



CARE AUSTRALIA

— ANNUAL REPORT 2013 —



TABLE OF CONTENTS

ABOUT CARE AUSTRALIA

Our vision, mission and core values	2
About CARE	3
The year at a glance	4
Chair's message	5
Chief Executive's message	6

WHAT WE HAVE ACHIEVED

Our strategic direction	7
Looking ahead – Millennium Development Goals after 2015	9
Why CARE focuses on women and girls	10
Where we work	11
Our approach	13
Long-term solutions to poverty and injustice	15
Fighting poverty and injustice around the world	17
Our response to emergencies	19
Our response to climate change	21

HOW WE WORK

Education, campaigns and advocacy	23
Our staff	25
Our governance	27
Our supporters and donors	29
CARE Australia's Board and Advisory Council	31

FINANCIAL REPORT

Financial overview	32
Summary of financial report	34
Financial statements	35



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 recognise 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 and which does not discriminate on the basis of race, gender, ethnicity, age, religion or political affiliation.

> Seab and her husband have increased their rice production with support from CARE in Cambodia.
©Josh 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 'CARE packages' 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 programmatic 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 our operations.

CARE AUSTRALIA

CARE Australia was established in 1987 by former Prime Minister, the Rt 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 International's Country Offices – Vietnam, Laos, Cambodia, Papua New Guinea, Timor-Leste and Myanmar - as well as the Vanuatu Project Office.

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.

FUNDING

We rely 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.

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 ensure that ACFID Code of Conduct training is offered to all staff; and internal procedures and reporting guidelines adhere to current regulatory and legislative requirements.

We uphold the highest standards of practice, as demonstrated by our commitment to the:

- » ACFID Code of Conduct
- » Code of Conduct for the International Federation of Red Cross and Red Crescent Movement and NGOs in Disaster Relief
- » Sphere Humanitarian Charter and Minimum Standards
- » People in Aid Code of Good Practice
- » Fundraising Institute of Australia's Principles & Standards of Fundraising Practice.

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

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.

THE YEAR AT A GLANCE



CARBON EMISSIONS



down by **7%**



THANK YOU
to our **11,599**
REGULAR DONORS

CHAIR'S MESSAGE



Harold Mitchell, AC with a family CARE is supporting in Cambodia ©CARE.

I'm 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 is 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, mends 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 environment where they can realise their rights means they have no income, protection from violence, access to contraception or healthcare and no power to send their daughters to school.

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 CARE Australia's 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 CARE Australia's 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 rural service industries.

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

CHIEF EXECUTIVE'S MESSAGE



CARE Australia Chief Executive Julia Newton-Howes.
© Josh Estey/CARE

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'm constantly inspired to see not only the change they have experienced, but how the lives of their family and their community have also improved.

I recently visited CARE's work in Obura Wonenara in the Eastern Highlands of Papua New Guinea (PNG). Successive studies have shown that parts of the region have always been the poorest areas in the country. It is 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 know 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 2008. We knew that government services and aid were rarely 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 villagers together to express their concerns and develop a plan for their village, which were 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 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 Wonenara for the first time ever, and each one has a female magistrate as well as a man. Eighteen 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 fish 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 I was in Obura Wonenara, I was fortunate to attend the opening of a new footbridge built with CARE's support. With a span of over 50 meters, it offers safe passage on the long walk from Andakombi to Menyama. The opening was a spectacular event with dancers, speeches, singing and plays for over two hours. It was an opening ceremony befitting of the Sydney Harbour Bridge and I was proud to be there. This was aid money and donations well spent; some of the poorest people in PNG now have safe access to markets and clinics, their children are better nourished and more likely to go 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.

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 illiteracy 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 Wonenara 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 2.58 million people and over 17 million people indirectly benefitted 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 map on pages 11–12).
- » We responded to 13 emergencies including the ongoing East and West Africa food crises and internal displacement in Myanmar (see pages 19–20).
- » 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 2013–15 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 25–26).
- » 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 senior 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.



In Laos, CARE is assisting remote communities to sell cash crops for a fair price. © Jeff Williams/CARE

- » Country Office finance and procurement reviews were undertaken in Cambodia and Myanmar showing improved compliance with policies.

2.3 Promote and maintain a strong safety and security culture

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

GOAL 3: SIGNIFICANT INCOME GROWTH

3.1 Reach \$20 million (\$13.7 million unrestricted and \$6.3 million restricted) cash donations from the Australian public per annum by 2015.

- » 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 \$13.7 million target by 2015 can be achieved.
- » Total restricted income in 2012/13 is \$1,360,409. 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 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 from next year to grow restricted income through our major donor, trusts and corporate partner revenue streams.



3.2 Consistent annual increases in larger and longer-term funding from all donor sources.

- » Number of regular givers has grown by 136 per cent to reach almost 12,000 individuals. Since 2009/10, reliable income from this area has increased from \$123,000 to \$333,000 each month.

3.3 Consistent annual increase in Australian Government funding, in line with increases in Australian aid program funding to NGOs.

- » Funding from AusAID has increased 33 per cent since 2009/10 to \$21,622,003.
- » We negotiated a new four-year ANCP Partnership Agreement and maintained our Humanitarian Partnership Agreement with the Australian Government.

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 Directors Group; Human Resources Working Group; ICT Working Group; Transition Planning Team; Gender Network; Poverty, Environment and Climate Change Network.

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 50 cents in every \$100 of Gross National Income by 2016.

- » Reach of our Development Awareness Raising programs increased from 9,000 people per year to 700,000 through the introduction of a volunteering program for attendance at public events and the launch of the BARE initiative in partnership with Marie Stopes (see pages 23–24).

4.3 Build enduring relationships and engagement with an expanding donor base

- » Active individual donors increased from 62,623 to 80,816 over the year.

Sophoan Un, a single mother with one son, was affected by the 2011 floods in Cambodia. She received chickens and rice seeds from CARE along with training on how to raise poultry and rice planting techniques. © Josh Estey/CARE

- » Our monthly share of sector voice in media averaged 21 per cent – a strong increase on our benchmark target of 10 per cent per month.
- » Partnerships with Qantas, The Body Shop and Girl Guides Victoria helped us spread the word about the Walk In Her Shoes challenge (see pages 23–24).
- » CARE Australia's twitter audience grew by 43 per cent to 7,491 and Facebook fans grew 69 per cent to 5,122.

4.4 Develop a strategic and multifaceted partnership with AusAID

- » CARE Australia has a longstanding relationship with, and is fully accredited by, AusAID. We are one of ten Australian NGO Cooperation Partnership agencies, and one of six Humanitarian Partnership Agreement agencies.

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
- » Childhood 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
- » Combating HIV/AIDS, malaria and other diseases is not on track
- » Women's share of paid employment and representation on national parliaments remains low.



Above: Health extension officers in Papua New Guinea are helping remote communities access healthcare. ©Josh Estey/CARE.



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 injustice.

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 promises 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.

Above Right: Yalemie collects water from a safe water source CARE helped her community to build near her home in Ethiopia ©Josh Estey/CARE

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, firewood and water along 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 a mother, she may not have the power to decide if or when she falls pregnant, how many children she has, or how far apart she has them. Over 200 million married women around the world have an unmet need for contraception.

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.



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

WHAT DOES AN EMPOWERED WOMAN LOOK LIKE?



