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 capacities for self-help
• providing economic opportunity
• delivering relief in emergencies
• influencing policy decisions at all levels and
• 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.
ABOUT CARE

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. We know that supporting women and girls is one of the most effective ways to create sustainable outcomes in poor communities.

OUR WORK

In 2008/09 CARE Australia worked with poor and marginalised communities in 24 countries to support long-term development projects and respond to humanitarian emergencies. CARE helps communities to increase incomes, improve health and education services, increase agricultural production, protect the environment, build appropriate water supply and sanitation systems and address child maltreatment in cooperation with local partner organisations and government agencies.

Due to the disproportionate impacts poverty has upon women and girls, gender equality underpins CARE’s approach to poverty reduction. We believe that supporting women and girls, ensuring their voices are heard and helping to remove barriers that have held them back, are some of the best ways to bring lasting change to poor communities.

As long as poverty, injustice and gross inequality persist in our world, none of us can truly rest. – Nelson Mandela

ACCOUNTABILITY AND ACCREDITATION

To ensure accountability and transparency, CARE Australia retains management and contractual control on all projects we undertake.

We are a signatory to the Australian Council for International Development (ACFID) Code of Conduct, which sets out standards on how organisations should be managed, how they communicate with the public and most importantly, how they spend the funds they receive.

We are also a signatory to the Code of Conduct of the International Federation of Red Cross and Red Crescent Movement. Non-Governmental Organisations in Disaster Relief and the Sphere: Humanitarian Charter and Minimum Standards.

CARE Australia holds full accreditation status with AusAID, the Australian Government’s overseas aid program. Achieving accreditation entails a rigorous review of CARE’s systems and capacities. It reflects the Government’s confidence in CARE Australia’s professionalism, accountability and effectiveness.

OUR HISTORY

CARE Australia was established in 1987 by former Prime Minister, the Right Honourable Malcolm Fraser AC CH, as an independent, operational, Australian overseas non-government development and emergency assistance organisation. CARE Australia is one of twelve members of the CARE International confederation – one of the world’s largest independent, international emergency relief and development assistance organisations.

For over 40 years, CARE International has assisted those in need as a result of poverty, disaster and conflict. Originally founded in America in 1945 after World War II, CARE provided food aid and basic supplies to those suffering from the devastation of war-torn Europe. Since the late 1940s, CARE has engaged in development and emergency assistance activities with poor and disaster affected communities and has continued to grow and expand its reach.

FUNDING

We are dependent on the generous support of the Australian public to fund our work. We build on this support by attracting additional funds from institutional donors such as AusAID and the United Nations, as well as project partners.

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FAST FACTS

Expenditure (total $81,574,000)

- Overseas projects (program expenditure) 90%
- Administration 5%
- Fundraising 4%
- Community education 1%

Revenue by source (total $82,142,000)

- Project grants from CARE International members 39%
- Project grants from multi-lateral agencies 7%
- Project grants from foreign governments and overseas based organisations 6%
- Investment and other income 4%
- Australian public 21%
- AusAID 22%
- Other Australian Agencies and Companies 1%

Overseas projects by geographical region (total $73,509,000)

- Asia Pacific 82%
- Middle East/West Asia 15%
- Africa 3%

Expenditure by sector

- Emergency 25%
- HIV/AIDS 10%
- Other infrastructure 7%
- Agriculture/Natural resources 20%
- Supporting and training communities to deliver sustainable outcomes 27%
- Education 11%
**CHAIRMAN’S MESSAGE**

My journey with CARE began 15 years ago as a donor. Since then, my affiliation and passion has only continued to grow over what has been an extremely memorable and rewarding period of my life. Joining CARE’s Board in 2000, we faced a challenging agenda; close to a decade later I am very happy with our progress and optimistic about CARE Australia’s future. I feel particularly proud of the valuable experience and passion evident in our Board, our strong leadership as part of the larger CARE family and our success in implementing projects to create lasting change for women and their communities.

I am confident in the coming years that CARE Australia will continue to build on its successes and address the complex issues of global poverty and discrimination in the communities where we have the privilege to work. In my final year as Chairman, I’m proud to report on our sustained strong performance and acknowledge the achievements and milestones reached in the past year.

In 2008/09 some of the communities we work in were overcome by natural disaster or conflict. Fortunately, our presence and existing partnerships in these communities meant we were able to provide a rapid and effective response. In Ethiopia we helped thousands through the food crisis, in the Democratic Republic of Congo (DRC) we supported internally displaced people caught up in conflict, and we provided much-needed assistance to the people of Gaza.

We’ve also increased our number of emergency specialists to respond to emerging disasters. In 2008/09 some of the communities we work in were overcome by natural disaster or conflict. Fortunately, our presence and existing partnerships in these communities meant we were able to provide a rapid and effective response. In Ethiopia we helped thousands through the food crisis, in the Democratic Republic of Congo (DRC) we supported internally displaced people caught up in conflict, and we provided much-needed assistance to the people of Gaza.

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In 2008 we commenced our first ever project to create lasting change for women and gender equality across all our programming. I’m excited to report on the implementation of new empowerment projects to help women and girls live, learn, earn and lead. These projects will help women to create lasting change that will benefit whole communities. We strongly believe that women and girls are key in the fight against poverty and will continue to provide them with every opportunity to reach their potential and help their communities to flourish.

With such achievements and a strong strategic direction, I feel it’s time to pass on the Chairman’s baton and am extremely pleased to be succeeded by Harold Mitchell AO. His tremendous experience in the corporate and philanthropic sectors gives me confidence that Harold’s leadership will only strengthen CARE’s ability to fight global poverty.

CARE Australia’s continued success is in testament to the commitment of the team who have shown great determination and passion in supporting some of the world’s poorest communities to overcome poverty. Their professionalism and dedication help to ensure millions of people’s lives continue to change for the better. I would also like to commend our Chief Executive, Julia Newton-Howes, my Board colleagues and CARE’s Advisory Council members for their tireless efforts in the past year. The people behind our work are our greatest strength and my sincere gratitude goes to each and every employee, supporter, volunteer and partner.

I wish Harold Mitchell all the best in his role as Chairman and am sure CARE Australia will continue to deliver positive change and create lasting impact while acting as responsible stewards of the funds so generously donated to change the lives of millions.

Finally, as I step down from CARE Australia’s Board, I feel honored and extremely grateful for the experience of a decade. I leave humbled by the generosity of CARE’s supporters and will always treasure the memories of the field staff I’ve met over the years. My respect for the people we strive to create lasting change for will only continue to grow. It’s been a true pleasure.

Peter Smedley
Chair, CARE Australia Board

‘We strongly believe that women and girls are key in the fight against poverty and will continue to provide them with every opportunity to reach their potential and help their communities to flourish.’

**CHIEF EXECUTIVE’S MESSAGE**

The past year has held many challenges for us at CARE and for the communities we work with. I’ve read so many reports from our staff, the World Bank and a plethora of economic commentators about the impact of the global financial crisis in developing countries. The facts are stark; falling consumer demand, commodity prices and employment have challenged poor communities across the world. But simply, more people have been pushed into poverty.

The technical language of these reports can often obscure the tragedy that occurs to people in poor communities globally. For example, a recent report from the World Bank said: ‘Aggregate economic shocks have generally had much larger impacts on infant mortality among girls than among boys ... families appear to make greater efforts to protect boys than girls in dire economic times.’

It’s horrifying to consider the choices very poor families have to make in tough times. Yet, despite these difficult circumstances, we remain undeterred – our commitment to fight poverty and defend dignity is only heightened in the face of such overwhelming adversity. Now, more than ever, we must work to break models that have held women back, to ensure school doors open for children globally and to find opportunities for whole communities to overcome poverty. Our response, like all emergencies we face, is to address the underlying causes of poverty while supporting women and girls to create lasting change in their communities.

With help from donors like you, we have been there to provide support in 24 countries. For example, in Cambodia our work with health services has led to major improvements in immunisation rates, the number of pre- and post-natal visits and the use of health clinics. In Timor-Leste, we worked with villages to build new roads – these rural roads, a first in the area, provided a source of income for poor women. We then helped these women use their income to start sustainable, small businesses. Today, the whole community recognises how valuable their contributions are and the women themselves are thriving. These two examples are just a snapshot into the change we’re helping to create with your support every day.

In this year’s Annual Report you’ll read more about the changes we’ve witnessed in poor communities as well as some of the questions we ask ourselves as we strive to build a more just world for all. As we tackle the underlying causes of poverty, the barriers that women and girls face, climate change and conflict (to name a few), we constantly critique our approach to ensure the best possible outcomes for the people we work with. If the answers were easy, the problems would be solved by now. Only by asking questions, challenging old paradigms and understanding the perspectives of the communities we work with can we create real and lasting solutions.

