a set of strategies were developed to be implemented across all levels of staff. Seminars on making the most of your working day were conducted to improve time management skills.

A leadership capability framework was developed and implemented, and 95% of staff who were targeted completed the Leadership Capability Assessment Tool to identify individual needs. The results of this assessment identified two leadership capabilities to be addressed as a training priority for 2013/14: Leading Change and Managing Self. A review of the Orientation Program was undertaken to ensure it provided maximum value. The Program was refined to include more engaging content to clearly communicate CARE’s role and responsibilities and expectations of staff.

GENDER, EQUITY AND DIVERSITY

The concepts of gender, diversity and power and the connection between poverty and gender inequality were explored in Gender Equity and Diversity training undertaken by more than 80 per cent of staff in Australia. The training developed a shared understanding of how to incorporate the concepts into organisational practices.

Health, Safety and Wellbeing

As part of the ongoing management of health and safety risks, a Home-Based Work Policy was implemented for all Australian-based staff. It assists staff and their managers to establish flexible working arrangement where required.

We conducted 32 workstations assessments during the year: 19 in Canberra and 12 in Melbourne. Due to the growth in our activities, we were required to assess our headquarters office requirements. As a consequence, we moved to larger premises during 2012/13 with minimal business interruption. Walk-through assessments were conducted to assist the transition to the new building. Assessors provided advice on correct ergonomic set up using existing equipment.

Health and safety self-assessments were undertaken in all Country Offices managed by CARE Australia-managed Country Offices (Australia, Vanuatu, Laos and Myanmar).

95% OF CARE STAFF are nationals OF THE COUNTRY THEY WORK IN

CARE staff meet with recipients of emergency items following flooding in Cambodia © Josh Estey/CARE.

Health, Safety and Wellbeing

As part of the ongoing management of health and safety risks, a Home-Based Work Policy was implemented for all Australian-based staff. It assists staff and their managers to establish flexible working arrangement where required.

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Safety and security self-assessments were undertaken in all Country Offices managed by CARE Australia and enhanced procedures were implemented for travel by CARE Australia staff to unstable locations. Reviewers were also undertaken of safety and security management arrangements for staff in areas of volatility.

CARE Cambodia staff member Bopha Lam with students assisted through the bilingual education program © Laura Hill/CARE.
During the reporting period we refined our risk management governance framework to include an Organisational Risk Management Committee. This Committee is a standing management committee with oversight delegated by the Chief Executive Office because of their leadership roles within the organisation and their unique familiarity with the area of risk. The Committee supports Board sub-committees by continuously assessing our risk management strategies to ensure that they remain current and effective. Operational, financial and legal changes as well as our business objectives.

In accordance with our Risk Management Action Plan we undertook a review of our Country Office Finance and Procurement Manual and our Contracts Policy during the year.

Our Fraud and Corruption Control Plan is accompanied by a Policy Statement issued by our Chief Executive that clearly sets out CARE’s zero tolerance approach to fraud and corruption. We are committed to maintaining a culture of tolerance approach to fraud and corruption. The plan sets out the steps to ensure that we understand, prevent, detect, investigate and respond to fraud and corruption.

RESERVES POLICY
Our Reserves Policy specifies that reserves need to be retained to safeguard CARE Australia’s operations. This policy balances the need to protect our financial security while simultaneously ensuring flexibility in meeting the developmental and humanitarian challenges of operating in a dynamic global environment.

TREASURY POLICY
Our Treasury Policy sets out CARE Australia’s financial risk management framework and addresses operational, liquidity, interest rate and foreign exchange risks. The policy notes that CARE Australia faces a wide range of financial and commercial risks, and outlines those risks and how we will manage them.