WHERE WE WORK



COUNTRIES WITH CARE PROGRAMMING IN 2012-13:

1. Afghanistan
2. Armenia¹
3. Azerbaijan¹
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. Djibouti¹
18. Ecuador
19. Egypt
20. El Salvador
21. Ethiopia
22. Georgia
23. Ghana
24. Guatemala
25. Guinea¹
26. Haiti
27. Honduras
28. India²
29. Indonesia
30. Jordan
31. Kenya
32. Kosovo
33. Laos
34. Lebanon

35. Lesotho
36. Liberia
37. Madagascar
38. Malawi
39. Mali
40. Mexico¹
41. Montenegro
42. Morocco
43. Mozambique
44. Myanmar
45. Nepal
46. Nicaragua
47. Niger
48. Pakistan
49. Palestinian Territories
50. Papua New Guinea
51. Peru²
52. Philippines¹
53. Romania¹
54. Rwanda

55. Serbia
56. Sierra Leone
57. Somalia
58. South Africa
59. South Sudan
60. Sri Lanka
61. Sudan
62. Tanzania
63. Thailand³
64. Timor-Leste
65. Togo
66. Tunisia¹
67. Uganda
68. Vanuatu¹
69. Vietnam
70. Yemen
71. Zambia
72. Zimbabwe

CARE INTERNATIONAL MEMBERS:

73. Austria
74. Australia
75. Canada
76. Denmark
77. France
78. Germany-Luxembourg⁴
79. Japan
80. Netherlands
81. Norway
- Thailand³
82. United Kingdom
83. United States

CARE INTERNATIONAL AFFILIATE MEMBERS

- India²
- Peru²

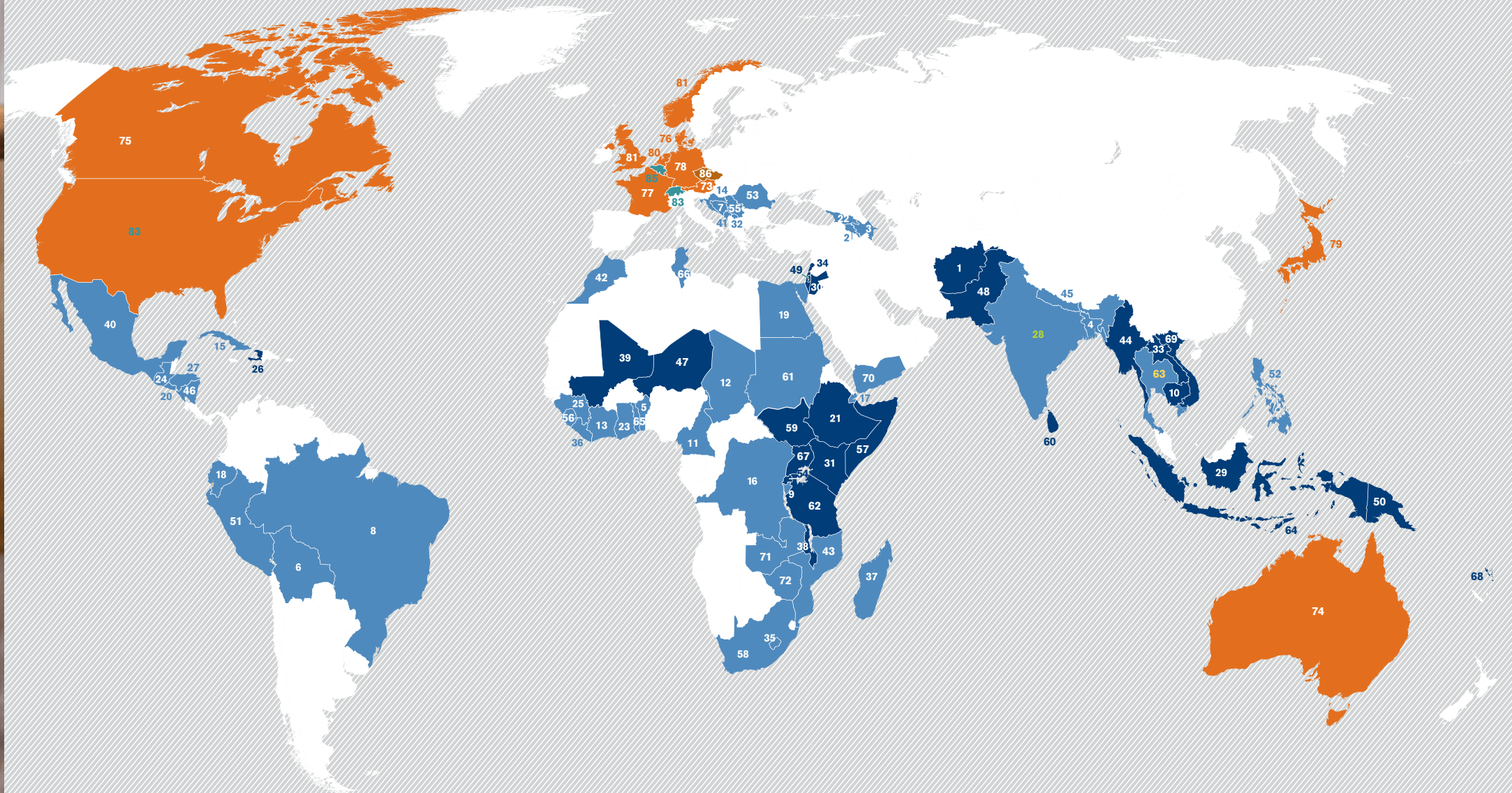
CARE INTERNATIONAL SECRETARIAT:

84. Geneva, Switzerland
85. Brussels, Belgium
- New York, United States

SUB-OFFICES:

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-Luxembourg has offices in both Germany and Luxembourg.

OUR APPROACH



A program is a coherent set of initiatives by CARE and our partners that involves a long-term commitment to specific marginalised 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.

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 working in partnership 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 safer, 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 programs' 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 projects 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 or marginalised people identified as the **impact group** - for example, marginalised 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 recognised 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 peoples' wellbeing; these are about what women and men lack or need. For example lack of access to services, lack of skills, lack of productivity.
- 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:

- 1. Human condition** – ensure people's basic needs such as food, water and shelter are met.
- 2. Social position** – support women's and men's efforts to take control of their lives and fulfil their rights, responsibilities and aspirations, and overcome inequality and discrimination.
- 3. Enabling environment** – create an environment that is responsive, inclusive and equitable 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.

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.

NUMBER 4: We embrace continuous measurement and learning

The design of long-term programs creates opportunities to build impact-focused measures. This also allows us to be accountable in more meaningful ways, as we measure our success not just on our own activities, but in terms of significant and lasting change in the lives of the impact group. Results can then be shared with government agencies and other stakeholders.

CARE is constantly looking for opportunities to learn from our work and make programs more effective. We regularly collect information on program activities to measure progress. We also look to improve the quality and efficiency of our processes to ensure value for money, so each dollar spent creates maximum benefit for the people we aim to assist.

ASIA IMPACT REPORT - MEASURING OUR IMPACT AND SHARING OUR KNOWLEDGE

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.

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

LONG-TERM SOLUTIONS TO POVERTY AND INJUSTICE

CARE's long-term programs begin with the identification of an impact group – the people we commit to working with to address the underlying causes of their poverty or injustice. Impact groups across CARE Australia-managed country offices include socially marginalised people such as female migrants or people living with HIV/AIDS, isolated rural poor and marginalised ethnic populations and vulnerable youth.

In Laos, Cambodia and Vietnam we identified remote ethnic communities as one of the impact groups that we will assist over the next 10–15 years. These groups experience isolation by location, language and culture and often have limited access to land, economic opportunities and services. Women in these communities are particularly disadvantaged, with unequal access to education, training and negative gender stereotypes around roles and responsibilities.

The following overviews provide examples of CARE Australia projects that are contributing to our long-term programs working with remote ethnic communities.

REMOTE ETHNIC GROUPS PROGRAM, LAOS

PROGRAM GOAL: Remote Ethnic Groups have and can maintain equitable quality of life.

Laos is an ethnically diverse nation: the official census identifies 49 distinct ethnic groups belonging to four broad ethno-linguistic groups, with Lao-Thai accounting for around two thirds of the population. CARE's work under the Remote Ethnic Groups (REG) Program focuses on the most marginalised people in remote ethnic groups; those who are land poor, have the highest food insecurity and lowest nutrition and health status, and, in particular, women. CARE is working in Sayabouli, Sekong and Phongsaly Provinces to deliver sustainable opportunities to produce food, earn an income and access services.

The REG Program is made up of several interlinked projects. One of these projects is the **Rural Development Project**, jointly funded by CARE Australia and AusAID. The project works with local partners in Phongsaly Province to address gender inequalities, improve health, food production and income generating activities. Twenty-year-old Ka is a mother of three who lives in a Khamu ethnic village. She is a member of the women's group CARE supported in her village, which provides a system for women to gain skills, knowledge and confidence to increase their participation in community life.

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*.