I would like to thank a very important member of the CARE family – our Chairman, Peter Smedley. After a ten-year presence on the CARE Australia Board and three years as Chairman, Peter is retiring in November. I wish to personally thank him for his wonderful support, guidance and his firm commitment to the work of CARE. His contribution has made a real and lasting difference. Peter will be ably succeeded by Harold Mitchell AO – another long-standing member of the CARE family. I look forward to working with Harold in the coming years.

I hope you’ll be inspired by the strength of the communities we have the honour to work with, and lastly, would like thank you again for helping us take ever more confident steps towards our vision of a world where poverty has been overcome and people live in dignity and security.

Julia Newton-Howes
Chief Executive, CARE Australia
We helped 10 million people improve crop production, increase income and sustainably manage natural resources.

WHERE DOES CARE WORK?

CARE Australia is a member of CARE International, a confederation of 12 independent non-profit, non-sectarian humanitarian organisations that share the same vision and work together to fight poverty and defend dignity.

COUNTRIES WITH CARE PROGRAMMING IN 2008/09

1. Afghanistan
2. Angola
3. Bangladesh
4. Benin
5. Bolivia
6. Bosnia and Herzegovina
7. Brazil
8. Bulgaria
9. Burundi
10. Cambodia
11. Cameroon
12. Cape Verde
13. Central African Republic
14. Colombia
15. Cuba
16. Democratic Republic of Congo
17. Ecuador
18. Egypt
19. El Salvador
20. Ethiopia
21. Georgia
22. Ghana
23. Guatemala
24. Haiti
25. Honduras
26. India
27. Indonesia
28. Jordan
29. Kenya
30. Kosovo
31. Laos
32. Lebanon
33. Lesotho
34. Liberia
35. Malaysia
36. Malawi
37. Mali
38. Montenegro
39. Mozambique
40. Myanmar/Burma*
41. Nepal
42. Nicaragua
43. Niger
44. Nigeria
45. Pakistan
46. Papua New Guinea
47. Peru
48. Philippines
49. Poland
50. Rwanda
51. Senegal
52. Sierra Leone
53. Somalia
54. South Africa
55. Sri Lanka
56. Sudan
57. Syrian Arab Republic
58. Tajikistan
59. Tanzania
60. Thailand
61. Togo
62. Tonga
63. Turkey
64. Uganda
65. United States
66. Vietnam
67. West Bank and Gaza
68. Yemen
69. Zambia
70. Zimbabwe

The numbers listed exceed the total number of participants because many CARE projects incorporate more than one programming sector.

* Myanmar is the name recognised by the United Nations and the country in question. Burma is the name recognised by the Australian Government.

GLOBAL MILESTONES
People in poor communities have limited access to basic resources, fewer opportunities for education and little influence over the decisions that affect their lives. These deprivations assault and degrade human dignity, mostly for the sufferer, but also for the rest of us. Put simply, if there is injustice in the world, wherever it may be, its effects travel far beyond the gate of a house, or the borders of a country – we are all affected in one way or another.

That’s why when CARE meets someone like Besinati we have to consider our response carefully. At 35 years of age, Besinati is just one woman of the 14 per cent of the adult population living with HIV in Malawi. Cultural beliefs and attitudes toward HIV have been major obstacles for women living with the virus and since Besinati was diagnosed, she’s endured widespread discrimination.

To support Besinati with basic living items and essential health services would have improved her life in the short-term, but would not have addressed the discrimination she faced daily. Instead, we invited Besinati to join the Village Umbrella Committee, a group set up to help address the needs of the community, where she brought a voice and a face to those that have died in vain from HIV in her village.

After receiving training in positive living from CARE, Besinati started her own HIV support group for members of her community. Since then, her fight to bring HIV into the public eye and help people understand the virus has gone from strength to strength.

We can build fine schools, fund state-of-the-art hospitals and pipe fresh water into villages. Yet, if we’re not affecting the social structures that hold people back, then the schoolhouse doors remain closed to girls, disabled people remain shuttled away and clean water runs only for the most powerful.

We are committed to tackling the underlying causes of poverty. That means investing in those on the margins of society: women, minorities and people who have been silenced by discrimination.

Through our Women’s Empowerment Signature Program we will further strengthen our investment and commitment to defend dignity. The power of this program is twofold: it benefits individuals and, at the same time, fosters justice and equality for all members of a community, thus enabling us to develop innovative approaches to address gender-based discrimination.

For example, when violence erupted in Kenya after the 2007 election, CARE was there to support the innocent civilians who were caught up in the conflict. One of the worst hit areas was the slum of Kibera in Kenya’s capital Nairobi. Houses and businesses were torched or looted while thousands of women and girls were sexually assaulted during the mayhem that ravaged the country.

In response to this crisis we first addressed the immediate needs of survivors; including shelter, food, clean water and access to health services. These measures helped immensely in the short-term, but we also had to consider the long-term implications and address the underlying causes of such atrocities.

In 2008 CARE staff, along with other members of civil society, testified on behalf of the brutalised Kenyan women in front of the Commission of Inquiry. This joint effort resulted in the inclusion of a specific chapter dedicated to sexual violence in the final report produced by the Commission. As a result, 300 women affected by the conflict came forward to seek justice and gave testimonies against their perpetrators. This was an important step to help these women regain their confidence and dignity. Our work to bring justice for the crimes committed is ongoing.

We will continue to work tirelessly with people like Besinati in Malawi and the women of Kibera. Each human being has a right to live free from poverty, determine their future and have a voice in their community. When that right is fulfilled for one, the dignity of all is multiplied.

Our commitment to ending poverty has the defence of dignity at its heart. Our efforts to eradicate poverty must pay close attention to respect for human rights and the dignity of all. They must go beyond basic material needs and address discrimination and inequality. Let us guarantee the inherent dignity and equal rights of all members of the human family and strive for a world free of poverty, and injustice.” – Ban Ki Moon, The Secretary General, United Nations.
The Problem

Of the world’s one billion poorest people, 60 per cent are women and girls.

Every year more than 500,000 women die from pregnancy-related causes – a shocking statistic which has remained largely unchanged for 20 years.

Out of the world’s 130 million out-of-school youth, 70 per cent are girls.

Women produce half the world’s food but own only one per cent of its farmland.

The Solution

When women earn an income, they reinvest 90 per cent of it into their families.

Educated girls grow into educated women, who – research shows – have healthier babies and are more likely to educate their children.

When a girl in the developing world receives seven or more years of education, she marries four years later and has 2.2 fewer children.

A study from Ghana showed that an increase in household assets held by women increased the budget for schooling and food, and decreased spending on alcohol and tobacco.
HOW IS CARE BUILDING A GLOBAL MOVEMENT TO END POVERTY?

At CARE we think of ourselves as one movement with many voices. We are 14,000 people of nearly 100 nationalities, united by our determination to end discrimination, injustice and poverty.

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CARE INTERNATIONAL

CARE Australia is proud of our efforts to reduce global poverty and defend human dignity, yet we recognise that we cannot face these challenges alone. Under the auspices of CARE International, a 12-member confederation with a global reach, we tackle global poverty together.

ADVOCACY

CARE’s focus on advocacy arises from an understanding that the causes of extreme poverty and vulnerability to disaster are often policy-related. By advocating for the rights of the world’s most vulnerable we believe we can better address the underlying causes of poverty and multiply the scope of our impact.

For example, in disaster-prone areas we need to ensure local communities are prepared for emergencies. This preparedness will save lives and make future disaster assistance more effective. However, the effectiveness of disaster risk reduction will depend on informed decisions being made at many different levels, in different places and by different groups such as government agencies, communities and donor organisations. We believe it is CARE’s role, along with other like-minded organisations, to advocate at those different levels and inform the decision making process with the experience gained from many years in the field.

At a local level, we work with decision makers including community leaders, local authorities and governments to help determine the best possible outcomes for marginalised groups. For example, in Garissa, Kenya, we found that nomadic pastoralists were strongly disadvantaged when selling their livestock in times of severe drought. Their remote location and lack of bargaining power coupled with inequitable government regulations meant they were discriminated against when trying to sell their stock at market. In response, we worked with local partners to influence policy around livestock marketing and created pastoralist production groups ensuring the pastoralists could trade as a collective instead of as individuals. As a result, all pastoralists in the area now have equitable and increased access to markets.

While we have had great success creating lasting change through advocacy at local levels, we are also determined to bring about change on a global scale. In the coming years, CARE will work to raise awareness of maternal health in order to help reduce global maternal mortality rates. We will advocate at local and global levels for the rights of the half a million women who die needlessly each year from complications of pregnancy in developing countries. In addition, our attention will also be drawn to the impacts of climate change to ensure the voices of those most affected, the poor, are heard. Both these advocacy stand points are part of a bigger picture to bring attention to global poverty.

GLOBAL CHALLENGES

The challenges of the past year, and the global financial crisis have increased the difficulties we face in fighting global poverty. The collapse of financial markets, the rising cost of food, and the decline in donations to charities worldwide, reveal just how interconnected the world has become.