INVESTMENT PERFORMANCE AGAINST OBJECTIVES

<table>
<thead>
<tr>
<th>POLICY OBJECTIVE</th>
<th>SATISFIED?</th>
<th>YEAR</th>
<th>SATISFIED?</th>
<th>SINCE INCEPTION (% PA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain and improve purchasing power of capital</td>
<td>✔</td>
<td>Portfolio: CPI 2.6%</td>
<td>Portfolio: CPI 3.1%</td>
<td></td>
</tr>
<tr>
<td>Benefit from tax free status</td>
<td>✔</td>
<td>Franked income where appropriate</td>
<td>Franked income where appropriate</td>
<td></td>
</tr>
<tr>
<td>Total return of CPI + 3% over the long term</td>
<td>✔</td>
<td>Portfolio: CPI 3.1%</td>
<td>Portfolio: CPI 3.1%</td>
<td></td>
</tr>
</tbody>
</table>

Since inception the portfolio has maintained its purchasing power and benefited from CARE’s tax free status. The objective of CPI + 3% per year was met over the last year. Since inception, the CPI + 3% per year objective was not met due to the exposure to volatile global financial crisis.
THE GENEROUS CONTRIBUTIONS OF OUR DONORS AND CORPORATE SUPPORTERS ALLOW CARE TO MAKE SIGNIFICANT PROGRESS IN EMPOWERING WOMEN AND GIRLS TO LIFT THEMSELVES AND THEIR COMMUNITIES OUT OF POVERTY.

WE APPRECIATE THE SUPPORT OF EVERYONE WHO MAKES OUR WORK POSSIBLE, INCLUDING THE FOLLOWING:

MAJOR DONORS

Richard Willis and Janet Abernethy
Ms Sue Adams
Phil and Alison Anthony
Matthew and Sandrina Bowen
Dr Christopher Holmes
Mr Rob Koczkar and Ms Heather Doig
Mr George and Mrs Maureen Dyer
Mr Brian Fry
Denis and Mary Gilmore
Stephen and Rosanna Harris
Mr Phil Henderson
Mr Philip Hendrie
Mr Peter and Mrs Barbara Houltby
Dr John Hunter
Mr Mike and Ms Alison Leemen
Daryl and Judy Maher
Dr Elizabeth McDonald
Ms Tara O’Brian
John and Shilarena Poynter
Hal The Sky Physical Challenge – RAAF Base East Sale
Anson Nieh
Dr Graeme and Mrs Dawn Robson
Mr Hans Schweizer
Mr DICK and Mrs Pip Smith
Mr Jason Square
Mr Anthony Sweetman
Mr Alan Maxwell and Mrs Agnes Tay
Mr Raj and Mrs Jyoti Priththy
Professor Chris Titter
Mr Stephen Walker
Richard and Susan Wilton

TRUSTS AND FOUNDATIONS

ACME Foundation
Catherine Gray Trust
Courth Charitable Foundation
Davies Family Foundation
Gentle Light Foundation
Hua Ke Na Foundation
I Horden Family Foundation
Paul Amsworth Family Foundation
Richardson Foundation
The Australian Philanthropic Services Foundation – Springboard Endowment
The Charitable Fund
The George Lewin Foundation
The Gubabthing Foundation
The John Murphy Charitable Trust, managed by Perpetual
Robson Endowment
Simpson Family Foundation
Skippin-Jacobs Charitable Trust
WI and Dorothy Bailey Foundation
Westpac Foundation
Wollongong's Falls Foundation
Wood Family Foundation

CORPORATE PARTNERS

AGL Energy Limited
Allens Arthur Robinson
Amur
BHP Billiton
Computershare Ltd
Deutsche Bank
Gresham Partners
Guest Group
Huntmaster Pty Ltd
King & Wood Mallesons
Maple-Brown Abbott Ltd
Mitchell Communication Group
NAB
Qantas Airways Ltd
Quest - Southbank
Randbank Australia Limited
The Body Shop Australia
Thomas Hare Investments Ltd
Westpac Group

BEQUESTS

Estate of the late Joan Bryant
Estate of the late Walter D. Cooper
Estate of the late William R. Halfhide
Estate of the Lady Ilse Huber
Estate of the late Alwynne Beryl Jona
Estate of the late Rudi Marinus
Adrian Kemp
Estate of the late Bernard Timothy Murphy
Estate of the late Alvedi Rowie
Estate of the late Elva Winfield
Seymour
Estate of the late Gwenyth
Dorothea Thamm