'La would always be sick, so I am very careful about what I feed her. Before, I didn't know how to cook rice porridge [a nutritious meal for infants made with rice, vegetables and eggs] for a six-month old. After I received the nutrition training, I knew how to make it and I practised cooking so I remembered.'

To supplement what the group is learning about nutrition, the women also received vegetable seeds and fruit trees to grow close to their homes. Families are then able to grow and access more of the nutritious food they are learning about and spend less time foraging in the forest for food.

Ka also started some new income-generating ventures with CARE's support. She received cardamom and galangal seeds and training on how to grow these spices, which can be sold for a profit. She is a member of a pig bank CARE helped the community to establish. Having access to livestock diversifies Ka's income and reduces the impact of a bad harvest. She learnt about how to feed the pigs and care for them, and sold her first pig for 600,000 kip (\$72 AUD). All of these improvements led Ka to see past her daily challenges and create a better future for her family.

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

- » Constructing or upgrading village water supplies in 11 villages

* CARE is committed to being a child safe organisation, names of children have been changed



Ka has learnt how to prepare nutritious meals for her daughter La in Laos. ©Jeff Williams/CARE.

- » Assisting 87 households with improved upland rice seeds, 22 villages with diversification of upland farming, and over 700 households to plant banana trees and spices to sell
- » Creating village development plans in eight villages and reviewing 20 existing plans
- » Assisting 28 women's groups to improve nutrition and plant home gardens, 38 groups to breed livestock, 193 households to farm fish, and 23 villages to develop veterinary worker systems.

MARGINALISED ETHNIC MINORITIES PROGRAM, CAMBODIA

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

There are many different ethnic groups in Cambodia, with at least 17 different language groups living in 10 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. 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.



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 services, climate change adaptation and disaster risk reduction.

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 handover 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 Monduliki 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

Students in a bilingual primary school supported by CARE. © Laura Hill/CARE

- » Development of learning resources, including local language texts, early childhood development books and teacher resources.

REMOTE ETHNIC MINORITIES PROGRAM, VIETNAM

PROGRAM GOAL: Remote Ethnic Minorities participate equitably in the economy and have a legitimate and respected voice

In Vietnam, there is a strong correlation between ethnicity, poverty and social exclusion. Currently 52 per cent of the nearly 10 million people who are classified as ethnic minorities (around 12.6 per cent of the population) continue to experience poverty and food insecurity.

CARE is assisting vulnerable communities to benefit from the growth of the Vietnamese economy through improving access to markets, land and services and having a respected voice. Women are also supported through improvements to maternal health and nutrition information.

The Empowering Ethnic Minority Women Project, funded by CARE Australia and AusAID, focuses on improving opportunities for women to earn an income through Village Savings and Loans Associations (VSLAs). Group members learn new business skills, benefit from links to new markets and receive information on animal raising, health and nutrition.

With support from the project in the past year, 1,755 ethnic minority people (855 women) and their families improved their income and access to nutritious food.

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 raising and cash crop production. The groups connected with a social enterprise in Hanoi to sell their products. As a result, 200 ethnic minority families have better and more regular income with a collective value of about \$55,000 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 Vietnam Constitution and New 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.

At 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 focussed on providing sustainable community based education for marginalised children, youth and adults in areas with no access to formal schools. Between 1998 and 2013, CARE directly assisted more than 135,000 students to access basic education.

CARE's Empowerment through Education (EEA) 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 1-6)
- » 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 8,419 students (65 per cent female for primary, and 100 per cent female for lower secondary). The project built upon CARE Australia's previous work, which enabled 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, train school teachers, build 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.



In Afghanistan, CARE is helping girls and boys attend school and supporting new leadership opportunities for girls. ©CARE.



The women's village savings and loan groups meet in South Sudan. ©Ali Balmer/CARE.

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 extra-curricular activities are implemented to increase post-graduation opportunities. Para-professional trainings are offered in teaching and health education to provide girls the choice, 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 their highest overall rating across four critical elements: relevance, efficiency, effectiveness and gender. The evaluators highlighted CARE's actions aimed at reducing community-led armed violence and promoting 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 \$200,000'.

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 (HJRA) 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.

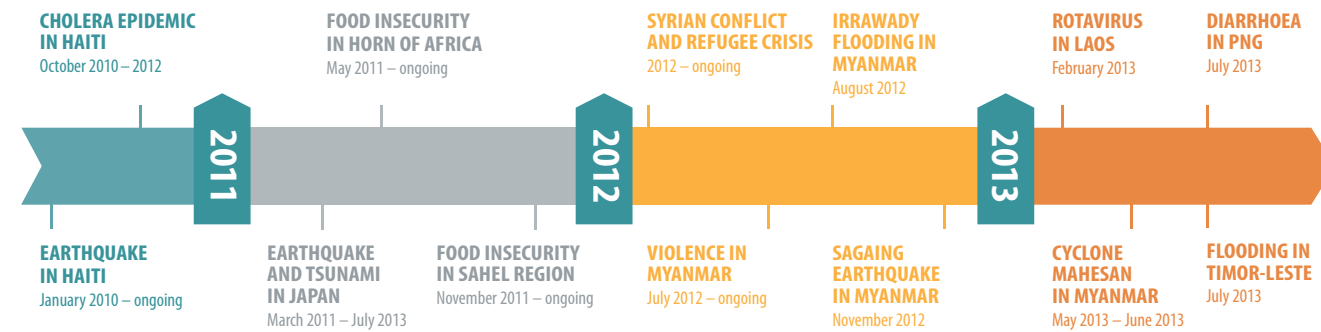
The project:

- » provided 81,439 displaced people with 11 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 17,500 people with 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, assisting partner organisations in identifying water activity locations and targeting distribution of emergency items.

OUR RESPONSE TO EMERGENCIES

TIMELINE OF EMERGENCY RESPONSES:



Communities living in poverty are particularly vulnerable to the effects of natural disasters, war, food insecurity and disease outbreak – even though low-income countries account for just nine per cent of the world's disasters they suffer 48 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 prevents 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 crises 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 Azraq.

» 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, birds, locusts and other pests affected already sparse crops. This resulted in a serious shortfall of crop production, a lack of pasture and low water levels while food prices rocketed.

CARE International is working in Chad, Niger and Mali through short-term emergency response and longer-term programs to reduce vulnerability to future disasters. CARE is providing assistance to those displaced as well as host communities. Programs focus on food security and nutrition, developing resilient livelihoods and providing water, sanitation and hygiene.

Conflict in northern Mali seriously exacerbated the crisis. Over 175,000 people fled Mali and 350,000 people remain displaced within their own country. CARE supported more than 37,000 households with food distribution and nutritional assistance to pregnant and breastfeeding women, and provided 3,000 households with items such as mats, blankets and soap.



CARE is supporting Syrian refugees in Jordan, Egypt and Lebanon ©CARE.

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
- » 200 households to receive seeds and hand tools

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 baskets of rice seed, 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 Sagaing 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 preparedness planning workshops took place in Papua New Guinea, Laos, Vietnam and Myanmar, integrating gender in emergencies and using simulations to test CARE's emergency response capacity.

EMERGENCY WATER SANITATION AND HYGIENE EXPERTS

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 secondment of team members to UNICEF to work within the Global WASH Cluster.



Food distribution by CARE and World Food Programme in Mali © CARE

GENDER IN EMERGENCIES

In an emergency, men, women, boys and girls have different needs and abilities to access assistance. As part of CARE Australia's Humanitarian Strategy, we recruited a Gender in Emergencies Specialist in January 2013 to support effective preparedness and response to emergencies. Emergency teams throughout the South-East Asia and Pacific region were trained in gender sensitive emergency preparedness and response that begins with preparing a simple gender analysis. The tools that CARE developed here in Australia are now having a global impact.

SEXUAL AND REPRODUCTIVE HEALTH IN EMERGENCIES

During emergencies, women and girls are subjected to an increased risk of sexual violence, unwanted pregnancies and decreased access to health facilities.

Outlined in CARE's Humanitarian Strategy 2013–2020, we aim to protect the health and wellbeing of women, girls, men and boys during crises by increasing access to sexual and reproductive health (SRH) services and programs.