Despite these difficult times, we believe we can reinvigorate the fight against global poverty. Our country offices, and the network of local partners and contacts they have, are the foundation of any global advocacy effort, and we are always working to ensure their voices are heard. Through this mechanism we are building a global movement to create better lives for millions of people.
CHOOSING OUR PROJECTS

When working with poor communities, we consider the symptoms of poverty in conjunction with the underlying root causes of poverty. A symptom of poverty might be hunger and lack of livelihoods, while the underlying causes may relate to discrimination, conflict or poor governance. Our approach is to work at all levels, improving the conditions people live in and addressing the root causes of poverty.

Generally we identify new project opportunities through in-depth consultation and assessment. This may take place as a result of targeted assessment visits for program development, or as needs are identified as we implement existing projects with local communities. Project ideas may also arise overseas as our staff work with partners (either community or government organisations), existing or previous project participants, institutional donors, or other CARE offices.

Our programs are field-based and demand-driven; they change and evolve over time in response to in-country circumstances such as the global financial crisis, climate change and avian influenza. Our programs are designed to help people improve their situation. We fund projects that aim to meet immediate needs, while the underlying causes may relate to discrimination, conflict or poor governance.

MONITORING OUR PROGRAMS

Each project has a monitoring framework as part of its project design. This identifies what information is to be collected on project activities and how often, allowing us to check on the progress of project goals, objectives and the overall community impact. This helps identify what is working well, what approaches may need adjustment and what opportunities may be arising where we can improve the lives of the people we are there to support.

BEST PRACTICE IN CAMBODIA

In Cambodia, 65 per cent of primary school age children do not attend school, and less than 10 per cent of the population have completed primary school. CARE has helped establish bilingual, community-run schools in the remote highlands of the northeast province of Cambodia so children from ethnic minorities can learn in their own dialect, as well as the national language, Khmer.

In partnership with local communities, CARE has already established six community schools and recruited and trained 43 local indigenous teachers. Over 650 children are enrolled from grades one to six, with the first group of primary school graduates commencing secondary school in 2009. The project has resulted in a significant increase of ethnic minority children completing primary school and the Government of Cambodia is now replicating the CARE model in other ethnic minority provinces in the country.

LASTING CHANGE IN MALAWI

Since 2004, over 2,500 women and 500 men have formed 215 village savings and loans groups across Malawi with CARE Australia’s support. The group members invest small amounts of their money into a fund from which they can eventually borrow. As the fund grows with interest from repaid loans, the members begin to make money. The groups received training that provided them with the skills and knowledge to support their savings and loans groups and for some, start a small business to support their families.

Women across Malawi have opened small businesses selling second-hand clothes, fresh fruit, vegetables, milk and local baked goods, among others. As a result, all project participants have reported a rise in household income thanks to the savings and loans groups and have built their resilience to shocks and disasters such as food shortages. In addition, we’ve witnessed an increase in spending on education, health and food throughout the communities where the groups have been implemented.

This model of savings and loans is particularly suited to the rural poor, especially female-headed households who can only afford to make very small savings and have no access to formal financial services. Based on the great success of this project, other organisations have requested CARE’s assistance to provide technical support to replicate village savings and loans activities in other communities.

NUTRITION ENHANCEMENT IN TIMOR-LESTE

In Timor-Leste, some 40 per cent of the population live on less than 60c per day, experiencing times of extreme hunger when already scarce food supplies run out. The impacts of poverty are felt most by Timor’s children: 47 per cent of children under the age of five are chronically malnourished (stunted) and 43 per cent are severely malnourished (underweight). Consequently, most children don’t have breakfast before going to school and find it hard to concentrate on their studies.

In an effort to help address this ongoing problem, CARE has been working in collaboration with the Timor-Leste Ministry of Health to improve nutrition in children under five years of age: pregnant women and lactating mothers. As well as growth monitoring and supplementary feeding, CARE’s efforts include support for growing vegetables and increasing the capacity of the health department staff through training and monitoring.

CARE is working with 120 community health volunteers to improve their skills in delivering health education messages to mothers and supporting district health staff in conducting mother and child health clinics. The volunteers see themselves as the bridge between their community and the health system, helping to promote long-term impact beyond the project’s end.
At CARE we are constantly improving our emergency response capabilities to ensure we are ready to provide emergency relief and on-going support to the people most affected by conflict, natural disasters, famine, disease and other crises.

The world’s poorest people will continue to be the most affected by natural disasters, war, famine and outbreaks of disease in the coming years, so it’s vital that we are capable of implementing effective and efficient emergency response programs.

Responding to humanitarian emergencies is an essential part of CARE’s work in fighting poverty and injustice. As part of our overall assistance to poor communities, we help them strengthen and build their resilience to future disasters by helping them plan and prepare for disasters in addition to responding to emergencies.

OUR EMERGENCY WORK

The primary objective of humanitarian response is to meet the immediate needs of affected people in the poorest communities in the world. CARE is a leader in humanitarian response and demonstrates the highest standards of effectiveness and quality. There are three primary focal points of our humanitarian work:

- Food security
- Shelter
- Water supply, sanitation and hygiene

We also consider gender, disaster risk reduction, psychosocial issues and environment among our priorities in addressing the impact of a disaster.

We adhere to the principle of impartiality so we can provide assistance on the basis of need regardless of race, creed or nationality. We are also committed to addressing the rights of vulnerable groups, particularly women and children, in times of crisis. We uphold the principle of working independently of political, commercial, military, or religious objectives and promote the protection of humanitarian rights.

We believe that local capacity can provide the most effective response to emergencies. However, by their very nature, emergencies often overwhelm local capacities, and in such situations CARE will respond in an appropriate, timely and effective way.

OVERALL RESPONSE IN 2008/09

CARE Australia supported response operations to emergencies in Kenya, Ethiopia, Vietnam and Zimbabwe, and provided support to operations for conflict affected people in the Democratic Republic of Congo, Sri Lanka and Gaza. We provided emergency capacity building support to CARE Australia managed offices in the Asia Pacific as well as Phnom Penh and Seoul.

A disaster doesn’t end when it’s out of the news. Long after the press stop reporting the 2004 Boxing Day tsunami, CARE was on the ground working with communities. Five years after the disaster, CARE has wound down its tsunami response program, having helped people in Sri Lanka, India, Thailand and Indonesia with the immediate needs of shelter, water and food, and then worked with communities to ensure that their long-term needs were met in shelter construction, water sources, improving maternal and child nutrition and livelihood recovery.

In 2008, Cyclone Nargis devastated Myanmar, killing 130,000 people and affecting 2.4 million more. The recovery of lives and livelihoods continues as part of a three year project. At the end of June 2009 CARE had provided vital assistance to more than 300,000 people throughout 195 villages. Overall, CARE International responded to five natural disasters, including floods in Vietnam, wild storms in Sri Lanka, two cyclones in Madagascar and a cyclone in Bangladesh.

In addition we provided emergency assistance to conflict affected people and helped people caught up in eight complex crises including:

- Somali refugees in Kenya
- Internally displaced people in Sudan
- The cholera epidemic in Zimbabwe
- More than 31 million people were affected by these events, and 3.6 million people in dire circumstances benefited from CARE’s assistance.

Since November 2008, CARE has distributed hygiene and shelter kits to 2,262 households with funding from CARE Australia as part of the larger CARE DRC emergency response. A further 3,000 households returning to their own communities have received agricultural kits with materials to grow their own food and develop a permanent source of sustenance. More than 800 IDPs and over 3,500 school children have benefited from the construction of 19 new latrines and 33 block showers, while families returning to Rutshuru were helped with 52 family block latrines.

CARE has also established seven new fully-equipped health structures devoted to victim support and awareness raising of sexually violent crimes, while providing comprehensive staff training for the clinical and psychological treatment of rape.

Conflict in the Gaza

On 27 December 2008, bombs began to fall on the Gaza Strip, one of the most densely populated areas in the world. According to the UN nearly 1,500 people were killed and 5,400 injured. Approximately 29,000 homes were damaged or destroyed, and a further 60,000 people fled to UN shelters. This is in an area where 80 per cent of the population – 1.4 million people – were already dependent on some form of food assistance.

CARE has worked in the West Bank and Gaza since 1994, and has 18 staff members in the Gaza Strip. We initiated the Gaza emergency response, providing urgently needed food and health supplies within hours of the conflict starting. We reached over 324,000 people, supplying medicine and hospital equipment to 13 hospitals and health clinics, and through our ongoing projects, we provided food, clothing, blankets and hygiene supplies to people who had lost almost everything through destruction or displacement. We also supplied drinking water and water for domestic use to more than 20,000 people and continue to provide a weekly supply of fresh vegetables to 60,000 people in Gaza.