86 CENTS WENT TO OUR PROGRAMS

CARE Australia thanks the 80,000 people who donate to support our work, but who cannot all be mentioned by name. We would also like to acknowledge our major donor and Trust and Foundation supporters who requested that their support remains anonymous.
**FINANCIAL OVERVIEW**

**OPERATING RESULT:** CARE Australia recorded an overall surplus of $1.1m in 2013/14, made up of:

- a net foreign exchange gain of $1.3m due to the depreciation of the Australian dollar exchange rate and CARE Australia’s policy of converting grant funds to US dollars for allocation to our programs; and
- a [net foreign exchange gain of $1.3m due to the depreciation of the Australian dollar exchange rate and CARE Australia’s policy of converting grant funds to US dollars for allocation to our programs](http://www.care.org.au/financial-overview)

**Grants – AusAID** grants received from the Australian Government’s overseas aid program.

**Grants – Other** includes grants received from CARE International members and other Australian and international organisations and government bodies.

**Other Income** includes investment income and foreign currency gains.

**Where the Money Comes From – 5 Year Trend**

![Where the Money Comes From – 5 Year Trend](http://www.care.org.au/financial-overview)

**Analysis**

Total revenue decreased by 2% in 2012/13, largely due to decreases in grant income from other CARE International members, particularly the European members, as a result of continuing economic uncertainty in Europe. Revenue recognised from AusAID project grants remained steady at $1.1m representing 38% of our overall funding. CARE continues to be successful in securing funding from institutional donors due to our solid reputation as an agency that delivers quality projects and programs. CARE is also investing to grow our donor base and secure ongoing donations from the Australian public. This will ensure that we can best leverage funding from institutional donors and invest in our long-term aid and development programs.

**Where the Money Goes – 5 Year Trend**

![Where the Money Goes – 5 Year Trend](http://www.care.org.au/financial-overview)

**Analysis**

CARE Australia expensed $56m in 2012/13, a 4% decrease from last financial year. This decrease reflects the reduction in funding for our projects coming from our European CARE members. Expenditure on overseas programs was $46m in 2013 and has seen the continuation of aid delivery in South Asia and South-East Asia, the Middle East, the Pacific, and Africa.
## FINANCIAL OVERVIEW

### ACCOUNTABILITY MEASURES

#### Program Expenditure Ratio

<table>
<thead>
<tr>
<th>Year</th>
<th>Program Expenditure Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>86%</td>
</tr>
<tr>
<td>2012</td>
<td>88%</td>
</tr>
<tr>
<td>2011</td>
<td>82%</td>
</tr>
<tr>
<td>2010</td>
<td>91%</td>
</tr>
<tr>
<td>2009</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Program Expenditure Ratio** is the total amount spent on our overseas programs, including program support costs and community education campaigns, expressed as a percentage of total expenditure.

**Analysis**

Our program expenditure ratio remained at a high level, with a three-year average of 87 per cent. The year has seen the continuation of aid delivery in South Asia and South-East Asia, the Middle East, the Pacific, and Africa.

#### Fundraising Ratio

<table>
<thead>
<tr>
<th>Year</th>
<th>Cost of Fundraising Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>65%</td>
</tr>
<tr>
<td>2012</td>
<td>70%</td>
</tr>
<tr>
<td>2011</td>
<td>68%</td>
</tr>
<tr>
<td>2010</td>
<td>77%</td>
</tr>
<tr>
<td>2009</td>
<td>80%</td>
</tr>
</tbody>
</table>

**Cost Of Fundraising Ratio** is the total amount spent on public fundraising expressed as a percentage of total revenue from the Australian public, rather than total revenue. It excludes funding and associated costs related to grant funding from AusAID and other organisations.

**Net Surplus from Fundraising Ratio** is the balance of revenue from the Australian public after deducting the amount spent on public fundraising expressed as a percentage of this revenue.

**Analysis**

The increase in the cost of fundraising ratio since 2010 is due to a strategic Board decision to invest in donor acquisition. This enables CARE Australia to have greater funds available in the future for our important international aid and development work.