As a core member of an inter-agency Working Group for Reproductive Health in Crisis, CARE is an active player in global efforts to provide SRH in emergencies. The Working Group developed an international set of guidelines on maternal newborn care, family planning, emergency obstetric and newborn care, prevention and treatment of gender-based violence, and prevention and treatment of STIs and HIV/AIDS.

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 workloads.

Climate change represents a massive global injustice: the world's 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 significant 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 and disaster risk reduction
2. Climate change, agriculture and food nutrition security
3. Climate finance
4. Mitigation and low-carbon development

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

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.

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

Nissan District in PNG is comprised of two coral atolls, Nissan and Pinipel Islands, with a population of approximately 7,500 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.

PARTNERSHIPS

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

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 the National Agricultural Research Institute to identify productive and resilient crop varieties and agricultural techniques, and 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* research was conducted with the United Nations University and support from AXA and the MacArthur Foundation. Involving hundreds of families across eight countries, the study helped us to understand the complexities of rainfall patterns and their effects on food security and human mobility.

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

Timor-Leste – Mudansa Klimatica iha Ambiente Seguru (MAKA'AS) Project

The MAKA'AS project is assisting vulnerable women and men in Liquiça 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.

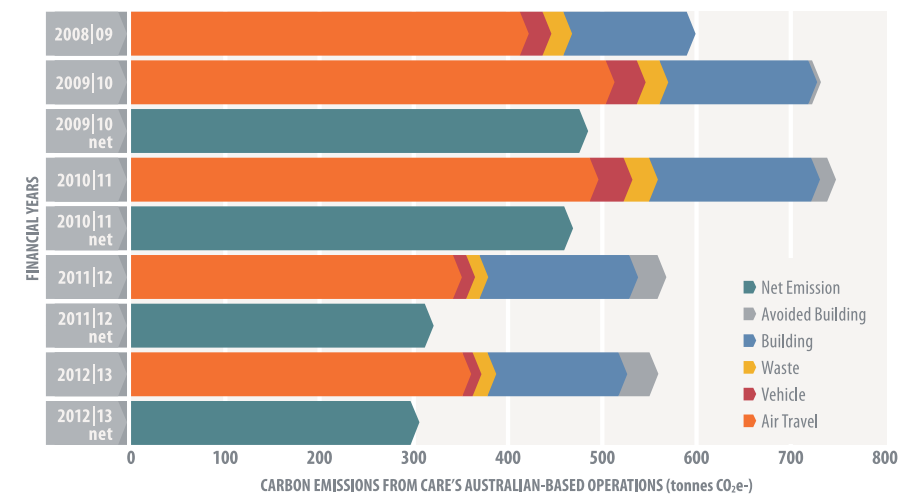
Through the MAKA'AS project, communities are developing and implementing action plans to improve their food and water security. Activities include locally-appropriate methods of land management and agriculture that are resilient to climate change and contribute to food security. We partnered with WaterAid to ensure that communities have year-round access to safe water, despite increased rainfall.

CARE'S OPERATIONS

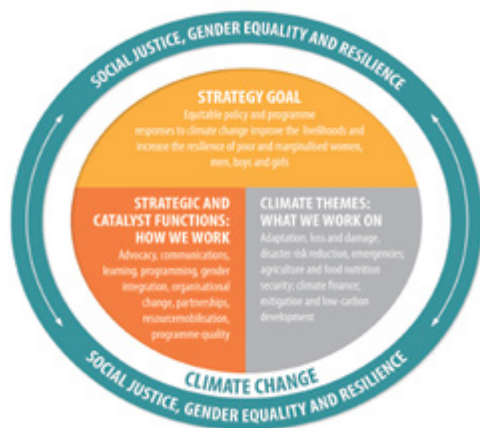
CARE Australia is committed to reducing our carbon footprint by 40 per cent across our Australian operations. In the past year we achieved:

- » 13 per cent decrease in the carbon footprint of our Canberra and Melbourne buildings. In May, our Canberra office moved to premises with a NABERS 4.5 star energy rating. We continued to purchase 20 per cent renewable energy in both cities.
- » 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 EMISSIONS



CARE appreciates the assistance provided by Energetics in compiling the emissions inventory



Benvinda and her farmers' group are supported by the MAKA'AS project in Timor-Leste. © Tom Greenwood/CARE.

EDUCATION, CAMPAIGNS AND ADVOCACY



We are committed to mobilising Australians to join us in striving 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 poor communities overseas through their own actions.

EDUCATION

As part of our Development Awareness Program, CARE Australia engaged with 92,950 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 1,000 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 development with their students.

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 through the year and an Event Volunteer Network was established with 814 people from around Australia registered. From major music and cultural festivals to events on 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.

Left: We spoke with over 3,000 people at WOMADelaide about CARE's work, global poverty and ran activities for festival-goers. © Kylie Gordon/CARE **Right:** CARE's Women's Empowerment Ambassador and Westpac CEO Gail Kelly participated in Walk In Her Shoes with staff from Westpac. © CARE

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 like 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 One Just World Forum in Melbourne, where CARE CEO Dr Julia Newton-Howes was a panellist 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 69,000 with likely further screenings.

CAMPAIGNS

Walk In Her Shoes

In March, more than 4,500 people from across the country joined us to walk in the shoes of women and girls living in poverty (60 per cent increase from 2011/12) and helped to raise \$925,000 (48 per cent increase).

Our founding sponsors, Qantas, The Body Shop and, our new community partner, Girl Guides Victoria, helped us spread the word about the challenge, which asks Australians to walk 10,000 steps a day for one week and raise money to support CARE's work. The funds raised help support CARE's projects, which remove the burden of walking from the shoulders of women and girls by providing clean water and nutritious food close to home, as well as opportunities for them and their family to go to school or earn an income.

The Body Shop ran a nationwide in-store campaign, promoting the challenge and selling CARE pedometers. Over the three weeks of the campaign, an estimated 6.2 million Australians were exposed to the Walk In Her Shoes message. Staff and customers also raised \$300,000. Qantas provided significant promotional opportunities through their in-flight magazine and videos and Frequent Flyer newsletter as well as donating the major prize of \$1,500 of domestic flights. Participation from Qantas staff was strong again with 68 staff raising almost \$13,000. With the support of Chief Executive Gail Kelly as CARE's Women's Empowerment Ambassador, 269 Westpac staff participated in the challenge, helping raise \$87,515.

This year saw our first engagement with a community partner, with Girl Guides Victoria coming on board. More than 300 Girl Guides participated in the Walk In Her Shoes challenge to earn their 'I am powerful' badge, providing an opportunity for girls to learn about global poverty and development.

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 choice to access the basics every day. In 2012 the 'Go Bare' call to action was to go without makeup, 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 537,826 people.

ADVOCACY

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 to 50 cents 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.

As Secretariat, CARE works with PGPD members to keep them informed of relevant issues through briefings. Presenters at parliamentary briefings included:

- » Executive Director of UN Women Australia, Julie McKay
- » Global Ambassador for Women and Girls, Penny Williams
- » Minister for Health, Tanya Plibersek
- » Executive Director of UN Population Fund, Dr Babatunde Osotimehin
- » Deputy Chief Executive Officer of Global Alliance for Vaccines and Immunisations, Helen Evans
- » Education activist, Tajwar Kakar, an Afghan-Australian champion of girl's education
- » Special Guest Director General of International Planned Parenthood Federation, Tewodros Melesse

CARE worked with PGPD members to produce a seven minute film entitled '1 in 3', linked to the international '1 Billion Rising' campaign against gender-based violence. The film included personal statements against gender-based violence by prominent MPs from all sides of politics, including Julia Gillard, Malcolm Turnbull, Penny Wong, Tanya Plibersek and Christine Milne. The film was launched by Mr Turnbull at Parliament House.

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 most widespread – but least recognised – human rights abuses in the world, and is at the heart of women's and girl's marginalisation. In 2012 over 260 CARE projects 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 co-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 Jetstar 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 enjoyed a breakfast hosted by Westpac CEO and CARE's Women's Empowerment Ambassador Gail Kelly and CARE Australia CEO Julia Newton-Howes about the importance of girls education.



The Honourable Malcolm Turnbull MP presents at a Parliamentary Group on Population and Development event on the elimination of gender based violence. © CARE.