Food crisis in Ethiopia

In July 2008, at least 4.6 million people in Ethiopia were in need of urgent food assistance, as a combination of drought and rapidly increasing food prices left people across the country without food. For millions of people, food simply wasn’t available, but in many cases, even where the food was for sale at local markets, the prices were so exorbitant that most simply couldn’t afford basic read items that had tripled in price.

In response, we have provided supplementary food for 33,000 malnourished children and 17,527 pregnant and lactating women in the badly affected regions of East Shewa, Borana and Afar. We have also admitted more than 3,100 children with acute malnutrition to our outpatient therapeutic feeding program and a further 351 complicated cases to our stabilisation centres. CARE also transferred food rations to 204,783 of the most vulnerable people through the Government’s productive safety net program.

In addition, CARE has been providing supplementary food for livestock in order to protect the livelihoods of poor pastoralists, ensuring 12,200 cows and 1,710 goats/sheep were fed daily. At the same time, CARE has continued to provide clean drinking water to schools and clinics could remain open.

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Q6 HOW DOES CARE HELP IN AN EMERGENCY?

At CARE we are constantly improving our emergency response capabilities to ensure we are ready to provide emergency relief and on-going support to the people most affected by conflict, natural disasters, famine, disease and other crises.
Many of the world’s poorest people are living in the harshest and most disaster-prone environments in the world. Changing weather patterns are having a disproportionate impact on these communities and their livelihoods. Prolonged droughts, shorter and more intense rainy seasons and unpredictable cyclones are just some of the negative impacts of climate change. Climate change also poses a global threat to the achievements CARE has made in reducing global poverty.

As an organisation working to improve the health and financial security of the world’s poorest and marginalised people, we believe that addressing the underlying vulnerabilities of these communities must be central to our response to climate change.

We are responding comprehensively through our programs, our advocacy efforts and by taking responsibility for our own emissions of greenhouse gases. Our work aims to support the most vulnerable communities to overcome the negative impacts of climate change and to capitalise on new and emerging opportunities in carbon finance and reduced emissions from deforestation and degradation (REDD). In this area we are working to ensure that social and environmental standards and safeguards are in place to protect the rights and interests of indigenous and forest dependent communities.

We are also working with CARE International and partners to advocate for positive outcomes at the United Nations Framework Convention on Climate Change (UNFCCC) and to influence Australian government policies and programs to ensure that the needs of the poorest communities in the world are understood and addressed. This is reflected in two reports CARE has recently released: In Search of Shelter: Mapping the effects of climate change on human migration and displacement (2009) and Humanitarian Implications of Climate Change: Mapping emerging trends and risk hotspots (2008).

IN OUR PROGRAMMING

We are working to build capacity among those most threatened by a changing climate. We support a proactive disaster risk reduction (DRR) approach to development programming as indicated in the United Nations Hyogo Framework for Action 2005. We work with communities to identify their vulnerabilities and build their capacity to respond to disasters and recover more quickly and effectively. Relatively small interventions which help communities prepare for or minimise the impact of disasters are essential to prevent climatic changes from devastating the lives and livelihoods of the poor and marginalised. This work is needed before a disaster strikes.

We have worked for many years to improve community resilience, develop local capacity and to empower women and their communities. This gives us a strong foundation on which to build our climate change adaptation programs. Our response to climate change includes screening and evaluating our projects to look for ways to improve our work in terms of resilience to a changing climate, long-term sustainability and capacity building in the communities where we work.

To strengthen our response, we are working with CARE International to integrate climate change adaptation into all our projects and to design interventions that reduce the risks posed by climate change. As part of this initiative, we have contributed to the development of new tools and methods that will allow us to more effectively address these problems. The first of these tools was released in June 2009: The Climate Vulnerability and Capacity Assessment handbook is available at www.careclimatechange.org.

IN OUR OPERATIONS

We take responsibility for the emissions of greenhouse gases from our operations and are working to reduce them. Our carbon footprint has been calculated for 2008/09 using the CARE Australia Greenhouse Gas Emissions Calculator which draws on National Greenhouse Accounts Factors 2008 and has been independently checked. Understanding our footprint helps us build an appropriate plan for reducing emissions in the future. This analysis is for our Australian operations only – we will expand to consider our overseas operations in the coming years.

Our achievements in 2008/09:

- Commenced development of the CARE Australia Climate Change Action Plan and the CARE Australia Climate Change Policy
- Strengthened our Green Team and engaged staff in taking action to reduce our greenhouse gas emissions
- Increased signage in the office encouraging staff to reduce paper waste and water use, and turn electrical appliances and lights off when not in use
- Educated staff about the significance of climate change
- Commenced offset composting to reduce the organic waste that is going to landfill
- Installed infrastructure to support plastic and paper recycling
- Started the process of purchasing video conference facilities to reduce air travel

Our priorities for 2009/10:

- Finalise and implement the CARE Australia Climate Change Action Plan and the CARE Australia Climate Change Policy
- Analyse our staff flight patterns to better understand how to reduce our emissions
- Consider purchasing renewable energy and carbon offsets for emissions that cannot be avoided
- Reduce our energy use from lighting and equipment
- Source more recycled paper products

BEARING THE BRUNT IN VANUATU

Remote islands in Vanuatu already experience ferocious cyclones, flooding and landslides; today these hazards are being compounded by climate change. The remote geographic location of these islands means that supply ships only visit twice a year, and the people are cut off from government services such as health care. They also have unreliable phones and no radio coverage, making it difficult to warn of incoming storms or call for help after such events.

Changing patterns of natural disasters – like those the people of Vanuatu increasingly face – are some of the rapid-onset impacts of climate change.

Long-term problems are also emerging in Vanuatu as rising sea levels increase coastal erosion and cause the salinity of water supplies vital for both crops and drinking water.

In response to these problems, we are working on community-based disaster risk management initiatives on remote islands in Vanuatu. In collaboration with the National Disaster Management Office (NDMO) and local NGOs, we are helping communities to prevent and withstand the potential effects of disasters by providing improved infrastructure and building the capacity of local staff.

‘Climate change is worsening the plight of those hundreds of millions of men, women and children who already live in extreme poverty - and it threatens to push hundreds of millions more people into similar destitution. A concerted international response to this unprecedented challenge is required if we are to avoid catastrophic human suffering.’ - Dr. Robert Glasser, Secretary General, CARE International.
As the world around us changes rapidly, key external challenges are affecting our work with vulnerable communities. Many countries and communities are facing increasing food shortages; the global financial crisis continues to have far-reaching effects; and the impact of climate change on the world’s poor and vulnerable is increasing by the day. At CARE Australia, we are working to ensure that our organisation is best equipped to meet the needs of the world’s most vulnerable communities now and in the future.

**IN THE NEXT YEAR**

Over the past three years, CARE has carried out a strategic impact inquiry on women’s empowerment. This extensive global study challenges our understanding of how to bring about sustained change in women’s lives. The study found that empowerment is more than women doing or having more, being stronger or smarter. It requires change in the structures (environment) and relationships that shape the choices and results to which women can aspire. Following on from this key finding we have further committed ourselves to ensure women’s empowerment is embedded in all of our work, and that we provide women and girls with opportunities to live, learn, earn and lead so they can help their communities overcome poverty.

In addition to our ongoing gender focus, we will be implementing the first three of our Women’s Empowerment Signature Program projects in Kenya, Cambodia and Timor-Leste. Over the next twelve months, we will develop and monitor these projects to ensure they achieve their goals of improving the human condition of women and girls through improved access to health, education and economic opportunities, as well as improving the social position of women and supporting a positive policy environment that increases women’s opportunities.

Climate change is another key strategic priority. Our approach to this complex and potentially catastrophic development challenge is constantly evolving as we further integrate climate change issues and practices into our programs and operations. In the next year, this will include monitoring and reducing our own emissions as well as analysing our programs and developing tools to improve our work with communities. As we identify vulnerabilities in communities we create powerful partnerships to build their capacity to cope with disasters, adapt to climate change and recover more quickly and effectively from the challenges posed by our changing environment.

We will also continue to develop our presence in Australia, inviting our supporters to engage with our work through key events and our I am powerful campaign. In early 2010, we plan to embark on a donor acquisition strategy which will introduce sustainable development to a new audience through face-to-face fundraising nationally.

Lastly, we will be working to ensure our organisational health. Within our own operations, we will progress improvements to our internal systems, including our financial and information management systems. We will continue to build an inclusive organisational culture that recognises our staff in Australia and in the developing countries in which we work as our greatest asset.

Our team throughout the world are already working hard to implement these plans for the future to ensure we learn from our work and continue to meet the needs of our partner communities.

**IN THE NEXT FIVE YEARS**

In the next five years, we will work to consolidate our reputation for demonstrating significant, positive impact on poverty and social injustice through the empowerment of women and their communities.

We will achieve this goal through the continual delivery of innovative and quality programs, as well as greater resources, effective leadership, efficient and reliable systems and highly motivated, diverse and professional staff.