#### Cost of Administration Ratio

<table>
<thead>
<tr>
<th>Year</th>
<th>Cost of Administration Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>5.2%</td>
</tr>
<tr>
<td>2012</td>
<td>4.6%</td>
</tr>
<tr>
<td>2011</td>
<td>5.5%</td>
</tr>
<tr>
<td>2010</td>
<td>3.5%</td>
</tr>
<tr>
<td>2009</td>
<td>5.0%</td>
</tr>
</tbody>
</table>

**Cost Of Administration Ratio** is the total amount spent on administration and accountability expressed as a percentage of total expenditure.

**Analysis**

Our administration costs remain low, with a three-year average of 5.1 per cent. Administration costs are higher in 2013 due in part to one-off costs associated with the move of the national office in Canberra to new office accommodation.

## SUMMARY OF FINANCIAL REPORT

**DIRECTORS’ DECLARATION**

In accordance with a resolution of the Directors of CARE Australia, we state that:

In the opinion of the Directors of CARE Australia:

(a) there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable;

(b) the summary financial report is in accordance with the requirements set out in the ACFID Code of Conduct and has been derived from and is consistent with the full financial statements for the financial year ended 30 June 2013;

(c) the full financial statements and notes are in accordance with the Corporations Act 2001 and:

(i) comply with Australian Accounting Standards, International Financial Reporting Standards and the Corporations Regulations 2001; and

(ii) give a true and fair view of the financial position and performance of the Company for the financial year ended 30 June 2013.

On behalf of the Board.

Harold Mitchell, AC  |  Chair
Bronwyn Morris  |  Treasurer
Melbourne, 18 October 2013

**INDEPENDENT AUDITOR’S REPORT ON THE SUMMARY FINANCIAL REPORT**

The accompanying summary financial report, which comprises the balance sheet as at 30 June 2013, the statement of comprehensive income, statement of changes in equity and cash flow statement for the year then ended, related notes and management’s assertion statement, are derived from the audited financial report of CARE Australia for the year ended 30 June 2013. We expressed an unmodified audit opinion on that financial report in our report dated 19 October 2013.

The summary financial report does not contain all the disclosures required by Australian Accounting Standards. Reading the summary financial report, therefore, is not a substitute for reading the audited financial report of CARE Australia.

**Directors’ Responsibility for the Summary Financial Report**

The Directors are responsible for the preparation of the summary financial report in accordance with the ACFID Code of Conduct requirements.

**Auditor’s Responsibility**

Our responsibility is to express an opinion on the summary financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

**Opinion**

In our opinion, the summary financial report derived from the audited financial report of CARE Australia for the year ended 30 June 2013 is consistent, in all material respects, with that audited financial report, in accordance with the ACFID Code of Conduct requirements.

Ernst & Young  
121 Marcus Clarke Street  
Canberra, ACT 2601  
GPO Box 281 Canberra, ACT 2601  
19 October 2013

Ben Tansley  
Partner  
Tel: +61 2 6267 3888  
Fax: +61 2 6246 1100  
ey.com/au
## Financial Statements