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. Expatriate staff increased by 13 per cent and local staffing numbers in Country Offices increased by 1 per cent in accordance with program requirements.

NUMBER OF STAFF BY LOCATION

LOCATION	EXPATRIATE STAFF†	LOCAL STAFF‡	TOTAL STAFF
Australia	n/a	n/a	79
Timor-Leste	11	227	238
Papua New Guinea	10	78	88
Laos	7	91	98
Cambodia	5	127	132
Vietnam	5	97	102
Myanmar	6	263	269
Vanuatu	0	7	7
Regional (incl. WASH staff)	7	-	7
SUB-TOTAL STAFF	51	890	
TOTAL STAFF			1,020

Note: Staff numbers include part-time staff.

† Expatriate 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 are locally-employed staff in CARE Australia-managed Country Offices.

STAFFING LEVELS OVER TIME

STAFF NUMBERS	30 JUNE 2010	30 JUNE 2011	30 JUNE 2012	30 JUNE 2013	% GROWTH 30 JUNE 12 - 30 JUNE 13
Australian-based	65	68	75	79	5%
Overseas-based	50	49	45	51	13%
Local staff	1,280	920	878	890	1%
TOTAL STAFF	1,395	1,037	998	1,020	2%



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 (AYAD) and Australian Volunteers for International Development (VIDA).

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.

CARE Cambodia staff member Bopha Lam with students assisted through the bilingual education program © Laura Hill/CARE.



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



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

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 indicates 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.

Staff training sessions also took place in CARE Australia-managed Country Offices and strategies were developed (Timor-Leste), reviewed (PNG), and implementation continued (Australia, Vietnam, Laos and Myanmar).

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 employees. It assists staff and their managers to establish flexible working arrangement where required.

We conducted 32 workstation assessments during the year: 19 in Canberra and 12 in Melbourne. Due to the growth in our activities, we were required to assess our headquarter 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.

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. Reviews were also undertaken of safety and security management arrangements for staff in areas of volatility.

OUR GOVERNANCE

CARE AUSTRALIA'S BOARD

The Board of Directors is responsible for directing CARE Australia's activities towards achieving our vision and fulfilling our mission while living the core values as set out on page 2 of this report.

The Board is responsible for approving CARE Australia's strategic direction, monitoring its implementation and fulfilling stakeholders' expectations. It is accountable for CARE Australia's overall performance, compliance with relevant laws, codes of conduct and ethical standards and for the oversight of its risk management. The Board endeavours to ensure that CARE Australia, its Directors and employees conduct themselves in accordance with the highest ethical standards and consistently with its core values.

It is comprised of 11 independent, non-executive Directors who serve on a voluntary basis and do not receive remuneration, with the exception of reimbursement of reasonable expenses incurred in undertaking Board activities. Directors are drawn from a broad cross-section of the Australian community with a diversity of experience and skills. The Board ensures that its performance, experience and skill base are reviewed and renewed appropriately.

The Board appoints the Chief Executive and delegates to her the operational management of CARE Australia with the powers, authorities and delegations determined by the Board.

BOARD COMMITTEES

The Board appoints Committees to assist in the discharge of its obligations, consider issues referred and delegated by the Board and make recommendations. The Committees regularly report to the Board and are listed in the Organisational Structure on page 28. During the year we established a new Board Committee to work collaboratively with the CARE International Secretariat and other CARE Members in respect to transformational change. CARE recognises that it is critical for it, as a confederation, to be at the leading edge from both a programmatic and organisational perspective. CARE is working towards the achievement of its *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 our operations. More information about the function of the Board Committees is on www.care.org.au/board

RISK MANAGEMENT, FRAUD AND CORRUPTION CONTROL

The Board is responsible for the oversight of material business risk and is assisted in this role by the Finance and Audit Committee and the International Programs and Operations Committee. Management developed and implemented a risk management framework, underpinned by our Risk Management Policy, whereby material operational, financial and compliance risks are regularly assessed, monitored and managed.

Left: Malawi, © Josh Estey/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 members appointed by the Chief Executive Officer because of their leadership roles within the organisation and their unique familiarity with their area's risk. The Committee supports Board sub-committees by continuously assessing our risk management strategies to ensure that they remain current with regulatory, operational 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 honesty and opposition to fraud and 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 development 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

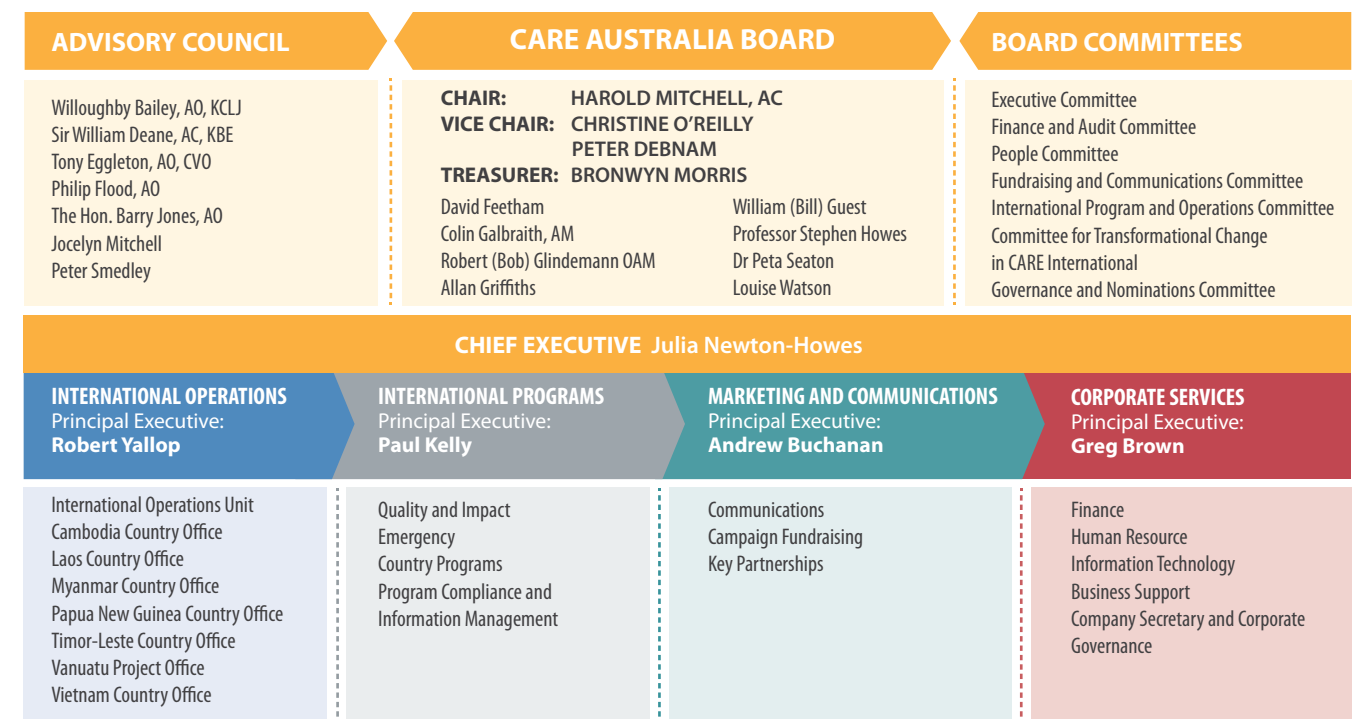
CARE Australia takes a conservative approach regarding banking and the investment of our reserves. Myer Family Company manages our investment portfolio in line with the approved investment strategy under the oversight of the Board's Finance and Audit Committee. During the year we reviewed our Investment Policy to ensure that it remained relevant given the current and forecasted Australian and global economic conditions. Our investment objectives include achieving a return of CPI plus 3 per cent on our investments in order to maintain and improve the purchasing power of our capital and to benefit from our tax free status.