Our strategic vision for 2010-2015 has been in development throughout 2009. This process has included extensive consultation and meetings with all staff to ensure and map the next steps for CARE Australia and the people we work with. The resulting strategy will encompass all aspects of our work to overcome poverty and defend dignity.

We focus on women’s empowerment will continue to provide a strong platform for our programming, operations and advocacy. This will be backed by strengthened and enhanced systems in the field and Australia that will facilitate more effective and efficient management. We plan to increase our reach, assisting a greater number of people. To do this will require increased fundraising revenue.

**CARE INTERNATIONAL**

CARE Australia is a member of the CARE International confederation. Over the next five years, the confederation will continue to improve program efficiency and effectiveness, and improve responses to humanitarian emergencies.

CARE Australia’s efforts are aligned with the CARE International strategic plan, which sets out an agenda for action for the entire confederation. The plan is the result of an in-depth review of our past accomplishments and extensive consultations with staff, partners and donors. CARE International has identified six strategic directions which will be the reference point for all CARE International members including CARE Australia and our country offices. The directions include:

- Building our capacity to respond to disasters
- Advocating for the rights of the poorest
- Diversifying and strengthening CARE International’s membership
- Expanding our information and knowledge management
- Building shared expertise in key program areas
- Reforming our internal governance structure

We believe the implementation of these strategic directions will strengthen our collective impact by harnessing our global scope, making the most of our field-based learning and creating the organisation we need to achieve our overarching goal to overcome poverty.
Getting involved with CARE is easy; just ask the 30,656 donors who helped us fight poverty and defend dignity throughout the 2008/09 financial year.

OVERVIEW
Amidst the global financial crisis we were moved by the generosity of our supporters. In the past financial year, at a time where the global economy was at its weakest, we witnessed an 11 per cent increase in fundraising from our core donors. More than 550 of our regular givers elected to upgrade their donations and many of our core donors joined our regular giving programs. However, in other areas of fundraising, such as major gifts, we felt the impact of the economic downturn with supporter numbers remaining steady, but donation size decreasing.

In May 2009 we launched the I am powerful campaign, as well as our new website. The campaign, generously supported by Mitchells Communications Group, highlights CARE’s focus on working with women and their communities to overcome poverty and defend dignity.

LOOKING BACK
21st Anniversary Gala Dinner
In September 2008, we celebrated our 21st anniversary with a gala dinner in Melbourne’s Docklands. With over 700 attendees, including founding Chairman, The Right Honourable Malcolm Fraser AC, CH and his wife Vee Tarrant Fraser AO, the then leader of the opposition, Brendan Nelson, Labor MP, Simon Crean and entrepreneur, Dick Smith, the event was a fantastic success.

The attendees celebrated CARE Australia’s success in providing practical solutions to poverty in some of the world’s poorest communities since 1987, and helped to raise close to half a million dollars with proceeds being used to support CARE’s long-term development projects and emergency relief work.

Our Master of Ceremonies, Eddie McGuire, led an unforgettable evening of entertainment provided by The National Boys Choir, David Campbell and Rachael Beck, as well as international speakers including Timor-Leste’s First Lady, Kirsty Sword Gusmao, and CARE Myanmar’s Country Director, Brian Apland.

Cycle Challenges
In October 2008, Network Ten challenged their staff to participate in a CARE Cycle Challenge. Budding with enthusiasm, an intrepid group embarked on a 500km adventure that took them along the banks of the mighty Mekong River into the highlands of northern Laos. In doing so, they raised more than $37,000 and witnessed firsthand how their hard-earned fundraising dollars can assist families to overcome poverty. The participants were thrilled when they arrived at CARE’s water and sanitation project in Phongsaly Province and saw the benefits of accessing clean water, health services and even livestock banks.

One Just World
One Just World is a national series of free speakers’ forums funded by AusAID aimed at involving the Australian community in conversation and debate on key international development issues facing Australia, the Asia Pacific and beyond.

Our Chief Executive, Julia Newton-Hones, gave a moving speech on International Women’s Day at the World of Music Arts and Dance Festival (WOMAD) in Adelaide as part of the series. She spoke about the plight of women living in poverty and the need for gender equality to help create lasting change in poor communities.

Conference on extreme poverty in Papua New Guinea
In May 2009, CARE Australia joined with The Lowy Institute for International Policy and the Australian National University in a conference to discuss the situation of extreme poverty in Papua New Guinea (PNG). With approximately one million rural villagers struggling to survive on very low incomes, food shortages and limited access to basic services, Australia’s closest neighbour faces poverty comparable to South East Asia and Africa.

The conference brought together key people from PNG, Australia and other areas in an effort to raise awareness of critical issues and develop strategies to tackle them. To address these challenges, the conference focused on the role of women as a central theme and placed importance on using local ideas, local supplies and local leadership to address issues.

CARE is currently supporting remote and dis-advantaged communities in PNG with improved agricultural practices, water supply, education, HIV prevention and care, disaster risk management and capacity building. We are also working to address gender-based violence and provide women with increased opportunities to generate income. The conference provided a chance to explore further opportunities for Australia and PNG to work together to bring about lasting change.

COMMUNICATING WITH OUR SUPPORTERS
Communicating with our supporters remains a priority for the CARE Australia team. Our new website, launched in May 2009, provides our latest news, emergency updates, stories from the field and the opportunity for supporters to sign up for regular e-updates. We have also introduced social media tools such as Twitter, Facebook and our own blog to increase engagement opportunities with CARE Australia. These engagement tools have proved very successful with overall website access growing in the past financial year.

Towards the end of the 2008/09 period we developed a supporter survey to help us understand the needs of our donors and identify the best way to communicate with them. This survey was sent to over 35,000 supporters in July 2009. The results will be used to ensure our communication remains relevant, engaging and cost-effective.

LOOKING AHEAD
We are always finding new ways to engage the public and existing supporters in our work. In 2009/10 look out for: the launch of CARE’s film A powerful noise, our public lectures about the need for gender equality in development, and a documentary focusing on our work in Timor-Leste on the Ten Network. Also, for the first time donors will be able to securely log-in to our website and view their giving history and update their personal information and preferences.

CARE will also be implementing face-to-face fundraising, introducing more Cycle Challenges as well as supporting more engagement opportunities for corporate partners and major donors.

For a detailed list of supporters please refer to page 26.
WHO ARE CARE’S SUPPORTERS AND PARTNERS?

You are passionate, confident and generous enough to allow us to make a difference to people’s lives everyday – thank you.

We would like to thank the following organisations, trusts, foundations and individuals who provided us with substantial financial or in-kind support during 2008/09. Your generosity ensures we can continue to strive for a world without poverty, where women and girls can bring lasting change to their communities. From the team at CARE Australia, thank you.

MAJOR DONORS Mrs Claire Bamford Mr Jamie Christie Mr and Mrs John Creaser Mr M P de Jong Ms Claire Deyer Mrs Neillina Gunter Mr Geoff Handbury AO Mr Andrew and Mrs Stephanie Harrison Mr Barrie and Mrs Judith Hibbert Mr Peter and Mrs Barbara Hoeddy Mr David Hodgson Dr and Mrs William Howard Dr John Hunter Mr Bob Kooyker and Mr Heather Dwyer Mr Mark and Ms Alison Leemen The Honourable Lex Mcwhone AO Mr Balauine Nyer AC Dr Graeme Robinson Mr Dick and Mrs Philippa Smith Mr Brett Thompson Mrs Angela Walsh Mr Derek Weeks Mr Mi T Wollaston Cally and Justin Wood

TRUSTS AND FOUNDATIONS Alex Akiti Trusts ANZ Charitable Trust - Will and Dorothy Bailey Foundation Davies Family Foundation Jewish Aid Australia John Murphy Charitable Trust Kel and Rosie Day Foundation Dubai Care Leech Family Trust Moss and Agnew Mundango Abroad P and S Bassat Family Charitable Foundation Paul Ainsworth Charitable Foundation Ravine Foundation The Charitable Foundation The George Lewin Foundation The Robert Christie Foundation Victorian Community Foundation Wood Family Foundation

BEQUESTS Ms Pam Aldridge Ms Marie J Brown Mr Colin G Campbell Mr Donald W Grant Ms Hedy Holt-Prachaux Ms Joan J Kerr John Murphy Charitable Trust Mrs Sybil M O’Brien Mr BR Plante Ms Olive F Saunders Mrs Heather G Shakespeare Mr Wesley Stephenson Mrs Robyn Trinder Mrs Winifred West Mrs Dorothy L Watler