### Statement of Comprehensive Income for the Year Ended 30 June 2013

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>Donations and gifts</td>
<td>11,902,543</td>
</tr>
<tr>
<td></td>
<td>Monetary</td>
<td>68,886</td>
</tr>
<tr>
<td></td>
<td>Non-monetary</td>
<td>689,209</td>
</tr>
<tr>
<td></td>
<td>Total revenue from Australian public</td>
<td>12,660,138</td>
</tr>
<tr>
<td></td>
<td>Grants and contracts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AusAID</td>
<td>21,622,003</td>
</tr>
<tr>
<td></td>
<td>Other Australian</td>
<td>3,830,311</td>
</tr>
<tr>
<td></td>
<td>Other overseas</td>
<td>16,144,260</td>
</tr>
<tr>
<td></td>
<td>Investment income</td>
<td>808,205</td>
</tr>
<tr>
<td></td>
<td>Other income</td>
<td>1,604,515</td>
</tr>
<tr>
<td></td>
<td>TOTAL REVENUE</td>
<td>57,069,632</td>
</tr>
<tr>
<td>Expenditure</td>
<td>International Aid and Development Programs expenditure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Funds to international programs</td>
<td>43,988,440</td>
</tr>
<tr>
<td></td>
<td>Other program costs</td>
<td>2,455,355</td>
</tr>
<tr>
<td></td>
<td>Total overseas projects</td>
<td>46,443,795</td>
</tr>
<tr>
<td></td>
<td>Community education</td>
<td>1,282,061</td>
</tr>
<tr>
<td></td>
<td>Fundraising costs – Public</td>
<td>4,417,199</td>
</tr>
<tr>
<td></td>
<td>Fundraising costs – government and multilateral agencies</td>
<td>401,288</td>
</tr>
<tr>
<td></td>
<td>Accountability and administration</td>
<td>2,842,024</td>
</tr>
<tr>
<td></td>
<td>Non-monetary expenditure</td>
<td>68,956</td>
</tr>
<tr>
<td></td>
<td>TOTAL EXPENDITURE</td>
<td>56,017,993</td>
</tr>
<tr>
<td></td>
<td>Excess of revenue over expenses</td>
<td>1,051,639</td>
</tr>
<tr>
<td></td>
<td>TOTAL COMPREHENSIVE INCOME FOR THE PERIOD</td>
<td>1,051,639</td>
</tr>
</tbody>
</table>

During the financial year, CARE Australia had no transactions in the Evangelistic, Political or Religious Proselytisation and Domestic Programs categories.

This summary financial information was extracted from the statutory financial statements. It is consistent, in substance, with these statements notwithstanding the less technical language and content. The statutory financial statements were audited and are available on CARE Australia’s website, www.care.org.au/annual-reports

### Statement of Financial Position for the Year Ended 30 June 2013

<table>
<thead>
<tr>
<th>Notes</th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Current assets</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash and cash equivalents</td>
<td>21,997,842</td>
</tr>
<tr>
<td></td>
<td>Held to maturity investments</td>
<td>11,975,134</td>
</tr>
<tr>
<td></td>
<td>Prepayments</td>
<td>568,123</td>
</tr>
<tr>
<td></td>
<td>Trade and other receivables</td>
<td>4,689,048</td>
</tr>
<tr>
<td></td>
<td>Non-current assets</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Property, plant and equipment</td>
<td>1,282,304</td>
</tr>
<tr>
<td></td>
<td>Investments at fair value</td>
<td>4,096,398</td>
</tr>
<tr>
<td></td>
<td>TOTAL ASSETS</td>
<td>44,607,869</td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Current liabilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trade and other payables</td>
<td>2,254,779</td>
</tr>
<tr>
<td></td>
<td>Provisions</td>
<td>2,994,182</td>
</tr>
<tr>
<td></td>
<td>Unexpended project funds</td>
<td>28,134,019</td>
</tr>
<tr>
<td></td>
<td>Non-current liabilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provisions</td>
<td>339,571</td>
</tr>
<tr>
<td></td>
<td>TOTAL LIABILITIES</td>
<td>33,722,551</td>
</tr>
<tr>
<td>Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retained Earnings</td>
<td>10,885,318</td>
</tr>
<tr>
<td></td>
<td>TOTAL EQUITY</td>
<td>10,885,318</td>
</tr>
</tbody>
</table>

At the end of the financial year, CARE Australia has no balances in Current inventories, Current assets held for sale, Current and non-current other financial assets, Non-current trade and other receivables, Non-current investment property, Non-current intangibles, Other non-current assets, Current and non-current borrowings, Current tax liabilities, Current and non-current other financial liabilities, and Current and non-current other liabilities categories.
**Statement of Change in Equity for the Year Ended 30 June 2013**

<table>
<thead>
<tr>
<th></th>
<th>Retained Earnings</th>
<th>Reserves</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as 30 June 2012 (commencing balance)</td>
<td>$9,833,679</td>
<td>-</td>
<td>-</td>
<td>$9,833,679</td>
</tr>
<tr>
<td>Excess of revenue over expenses</td>
<td>1,051,639</td>
<td>-</td>
<td>-</td>
<td>1,051,639</td>
</tr>
<tr>
<td>Amount transferred (to) from reserves</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 30 June 2013 (year end balance)</td>
<td>$10,885,318</td>
<td>-</td>
<td>-</td>
<td>$10,885,318</td>
</tr>
</tbody>
</table>

During the financial year, there were no adjustments or changes in equity due to the adoption of new accounting standards.