INVESTMENT PERFORMANCE AGAINST OBJECTIVES

POLICY OBJECTIVE	SATISFIED?	1 YEAR	SATISFIED?	SINCE INCEPTION (% PA)
Maintain and improve purchasing power of capital	✓	Portfolio: 12.0% CPI: 2.6%	✓	Portfolio: 3.1% CPI: 2.6%
Benefit from tax free status	✓	Franked income where appropriate	✓	Franked income where appropriate
Total return of CPI + 3% over the long term	✓	Portfolio: 12.0% CPI + 3%: 5.6%	✗	Portfolio: 3.1% CPI + 3%: 5.6%

Since inception the portfolio has maintained its purchasing power and benefited from CARE's tax free status. The objective of CPI + 3 per cent was met over the last year. Since inception, the CPI + 3 per cent objective was not met due to the exposure to equities during the global financial crisis.

CARE AUSTRALIA'S ORGANISATIONAL CHART



OUR SUPPORTERS AND DONORS



In Vietnam, Anh's family is raising ducks with CARE's support. The family spend their income on school books and save for their future. ©Katie Robinson/CARE

CARE'S SUPPORTERS AND DONORS

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 Svetlana Bowen
 Mr Rob Koczkar and Ms Heather Doig
 Mr George and Mrs Maureen Dyer
 Mr Brian Fry
 Denis and Mary Gilmour
 Stephen and Rosanna Harris
 Mr Phil Henderson
 Mr Philip Herrick
 Mr Peter and Mrs Barbara Hoadley
 Dr Christopher Holmes
 Dr John Hunter
 Mr Mark and Ms Alison Leemen
 Darryl and Judy Maher
 Dr Elizabeth McDonald
 Ms Tara Osborn
 John and Valerie Peyton
 Half The Sky Physical Challenge –
 RAAF Base East Sale
 Annabel Ritchie
 Dr Graeme and Mrs Dawn Robson

Mr Hans Schweizer
 Mr Dick and Mrs Pip Smith
 Mr Jason Squire
 Mr Anthony Sweetman
 Mr Alec MacGill and Ms Agnes Tay
 Mr Raj and Mrs Jyoti Thethy
 Professor Chris Trotter
 Mr Stephen Walker
 Richard and Susan Wilton

TRUSTS AND FOUNDATIONS

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 Ha Ke Na Foundation
 J Holden Family Foundation
 Paul Ainsworth Family Foundation
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 The Australian Philanthropic
 Services Foundation – Springboard
 Endowment
 The Charitable Fund

The George Lewin Foundation
 The Goldsmith Family
 The John Murphy Charitable Trust,
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 Robson Endowment
 Simpson Family Foundation
 Skipper-Jacobs Charitable Trust
 Will and Dorothy Bailey Foundation
 Westpac Foundation
 Women's Plans Foundation
 Wood Family Foundation

CORPORATE PARTNERS

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 Maple-Brown Abbott Ltd

Mitchell Communication Group
 NAB
 Qantas Airways Ltd
 Quest - Southbank
 Rabobank 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. Couper
 Estate of the late William R. Halfhide
 Estate of the late Ilse Huber
 Estate of the late Alwynne Beryl
 Estate of the late Rudi Marinus
 Adriaan Kemp
 Estate of the late Bernard Timothy
 Murphy
 Estate of the late Alfred Rowe
 Estate of the late Elva Winifred
 Seymour
 Estate of the late Gwenyth
 Dorothea Thamm

REGULAR GIVERS

The number of active regular giving supporters grew to almost 12,000 individuals.

APPEAL DONORS

Over 16,600 people supported our appeals.

MULTILATERAL

Asian Development Bank (ADB)
 European Commission Humanitarian
 Office (ECHO)
 European Union (EU)
 Food and Agriculture Organisation
 of the United Nations (FAO)
 The Global Fund to Fight AIDS,
 Tuberculosis and Malaria (GFATM)
 International Fund for Agricultural
 Development (IFAD)
 United Nations Children's
 Fund (UNICEF)

UN Women (formerly UNIFEM)
 United Nations Economic
 and Social Commission for Asia
 and the Pacific (UN ESCAP)
 United Nations Office for Project
 Services (UNOPS)
 United Nations Population Fund
 (UNFPA)
 United Nations World Food
 Programme (WFP)

BILATERAL

Government of Austria
 Government of Australia
 Government of Canada
 Government of Denmark
 States of Guernsey
 Government of Ireland
 Government of Luxembourg
 Government of New Zealand
 Government of Norway
 Government of Switzerland
 Government of the United
 States of America

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.

86 CENTS of every dollar spent
WENT TO OUR PROGRAMS



CARE assisted famers in Zimbabwe to increase their crop yield with conservation agriculture techniques. ©Josh Estey/CARE

BOARD AND ADVISORY COUNCIL

CHAIR

Harold Mitchell, AC
Director since 2004

Founder, Mitchell & Partners; Executive Chair, Aegis Media Pacific; Director, CARE International; Chair, Melbourne Symphony Orchestra; Vice President, Tennis Australia; Chair, Art Exhibitions Australia; Chair, TVS University of Western Sydney's television service for Greater Sydney; Board member, New York Philharmonic; Chair and Owner, Melbourne Rebels Rugby Union; Non-Executive Director, Crown Limited.

Formerly – President, Museums Board of Victoria; President, Asthma Foundation (Victoria); Chair, National Gallery Australia; Board Member, Opera Australia Council; Director, Deakin Foundation; President, Melbourne International Festival of Arts; Chair, Melbourne Recital Centre; Chair, ThoroughVision.

Harold is also the Chair of the CARE Australia Executive Committee and Governance and Nominations Committee.

VICE CHAIR

Christine O'Reilly
Director since 2007; Director CARE International

Director, CSL Limited, Transurban Group; Director, Energy Australia Limited; Director, Baker IDI.

Formerly – Global Co-Head of Infrastructure Investment, Colonial First State Global Asset Management; Chief Executive Officer and Director, GasNet Australia Group; Director, Anglian Water Group, Electricity North West.

TREASURER

Bronwyn Morris
Director since 2007

Director, RACQ Ltd; Director, Collins Foods Ltd; President, The Brisbane Club; Deputy Chair, Children's Health Foundation Queensland; Councillor, Queensland Division of the Australian Institute of Company Directors.

Formerly – Director, Spotless Group Ltd; Director, Queensland Investment Corporation Ltd; Director, Brisbane Marketing; Director, Bond University; Chair, Queensland Rail; Director, Colorado Group Ltd; Director, Queensland Office of Financial Supervision; Member, Australian Advisory Committee of Parsons Brinckerhoff, Partner, KPMG.

Bronwyn is also the Chair of the CARE Australia Finance and Audit Committee.

Peter Debnam

Director since 2013

Chair, The Muscular Dystrophy Association of NSW; Chair, Our Big Kitchen Ltd; Director, Muscular Dystrophy Foundation Australia; Director, The Paraplegic and Quadriplegic Association of NSW; Director, Disability Sports Australia Ltd; Director, PaddleNSW Inc; Director, Soils for Life Pty Ltd; Member of Sydney Legacy; Associate Member of North Bondi Surf Club.

Formerly – Member of NSW Parliament, Shadow Minister and Leader of the Opposition.

Colin Galbraith, AM

Director since 2004

Special Adviser, Gresham Partners Limited; Chair, BHP Billiton Community Trust; Director, Arrium Ltd; Director, Colonial Foundation; Trustee, Royal Melbourne Hospital Neuroscience Foundation.

Formerly – Director, Australian Institute of Company Directors; Director, Commonwealth Bank of Australia.

Robert (Bob) Glindemann, OAM

Director since 2008

Deputy Chair and Non-Executive Director of Navy Health Limited; Deputy Chair, Very Special Kids Foundation; Chair, Australian Institute of Motor Sport Safety; Director, SecondBite; Director, East Timor Roofing Holdings Pty Ltd; Director, East Timor Roofing and Training UNIP LDA.

Formerly – Chair, RMS Logistics Pty Ltd; Director and Vice President, Confederation of Australian Motor Sport; Principal, PRO-NED Vic Pty Ltd; Past President, Rotary Club of Darwin and Rotary Club of Melbourne Inc.

Allan Griffiths

Director since 2008

Company Director.

Formerly – Managing Director, South East Asia, Aviva Asia Pty Ltd; Chief Executive Officer, Aviva Australia; Director, Financial Council of Australia.

William (Bill) Guest

Director since 2000

Director of Guest Group, Guest Hire, Guest Commercial, Suite Deals, Guest Interiors, Property 4 Retail and Guest Nominees.