CORPORATE PARTNERS AAMJ Australia Abundant Byron Pty Ltd ACCOR AGL Employees Community Fund Air Communications Atlantis Finance Pty Ltd Aegis Arbour Australia AMP Foundation ANU Students Association Arthur J Gallagher Australia Holdings Pty Ltd Asx ASX Limited Attorney-General’s Department Australia and New Zealand Banking Group Limited Australian Agricultural Chemicals Pty Ltd Australian Communication and Media Authority Australian Defence Organisation Australian Government Solicitor Australian Paramotnic Committee Australian Wealth Management Arvina Australian CropScience Australia BHP Billiton Blake Dawson BlueScope Steel Limited CAY Caladen Investment Pty Ltd Calman Australia Calautian Pty Limited Centreline CITIC COS Clayton Utz Cmierang BDO Colonial First State Commonwealth Bank Computershare Ltd Cover-More Insurance Services Cygent Capital Pty Ltd David Harvey and Celia Waters P/L Deloitte Department of Family and Community Service Department of Finance and Administration Department of Health and Human Services Department of Justice and Industrial Relations Department of Planning and Community Development Department of Prime Minister and Cabinet Department of the House of Representatives Deutsche Bank Drew Robinson Pty Ltd ESS Sydney Social Club Education - OLD EMP Workplace Giving Evincourt Systems Erect and Young Footprints Fundraising Freethills PTSSC Ltd Gld GSR Aerospace Social Club Goldman Sachs J Bowe Gorrie Victoria Guest Properties Guest Furniture Hire Hutchison Telecommunications (Australia) Limited IETI Independent Pricing and Regulatory Tribunal of NSW Infrastructure Delivery (Vic) P/L Jewish Aid Australia Kangaroo Tours TAFE Broadmeadows Campus Korea Currency Kay and Burton KKR Holdings Pty Ltd Kimberley-Clark Australia XPGF - Victoria Land Services Group Leighton Holdings Macquarie Bank Mallesons Stephen Jaques Maple-Black Abbott Ltd Mason Australia Medicare Melbourne Water Members Equity Bank Mitchell and Partners Old Pty Ltd Mitchell Communication Group Mundango Abroad National Australia Bank Limited National Credit National Wealth Management Services National Australia Bank Network Ten Nine Network - Melbourne Northern Territory of Australia OneSteel Limited Partners In Performance International Peter Lee Associates Philene (West) Pty Ltd Port Philip City Council Portfolio Partners Precision Plating Charitable Trust PricewaterhouseCoopers Prime Practice Property 4 Retail Qantas Airways Ltd Quest - Southbank Rabobank Australia Limited Ravine Foundation Rusher Rogers Recruiting Pty Ltd Salfan Limited Samuelson Taibot and Partners Silvan Nominees Smithos Homes Skyesreach South Pacific Tyres Spotless Group Suspex Corporation Pty Ltd Swiss Shipping Sydney Water Corporation The Boston Consulting Group The Treasury The University of Melbourne Thomas Hare Investments Ltd Thomson Playford Tasmania (Australia) Pty Limited UBS Holdings Pty Ltd United Way Sydney Uniting Church in Westminster Uniting Church in England, Scotland and Ireland University of Melbourne University of Western Australia Victoria University

Vista Group Pty Ltd Walker Refrigeration Cabinets Westpac Banking Corporation Wellington Public School Women and Children’s Health Service


Robejohn Associates Samuelson Taibot and Partners Simonds Homes Spotless Group Storm Sustainability Pty Ltd Suite Deals Tommy Hilfiger Toshiba UBS Holdings Pty Ltd Westpac Zegane Automotive Group

FUNDRAISING COMMITTEE Jane Baillieu Eliza Burrell Cara Cunningham Chloe Fitzwilliams Hyo Jeanine Froomes Sarah Kirby Serena Mitchell Sarah McKinnon Michaela Pinnock Arabella Trimnell Sarah Manifold Kate Veal

CARE YOUNG EXECUTIVE COMMITTEE Jane Baillieu Eliza Burrell Cara Cunningham Chloe Fitzwilliams Hyo Jeanine Froomes Sarah Kirby Serena Mitchell Sarah McKinnon Michaela Pinnock Arabella Trimnell Sarah Manifold Kate Veal


WHO WORKS FOR CARE?

The success of our fight against global poverty depends on the commitment and dedication of our staff. Their professionalism, knowledge, and experience ensures that we lead the fight against global suffering, while helping women and girls create lasting change in their communities. We are committed to our staff's ongoing learning and development and proud that they are considered experts in their field.

STAFF PROFILE

CARE Australia employs 1,689 staff; 61 are based in Australia and 1,628 are based in our offices in developing countries. In the past financial year, recruitment in our country offices has grown by more than 20 per cent. This growth can be attributed to CARE’s proactive response to Cyclone Nargis in Myanmar and the continued expansion of programs in developing countries. In contrast, there has been minimal growth in recruitment for our head office due to a restructuring aimed at ensuring more efficient delivery of services.

Over 92 per cent of all staff employed by CARE Australia are nationals of the country they work in.

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<th>Location</th>
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<td>Yemen</td>
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<tr>
<td>Total staff</td>
<td>65</td>
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<td>1689</td>
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VOLUNTEERS

We are a partner organisation of the Australian Youth Ambassadors for Development (AYAD) program as well as the Volunteering for International Development from Australia (VIDA) program. Both programs are Australian government initiatives that support skilled Australians to volunteer in developing countries. In 2008/2009 CARE supported 18 volunteers in our field offices through AYAD and VIDA.

EQUITY AND DIVERSITY

We continue to encourage workplace equality and diversity through equal opportunity and anti-discrimination policies. Our staff originate from over 20 different countries and from continents including Africa, South America, Europe and Asia.

At the end of June 2009, 60 per cent of our senior management team and 46 per cent of our managers were female. Following a comprehensive gender, equity and diversity gap analysis conducted in 2007/08, CARE has continued its commitment to gender, equity and diversity by instituting a program that embarks on creating an inclusive organisational culture through building Communication, Respect, Empowerment, Accountability, Trust and Equity (the CREATE program).

DEVELOPING CARE STAFF

We remain committed to responding to the needs of staff and providing professional development opportunities. In 2008/09 we conducted three orientation sessions for over 35 new staff members from Australia and overseas. These sessions introduce staff to the history, mission, values, codes and principles that govern our organisation, and help to overcome geographical barriers and foster organisational unity and cooperation between staff.

In the past year, over 90 per cent of Australian-based staff participated in formal professional development training. The majority of new managers and supervisors attended people management training in 2008/09.

In January 2009, staff in the International Programs department embarked on an ambitious year-long professional training program to improve their technical skills and ensure best-practice program management. In addition, 35 national and expatriate staff in Timor-Leste, Papua New Guinea and Vietnam received HR training.

In recognition of the need to further develop the skills and expertise of our national staff, the role of HR Coordinator was created and filled in May 2009. This senior HR role is solely dedicated to supporting and improving the skills and knowledge of national staff in our overseas offices.

RECRUITMENT AND RETENTION

We maintain transparent and efficient recruitment practices to guarantee we select the best applicant, while ensuring fairness and equality. The majority of vacancies are advertised externally and all are advertised internally to ensure all suitable existing staff have the opportunity to apply. We provide competitive remuneration and benefits, and all staff in permanent roles received a cost of living pay adjustment in July 2008. A similar review has been put on hold in 2009 due to the global economic downturn.

Our staff turnover rates remain consistent and within industry standards, with 18 per cent of staff resigning from permanent positions or during their contract period in 2008/09 (this figure does not include end-of-contract separations).

Staff retention strategies over the past year have included working to provide a more flexible and family-friendly work environment, providing better career development advice to staff and increasing learning and development opportunities.

In 2009 we participated in the Hewitt Employee Opinion Survey. The results showed an increase in job satisfaction from our 2007 survey. Areas identified as key drivers for staff are career opportunities, people and HR practices. Strategies are currently being developed to address the issues identified.

HEALTH, SAFETY AND WELLBEING

The health and safety of our employees will always be a priority. In response to feedback from staff and amendments to the legislation affecting cover for expatriate employees, CARE developed a new medical insurance policy for expatriate staff. This policy was implemented on 1 July 2009.

We are committed to work-life balance and are mindful of the mental health needs of all staff. All staff have access to 24-hour psychological support through our employee assistance program. Before travelling overseas, all staff are trained in safety, security and health. The Australian offices continue to be monitored by our health and safety representatives.

We have the opportunity to raise HR policy and practice issues with their HR Consultative Committee representative, their local staff liaison officer or directly with their manager.
ANNUAL REPORT 2009

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF CARE AUSTRALIA

The accompanying concise financial report of CARE Australia comprises the balance sheet as at 30 June 2009, the income statement, and statement of changes in equity for the year then ended and related notes, derived from the audited financial report of CARE Australia for the year ended 30 June 2009. The concise financial report also includes discussion and analysis and the directors’ declaration. The concise financial report does not contain all the disclosures required by the Australian Accounting Standards.