This summary financial information has been extracted from the statutory financial statements. It is consistent, in substance, with these statements notwithstanding the less technical language and content. The statutory financial statements have been audited and are available on CARE Australia’s website, www.care.org.au/annual-reports

**Cash Flow Statement for the Year Ended 30 June 2013**

<table>
<thead>
<tr>
<th></th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General public donations</td>
<td>11,165,077</td>
<td>11,804,384</td>
</tr>
<tr>
<td>Grants and contract income (inclusive of GST)</td>
<td>51,517,536</td>
<td>40,394,085</td>
</tr>
<tr>
<td>Interest income</td>
<td>808,205</td>
<td>730,125</td>
</tr>
<tr>
<td>Other income</td>
<td>133,001</td>
<td>310,882</td>
</tr>
<tr>
<td>Payments to suppliers and employees (inclusive of GST)</td>
<td>(61,043,370)</td>
<td>(48,221,498)</td>
</tr>
<tr>
<td>Net cash flows from operating activities</td>
<td>2,580,449</td>
<td>5,017,978</td>
</tr>
<tr>
<td>Cash flow from investing activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquisition of property, plant and equipment</td>
<td>(637,764)</td>
<td>(462,189)</td>
</tr>
<tr>
<td>Proceeds from sale of equipment</td>
<td>36,437</td>
<td>124,608</td>
</tr>
<tr>
<td>Acquisition of investments</td>
<td>(13,957,931)</td>
<td>(5,646,102)</td>
</tr>
<tr>
<td>Redemption of investments</td>
<td>7,982,362</td>
<td>1,279,652</td>
</tr>
<tr>
<td>Net cash flows (used in) investing activities</td>
<td>(6,576,496)</td>
<td>(4,704,031)</td>
</tr>
<tr>
<td>Net increase/(decrease) in cash held</td>
<td>(3,996,447)</td>
<td>313,947</td>
</tr>
<tr>
<td>Net foreign exchange differences</td>
<td>1,488,237</td>
<td>824,653</td>
</tr>
<tr>
<td>Cash at the beginning of the year</td>
<td>24,506,052</td>
<td>24,506,052</td>
</tr>
</tbody>
</table>

**Notes to and Forming Part of the Financial Statements – 30 June 2013**

**Note 1 Accounting Policies**

The format and disclosures in this summary financial report have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code, please refer to the ACFID Code of Conduct Document available at www.acfid.asn.au.

This financial report does not substitute nor is it intended to replace the mandatory requirements applicable to CARE Australia under the Corporations Act 2001. The full statutory financial statements have been audited and are available on CARE Australia’s website, www.care.org.au/annual-reports.

The summary financial report was prepared on an accrual basis of accounting including the historical cost convention and the going concern assumption. This financial report is presented in Australian Dollars.

**Note 2 Project grants from other Australian organisations**

<table>
<thead>
<tr>
<th></th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Government departments or accredited Non-Government Organisations (NGOs)</td>
<td>3,320,705</td>
<td>2,798,423</td>
</tr>
<tr>
<td>Other Australian organisations</td>
<td>509,806</td>
<td>354,029</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3,830,511</td>
<td>3,152,452</td>
</tr>
</tbody>
</table>

**Note 3 Project grants from other overseas organisations**

<table>
<thead>
<tr>
<th></th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE International members</td>
<td>10,884,541</td>
<td>14,747,860</td>
</tr>
<tr>
<td>Multilateral institutions</td>
<td>2,488,520</td>
<td>1,653,105</td>
</tr>
<tr>
<td>Foreign-Governments and other non-Australian institutions</td>
<td>3,179,199</td>
<td>3,232,910</td>
</tr>
<tr>
<td>TOTAL</td>
<td>16,544,260</td>
<td>19,633,875</td>
</tr>
</tbody>
</table>