Formerly – Director, Freedom Furniture Limited; Director, Melbourne Football Club; Managing Director, Andersons Furniture; Managing Director, Sofa Workshop.

Bill is also the Chair of the CARE Australia Fundraising and Communications Committee.

Professor Stephen Howes

Director since 2012

Professor of Economics, Director, Development Policy Centre and Director, International and Development Economics graduate program, Crawford School of Public Policy, Australian National University.

Formerly – Chief Economist, Australian Agency for International Development; Lead Economist, World Bank in India; Director, Pacific Institute of Public Policy; Advisory Board Member, Asian Development Bank Institute

Stephen is also the Chair of the CARE Australia International Operations and Program Committee.

Dr Petra Seaton

Director since 2008

Director of Strategic Priorities, Office of the Premier of NSW; Deputy Chair, Bradman Foundation; Member, UNSW Faculty of Science Advisory Council.

Formerly – Member of the NSW Parliament and Shadow Treasurer.

Louise Watson

Director since 2008

Managing Director and Principal, Symbol Strategic Communications; Communications Adviser to many of Australia's leading public companies.

Formerly – Chair, Corporate and Finance, Edelman Public Relations in Australia; Non-Executive Director, Odyssey House and McGrath Foundation; Advisory Board Director, Grant Samuel & Associates; Committee Member, the Prime Minister's "Supermarket to Asia" Communications Working Group.

ADVISORY COUNCIL

Willoughby Bailey, AO, KCLJ

Director, 1992 – 2008

Grand Prior, The Order of St. Lazarus of Jerusalem; Director, Blashki Holdings.

Formerly – Chair, CRC for Coastal Zone; Deputy Chair and Chief Executive Officer, ANZ Banking Group; Deputy Chair, Coles Myer Ltd; Member, Economic Planning Advisory Council; President, Council of Trustees National Gallery of Victoria; Deputy Chair, Victorian Arts Centre; Director, Geelong Community Foundation Inc; Chair, Geelong Gallery Foundation.

Sir William Deane, AC, KBE

Director, 2001 – 2004 | Chair, 2002 – 2004

Formerly – Governor-General of Australia; Justice of the High Court of Australia; Justice of the Supreme Court (NSW); Federal Court Judge.

Tony Eggleton, AO, CVO

Director, 1996 – 2007 | Chair, 2004 – 2006
Vice Chair, 2002 – 2004

Secretary-General, CARE International 1991-1995; CARE International Director 2001-2007.

Foreign Affairs Editorial Advisory Board; Chair, Centre for Democratic Institutions.

Formerly – Australian Aid Advisory Council; Chief Executive, National Council for Centenary of Federation; Federal Director, Liberal Party of Australia.

Philip Flood, AO

Director, 2003 – 2011 | Vice Chair, 2006 – 2011

Formerly – Secretary, Department of Foreign Affairs and Trade; Director-General, AusAID; High Commissioner to the United Kingdom; Ambassador to Indonesia; High Commissioner to Bangladesh.

The Hon. Barry Jones, AO

Director, 1992 – 2012

Chair, Vision 2020 Australia; Director, Victorian Opera Company Ltd.

Formerly – Chair, Port Arthur Historic Site Management Authority; Director, Burnet Institute; Australian Minister for Science; Member, Executive Board UNESCO.

Jocelyn Mitchell

Director, 1993 – 2006

Formerly – Director and Chair, Beaufort and Skipton Health Service; Director, Lovell Pty Ltd; Foundation Member, Women's Electoral Lobby; Chair, The Australian Garden History Society.

Peter Smedley

Director, 2000 – 2009 | Chair, 2006 – 2009
Vice Chair, 2004 – 2006 | Director, CARE International 2004 – 2009.

Chair, OneSteel Ltd; Chair, Spotless Group; Chair, Colonial Foundation; Chair Orygen Youth Health Research Centre; Director, The Australian Ballet; Director, The Haven Foundation.

Formerly – Managing Director and Chief Executive Officer, Colonial Ltd and Mayne Group Ltd; Chair, State Bank NSW; Deputy Chair, Newcrest Ltd; Executive Director, Shell Australia; Director, Austen Butta; Director, Australian Davos Connection.

Founding Chair: Rt Hon. Malcolm Fraser, AC, CH

Chair, CARE Australia 1987-2001; President, CARE International 1990-1995; Vice President, CARE International, 1995-1999. Prime Minister of Australia 1975-1983.

Patron: Her Excellency Ms Quentin Bryce, AC Governor-General of the Commonwealth of Australia.

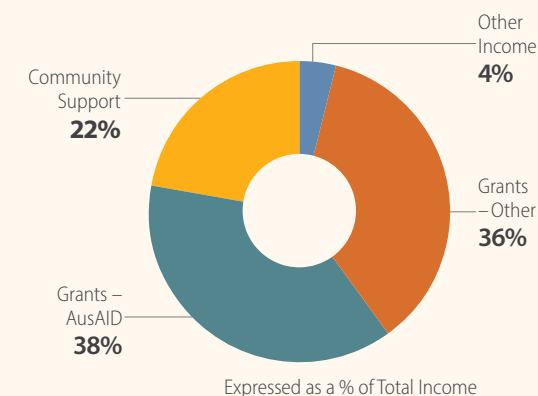
FINANCIAL OVERVIEW

OPERATING RESULT: CARE Australia recorded an overall surplus of \$1.1m in 2012/13, 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;
- » fair value gain of \$0.2m on our investments with Myer Family Company;
- » and an underlying budgeted operating deficit of \$0.4m. This deficit is less than our budgeted outcome and reflects the Board's strategic decision to continue investment in donor acquisition in order to secure ongoing support for future growth in our long-term aid and development programs.

INCOME AND EXPENDITURE

Where the Money Comes From – Year ended 30 June 2013



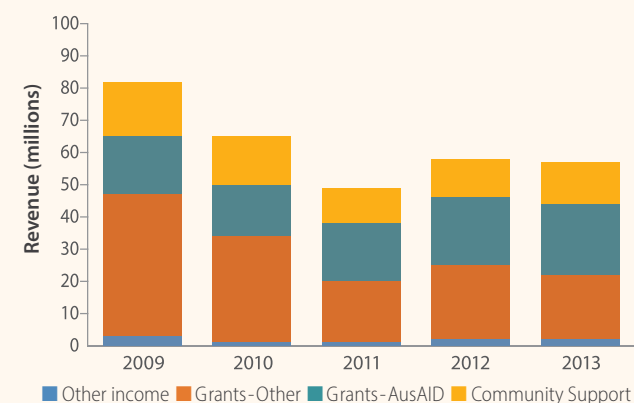
Community Support Income: donations, fundraising, legacies and bequests received from the Australian public and corporations.

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



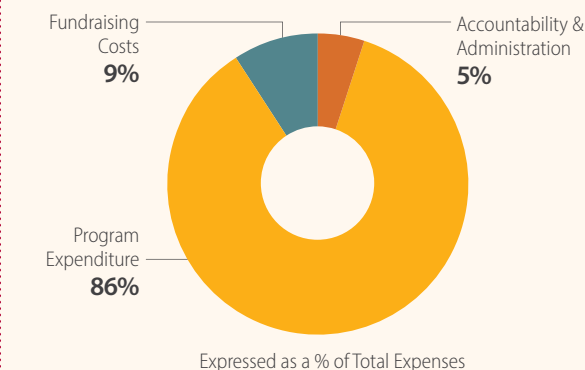
Analysis

Total revenue decreased by 2% in 2012/13, largely due to decreases in grant revenue 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 \$21.6m 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. Revenue from the Australian public increased by 7% from last financial year and was 5% higher than budget.

Where the Money Goes – Year ended 30 June 2013

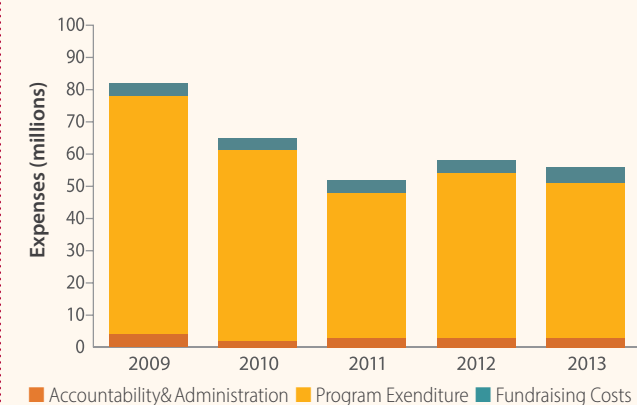


Program Expenditure: long-term international development and emergency response work, as well as community education and program support costs.