Directors’ Responsibility for the Concise Financial Report

The Directors are responsible for the preparation and presentation of the concise financial report in accordance with Australian Accounting Standard AASB 1039 Concise Financial Reports, and the Corporations Act 2001. This responsibility includes establishing and maintaining internal controls relevant to the preparation of the concise financial report, selecting and applying appropriate accounting policies, and making accounting estimates that are reasonable in the circumstances.

Auditor’s Responsibility

Our responsibility is to express an opinion on the concise financial report based on our audit procedures. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of CARE Australia for the year ended 30 June 2009. Our audit report on the financial report for the year was signed on 20 October 2009 and was not subject to any modification. The Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

Our procedures in respect of the concise financial report included testing that the information in the concise financial report is derived from, and is consistent with, the financial report for the year, and examination on a test basis, of evidence supporting the amounts, discussion and analysis, and other disclosures which were not directly derived from the financial report for the year. These procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with Accounting Standard AASB 1039 Concise Financial Reports and whether the financial report for the year is free from material misstatement.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Auditor’s Opinion

In our opinion, the concise financial report, including the discussion and analysis and the directors’ declaration of CARE Australia for the year ended 30 June 2009 complies with Accountable Standard AASB 1039 Concise Financial Reports.

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 the accompanying concise financial report for the year ended 30 June 2009:

(a) has been derived from or is consistent with the full financial report for the financial year; and

(b) complies with accounting standard AASB 1039 Concise Financial Reports.

On behalf of the Board.

SIGNED

Ernst & Young

James Palmer

Partner

Canberra, 20 October 2009

Chairman

Ernst · Young

Melbourne, 20 October 2009

INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2009

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<td>76,973</td>
</tr>
<tr>
<td>Legacies and bequests</td>
<td>1,599,441</td>
<td>341,801</td>
</tr>
<tr>
<td>Total Revenue from Australian public</td>
<td>17,409,626</td>
<td>16,819,011</td>
</tr>
<tr>
<td><strong>Grants and Contracts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• AusAID</td>
<td>17,872,744</td>
<td>11,856,253</td>
</tr>
<tr>
<td>• other Australian</td>
<td>964,618</td>
<td>549,850</td>
</tr>
<tr>
<td>• other overseas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project grants from CARE International members Cash</td>
<td>31,985,363</td>
<td>18,572,281</td>
</tr>
<tr>
<td>Project grants from multi-lateral agencies Cash</td>
<td>5,790,416</td>
<td>7,296,998</td>
</tr>
<tr>
<td></td>
<td>5,286,632</td>
<td>2,318,946</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>82,142,166</td>
<td>60,773,700</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overseas projects (Program expenditures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Funds to overseas projects</td>
<td>71,537,608</td>
<td>52,089,678</td>
</tr>
<tr>
<td>• Cost of raising project funds from government and multilateral agencies</td>
<td>407,615</td>
<td>277,578</td>
</tr>
<tr>
<td>• Other project costs</td>
<td>1,563,814</td>
<td>1,503,683</td>
</tr>
<tr>
<td>Total overseas projects</td>
<td>73,509,037</td>
<td>53,870,939</td>
</tr>
<tr>
<td>Domestic Projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Education</td>
<td>535,681</td>
<td>562,326</td>
</tr>
<tr>
<td>Fundraising costs - Australian Public</td>
<td>3,481,308</td>
<td>2,951,539</td>
</tr>
<tr>
<td>Administration</td>
<td>6,048,049</td>
<td>3,919,644</td>
</tr>
<tr>
<td>Total EXPENSES</td>
<td>81,574,075</td>
<td>61,304,448</td>
</tr>
<tr>
<td><strong>EXCESS OF REVENUE OVER EXPENSES (SHO) FROM CONTINUING OPERATIONS</strong></td>
<td>568,091</td>
<td>(530,748)</td>
</tr>
</tbody>
</table>

This condensed 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 request or for inspection at the registered office.

BALANCE SHEET AS AT 30 JUNE 2009

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>24,110,972</td>
<td>32,594,887</td>
</tr>
<tr>
<td>Held to maturity investments</td>
<td>6,001,948</td>
<td>-</td>
</tr>
<tr>
<td>Prepayments</td>
<td>1,945,731</td>
<td>1,574,438</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>7,338,344</td>
<td>5,764,374</td>
</tr>
<tr>
<td>Non-Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>1,212,950</td>
<td>1,008,174</td>
</tr>
<tr>
<td>Investments at fair value</td>
<td>4,328,483</td>
<td>4,993,338</td>
</tr>
<tr>
<td>Other investments</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Total Assets</td>
<td>44,938,429</td>
<td>45,935,212</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>2,950,085</td>
<td>2,315,244</td>
</tr>
<tr>
<td>Provisions</td>
<td>2,409,176</td>
<td>1,854,506</td>
</tr>
<tr>
<td>Unexpended project funds</td>
<td>26,803,156</td>
<td>29,555,441</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Non-Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td>32,160,317</td>
<td>33,725,191</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Assets</td>
<td>12,778,112</td>
<td>12,210,021</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds available for future use Reserve</td>
<td>12,778,112</td>
<td>12,210,021</td>
</tr>
<tr>
<td>Total Equity</td>
<td>12,778,112</td>
<td>12,210,021</td>
</tr>
</tbody>
</table>

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STATEMENT OF CHANGE IN EQUITY FOR THE YEAR ENDED 30 JUNE 2009

<table>
<thead>
<tr>
<th></th>
<th>Retained Earnings</th>
<th>Reserves</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Balance as 30 June 2008 (commencing balance)</td>
<td>12,210,021</td>
<td>-</td>
<td>12,210,021</td>
</tr>
<tr>
<td>Excess of revenue over expenses</td>
<td>568,091</td>
<td>-</td>
<td>568,091</td>
</tr>
<tr>
<td>Amount transferred (to) from reserves</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 30 June 2009 (year end balance)</td>
<td>12,778,112</td>
<td>12,778,112</td>
<td></td>
</tr>
</tbody>
</table>
# Notes to and Forming Part of the Financial Statements - 30 June 2009

## Note 1  Cash and cash equivalents

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand/in transit</td>
<td>339,724</td>
<td>431,035</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>18,397,339</td>
<td>16,227,415</td>
</tr>
<tr>
<td>Cash on deposit</td>
<td>5,005,953</td>
<td>15,410,718</td>
</tr>
<tr>
<td>International revolving fund</td>
<td>367,956</td>
<td>325,719</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24,110,972</td>
<td>32,594,887</td>
</tr>
</tbody>
</table>

## Note 2  Held to maturity investments

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term deposits</td>
<td>6,001,948</td>
<td>-</td>
</tr>
</tbody>
</table>

## Note 3  Trade and other receivables

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dailies</td>
<td>1,392,875</td>
<td>1,720,331</td>
</tr>
<tr>
<td>CARE International members</td>
<td>483,527</td>
<td>638,751</td>
</tr>
<tr>
<td>Amounts owing by project donors</td>
<td>5,460,734</td>
<td>3,404,084</td>
</tr>
<tr>
<td>Wholly owned entity</td>
<td>1,208</td>
<td>1,208</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,338,344</td>
<td>5,764,374</td>
</tr>
</tbody>
</table>

## Note 4  Property, Plant and Equipment

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total property, plant and equipment – cost</td>
<td>2,943,050</td>
<td>2,796,899</td>
</tr>
<tr>
<td>Accumulated depreciation and amortisation</td>
<td>(1,730,100)</td>
<td>(1,788,725)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,212,950</td>
<td>1,008,174</td>
</tr>
</tbody>
</table>

## Note 5  Other Investments

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share in subsidiary – at cost</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

## Note 6  Trade and other payables

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Creditors</td>
<td>1,062,788</td>
<td>982,600</td>
</tr>
<tr>
<td>Accruals</td>
<td>106,806</td>
<td>79,457</td>
</tr>
<tr>
<td>Other Creditors</td>
<td>180,740</td>
<td>164,925</td>
</tr>
<tr>
<td>GST Payable</td>
<td>376,315</td>
<td>326,917</td>
</tr>
<tr>
<td>CARE International members</td>
<td>575,063</td>
<td>393,900</td>
</tr>
<tr>
<td>Accrued project expenses</td>
<td>421,910</td>
<td>56,244</td>
</tr>
<tr>
<td>Accrued salary payments</td>
<td>225,553</td>
<td>321,201</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,950,985</td>
<td>2,315,244</td>
</tr>
</tbody>
</table>

## Note 7  Provisions

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits</td>
<td>2,231,171</td>
<td>1,669,885</td>
</tr>
<tr>
<td>Other</td>
<td>175,005</td>
<td>184,621</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,406,176</td>
<td>1,854,506</td>
</tr>
<tr>
<td>NON-CURRENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

## Note 8  Table of Cash Movements for Designated (Restricted) Purposes

<table>
<thead>
<tr>
<th>Cash Movements</th>
<th>Cash available at beginning of financial year</th>
<th>Cash raised during the financial year</th>
<th>Cash disbursed during the financial year</th>
<th>Cash available at end of financial year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Asia (Tsunami) Appeal</td>
<td>1,878,426</td>
<td>-</td>
<td>1,579,682</td>
<td>298,744</td>
</tr>
<tr>
<td>Total for other designated purposes</td>
<td>24,272,931</td>
<td>58,577,598</td>
<td>61,806,851</td>
<td>21,043,678</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>26,151,357</td>
<td>58,577,598</td>
<td>63,386,533</td>
<td>21,342,422</td>
</tr>
</tbody>
</table>

Note: Cash available at the end of the financial year is the amount of unexpended project funds less amounts receivable from project donors.
DISCUSSION AND ANALYSIS SECTION FOR THE YEAR ENDED 30 JUNE 2009

TRENDS IN REVENUES ARISING FROM OPERATING ACTIVITIES

In the 2008/09 financial year our total revenue was $82,142,166. This figure is a 35 per cent or $21,388,466 increase from the 2007/08 financial year.