Fundraising Costs: associated with developing and securing our donor supporter base in order to attract donations to fund our program and advocacy work.

Accountability and Administration Expenses: covers administrative and other costs required to efficiently run the organisation, for example finance, IT, human resources, office maintenance, audit and legal fees, and insurance premiums.

Where the Money Goes – 5 Year Trend

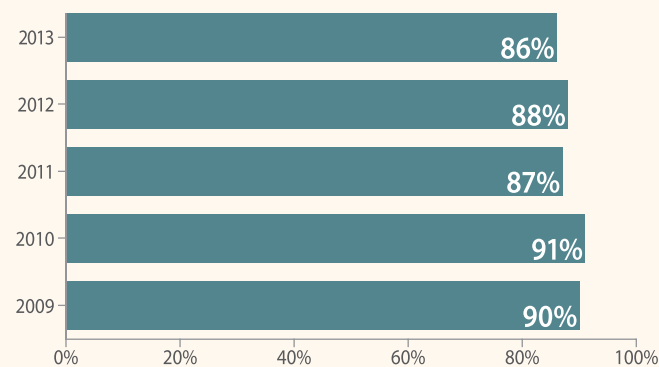


Analysis

CARE Australia expended \$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 \$46.4m in 2013 and has seen the continuation of aid delivery in South Asia and South-East Asia, the Middle East, the Pacific, and Africa.

ACCOUNTABILITY MEASURES

Program Expenditure Ratio

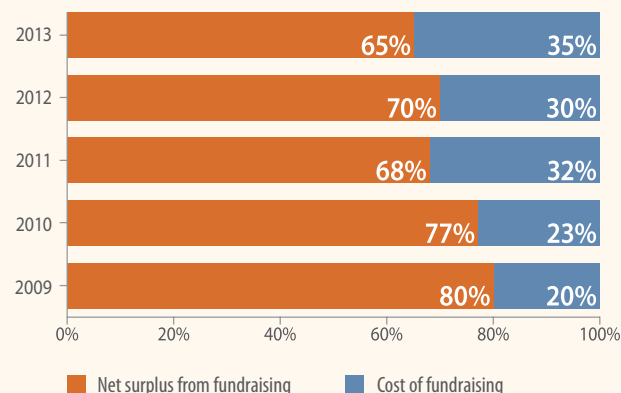


Program Expenditure Ratio is the total amount spent on our overseas programs, including program support costs and community education campaigns, expressed as a percentage of total expenditure.

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



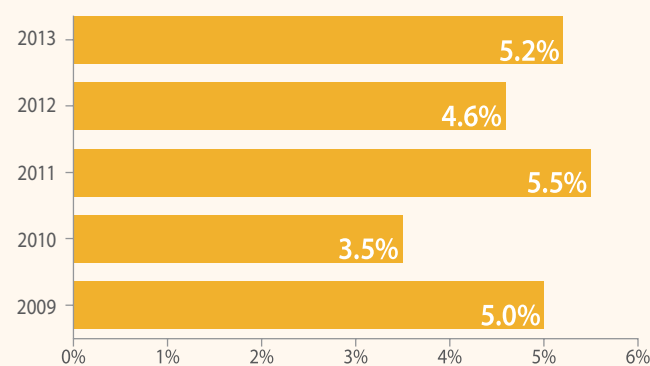
Cost Of Fundraising Ratio is the total amount spent on public fundraising expressed as a percentage of total revenue from the Australian public, rather than total revenue. It excludes funding and associated costs related to grant funding from AusAID and other organisations.

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



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
Melbourne, 18 October 2013

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

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FINANCIAL STATEMENTS

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2013

Notes	2013 \$	2012 \$
REVENUE		
Donations and gifts		
Monetary	11,902,543	11,239,560
Non-monetary	68,386	49,160
Bequests and Legacies	689,209	564,824
Total revenue from Australian public	12,660,138	11,853,544
Grants and contracts		
AusAID	21,622,003	21,184,489
Other Australian	2 3,830,511	3,152,452
Other overseas	3 16,544,260	19,633,875
Investment income	808,205	730,125
Other income	1,604,515	1,239,588
TOTAL REVENUE	57,069,632	57,794,073
EXPENDITURE		
International Aid and Development Programs expenditure		
Funds to international programs	43,988,440	47,346,201
Other program costs	2,455,535	2,256,452
Total overseas projects	46,443,975	49,602,653
Community education	1,822,561	1,269,977
Fundraising costs – Public	4,437,759	3,589,579
Fundraising costs – government and multilateral agencies	403,288	380,810
Accountability and administration	2,842,024	2,604,503
Non-monetary expenditure	68,386	49,160
TOTAL EXPENDITURE	56,017,993	57,496,682
Excess of revenue over expenses	1,051,639	297,391
Other comprehensive income		
Total comprehensive income for the period	1,051,639	297,391

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

	2013 \$	2012 \$
ASSETS		
Current assets		
Cash and cash equivalents	21,997,842	24,506,052
Held to maturity investments	11,975,154	5,741,625
Prepayments	568,123	512,599
Trade and other receivables	4,689,048	8,299,044
Non-current assets		
Property, plant and equipment	1,281,304	997,735
Investments at fair value	4,096,398	4,166,064
TOTAL ASSETS	44,607,869	44,223,119
LIABILITIES		
Current liabilities		
Trade and other payables	2,254,779	2,079,981
Provisions	2,994,182	2,482,233
Unexpended project funds	28,134,019	29,827,226
Non-current liabilities		
Provisions	339,571	-
TOTAL LIABILITIES	33,722,551	34,389,440
NET ASSETS	10,885,318	9,833,679
EQUITY		
Reserves	-	-
Retained Earnings	10,885,318	9,833,679
TOTAL EQUITY	10,885,318	9,833,679

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

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

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

	2013 \$	2012 \$
Cash flows from operating activities		
General public donations	11,165,077	11,804,384
Grants and contract income (inclusive of GST)	51,517,536	40,394,085
Interest income	808,205	730,125
Other income	133,001	310,882
Payments to suppliers and employees (inclusive of GST)	(61,043,370)	(48,221,498)
Net cash flows from operating activities	2,580,449	5,017,978
Cash flow from investing activities		
Acquisition of property, plant and equipment	(637,764)	(462,189)
Proceeds from sale of equipment	36,437	124,608
Acquisition of investments	(13,957,931)	(5,646,102)
Redemption of investments	7,982,362	1,279,652
Net cash flows (used in) investing activities	(6,576,896)	(4,704,031)
Net increase/(decrease) in cash held	(3,996,447)	313,947
Net foreign exchange differences	1,488,237	824,653
Cash at the beginning of the year	24,506,052	23,367,452
Cash at the end of the year	21,997,842	24,506,052

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 CASH MOVEMENTS FOR DESIGNATED PURPOSES FOR THE YEAR ENDED 30 JUNE 2013

	Cash available at beginning of financial year \$	Cash raised during the financial year \$	Cash disbursed during the financial year \$	Cash available at end of financial year \$
Australian NGO Cooperation Program (ANCP)	2,289,014	3,949,252	(5,871,028)	367,238
Total for other purposes	22,217,038	67,693,364	(68,279,798)	21,630,604
TOTAL	24,506,052	71,642,616	(74,150,826)	21,997,842

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.

	2013 \$	2012 \$
Note 2 Project grants from other Australian organisations		
Australian Government departments or accredited Non-Government Organisations (NGOs)	3,320,705	2,798,423
Other Australian organisations	509,806	354,029
	3,830,511	3,152,452
Note 3 Project grants from other overseas organisations		
CARE International members	10,884,541	14,747,860
Multilateral institutions	2,480,520	1,653,105
Foreign Governments and other non-Australian institutions	3,179,199	3,232,910
	16,544,260	19,633,875



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