The activities undertaken by CARE Australia during the year were generously supported by $17,408,626 in donations from the Australian public – a four per cent increase from the previous year.

CARE Australia received $17,472,744 from the Australian aid program, administered by AusAID. This was an increase of more than 49 per cent compared to the 2007/08 financial year. CARE continues to be successful in securing funding from institutional donors such as AusAID due to our solid reputation as an agency that delivers quality projects and programs.

By working in collaboration with other CARE International members, multi-lateral agencies, foreign governments and other overseas based organisations, we were able to increase their contribution to our international humanitarian aid work to $43.062m from $28.965m received in 2008.

Revenue 2005 - 2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Fundraising</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>$17,408,626</td>
<td>$24,942</td>
<td>$42,351</td>
</tr>
<tr>
<td>2009</td>
<td>$17,472,744</td>
<td>$26,062</td>
<td>$43,534</td>
</tr>
</tbody>
</table>

EFFECTS OF SIGNIFICANT ECONOMIC OR OTHER EVENTS

In early May 2008, a major fundraising appeal was launched for the survivors of Cyclone Nargis, which affected many areas and millions of people in Myanmar. Emergency assistance provided to survivors and support for reconstruction and development during this financial year will continue over the next financial year.

The recent Global Financial Crisis (GFC) has impacted on donation revenue from the Australian public. The fluctuating Australian Dollar in the current financial year has resulted in the recognition of a net foreign exchange gain of $1,638,714 (2008: net foreign exchange loss of $572,161).

MAIN INFLUENCES ON COSTS OF OPERATION

CARE expensed $81,574,075 in the 2008/09 financial year. This was an increase of $20,269,627 compared to the 2007/08 year. Within these expenses, we’re happy to report our funds to overseas programs increased by $19,638,098 from the 2007/08 financial year to $73,509,037. This included expenses associated with programs undertaken in the emergency response to Cyclone Nargis, AusAID and other donor programs.

CARE continues to be successful in securing funding from institutional donors such as AusAID due to our solid reputation as an agency that delivers quality projects and programs.

Other expenses include:

- marketing, publicity and fundraising costs of $3,481,308
- finance, human resources, risk assurance, legal, and information and communications technology infrastructure costs of $4,048,049 and;
- community education costs of $535,681.

In the 2008/09 financial year, the program expenditure included $1,438,714 of foreign exchange gains compared to $572,161 in 2008.

Other expenses include:

- Project grants from foreign governments and overseas based organisations
- Project grants from multi-lateral agencies
- Project grants from CARE International members
- Other Australian Agencies and Companies
- AusAID
- Australian public

BALANCE SHEET

CHANGES IN THE COMPOSITION OF ASSETS

Total assets decreased by two per cent to $44,918,429 in 2009 from $45,935,212 in 2008. This decrease is largely due to a reduction in current assets held, particularly a minor decrease in cash and cash equivalents. In the current financial year, as part of CARE’s long-term capital management strategy, $6,001,948 has been invested in term deposits with maturities greater than 90 days.

OTHER SIGNIFICANT MOVEMENTS IN THE BALANCE SHEET

Unexpended project funds have decreased by nine per cent to $26,803,156 in 2009 from $29,555,443 in 2008. This was largely due to tsunami reconstruction projects being completed during the reporting period with final payments to be made in the early part of the 2010 financial year.

CASH FLOWS

CHANGES IN CASH FLOWS FROM OPERATIONS

Net cash flows used in operating activities decreased from $4,354,543 in 2008 to $1,502,468 in 2009. The movement is largely due to grant receipts and project expenditure incurred for projects relating to tsunami reconstruction projects and the emergency response to Cyclone Nargis. The main decline in cash however was due to the investment made in term deposits with maturities greater than 90 days.

CHANGES IN CASH FLOWS FROM INVESTING

Net cash flows used in investing activities increased from $1,045,965 in 2008 to $6,981,447 in 2009. The movement is due to CARE investing in term deposits with maturities greater than 90 days as part of CARE’s capital management strategy.

Accountability Measures

Measure | Definition | Ratio
|---------|-------------|-------|
| Overseas program expenditure | Total amount spent on overseas programs as a percentage of total income | 89% 89% 89%
| Cost of administration ratio | Total amount spent on administration as a percentage of total income | 6% 6% 5%
| Cost of fundraising ratio | Total amount spent on fundraising in Australia as a percentage of total revenue from the Australian public | 18% 18% 20%

ANALYSIS OF OPERATIONS FOR THE YEAR ENDED 30 JUNE 2009

<table>
<thead>
<tr>
<th>Measure</th>
<th>2009</th>
<th>2008</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost of Fundraising and Administration/Total Income</td>
<td>9</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Education/Total Income</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overseas Projects (Program Expenditure)/Total Income</td>
<td>89</td>
<td>89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase (decrease) in funds available for future CARE programming/Total Income</td>
<td>1</td>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INFORMATION (CHARITABLE FUNDRAISING ACT 1991 NSW)

Fundraising activities conducted

| Direct Mail | Special Events |
| Major Gifts Program | Media Awareness |
| Corporate Gifts | Community Service Announcements |
| Bequest Program | |

Comparison by Percentage

<table>
<thead>
<tr>
<th>Measure</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cost of Services (Overseas Projects plus Community Education)/</td>
<td>95</td>
<td>93</td>
</tr>
<tr>
<td>Total Expenditure minus Fundraising</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>Total Cost of Services (Overseas Projects plus Community Education)/</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>Total Income minus Fundraising</td>
<td>80</td>
<td>83</td>
</tr>
<tr>
<td>Total Cost of Fundraising/Revenue from the Australian Public</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net surplus from Fundraising/Revenue from the Australian Public</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## FAQs

### Does CARE only work with women and girls?

CARE Australia works with whole communities, including men, women, youth, boys and girls to create lasting change. We focus our work with women and girls because we know it is one of the best investments we can make to help whole communities overcome poverty.

### Does CARE Australia have political or religious affiliations?

CARE Australia is non-religious and non-political, allowing us to deliver humanitarian assistance to those who need it most regardless of race, gender, ethnicity, age, religion or political view.

### How do I know that the money I donate actually reaches those most in need?

CARE Australia has direct operational responsibility for its programs. We have our own staff on the ground in developing countries working with local partners and communities to directly deliver assistance. We plan, design, implement and evaluate projects and retain management and contractual control on all projects. This gives us a high degree of accountability and transparency.

### How are CARE's projects funded?

We are dependent on support from the Australian public to continue our work. We build on that support to attract significant additional funds. For every $1 we raise from the Australian public, we raise a further $5 from institutional donors such as the Australian Government, United Nations organisations and the European Union.

### How much of the money CARE raises goes to projects overseas?

You can be confident you are supporting one of the most efficient and accountable organisations of its type in the world. CARE prides itself on maximising the donations that go to our overseas projects. In the 2008/09 financial year, CARE Australia spent 90 per cent of our total revenue on our work in the field. The remaining funding was spent on administration and fundraising that is vital to expand our work and bring our messages to the wider public.

### How do CARE's projects have lasting effects?

Each project is based on the goal of improving the capacities of local people. When CARE completes a project we ensure development will be sustainable and the benefits of the project will continue. To achieve this the needs, preferences and the beliefs of project participants are always central to project design and planned outcomes. Communities are often directly involved in the provision of labour and materials, which not only provides additional skills but also encourages ownership of the subsequent improvements in community services.

### Can I donate clothes, food or other supplies to CARE?

CARE no longer accepts donated goods, as experience has shown that this is usually not cost effective, creates logistical difficulties and often is not the most relevant way to meet local needs. It is a CARE Australia policy that whenever possible we procure items in the country in which we operate, thereby supporting developing economies.

If you would like to help, we ask you to send a cash donation, which can then be used to buy what is most needed in the region concerned. If you wish to give money to a particular emergency, you can select this option when you donate.