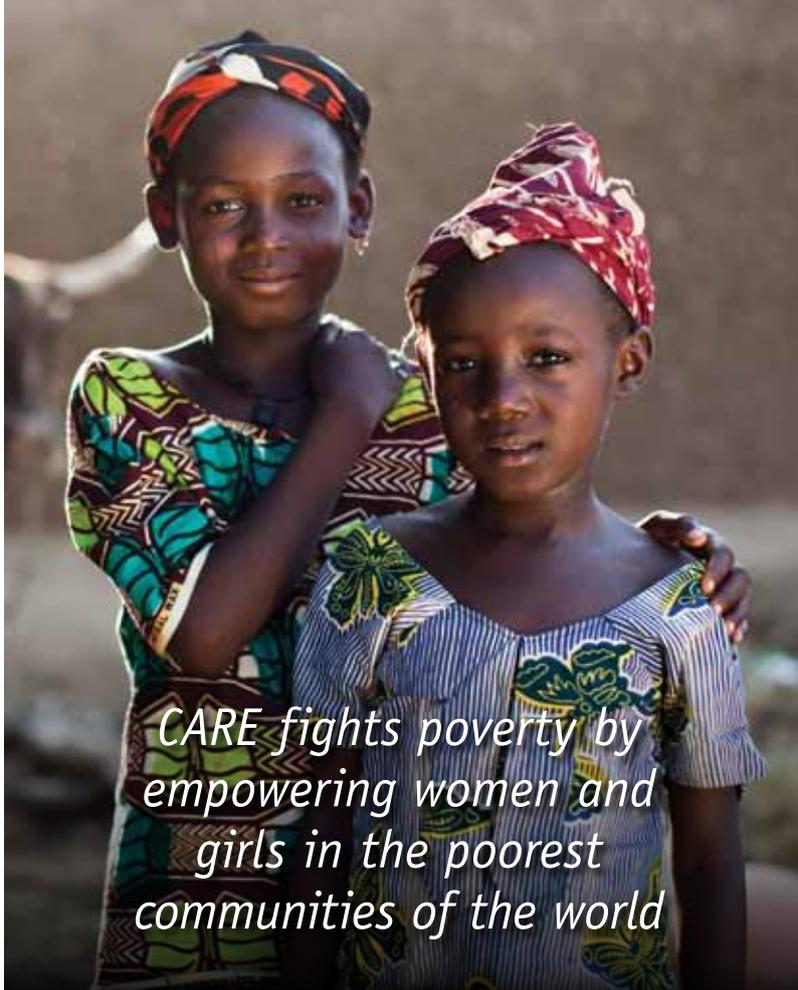




care®



*CARE fights poverty by
empowering women and
girls in the poorest
communities of the world*



CARE International *Annual Report 2011*

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Our Vision

We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security.

CARE will be a global force and partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people.

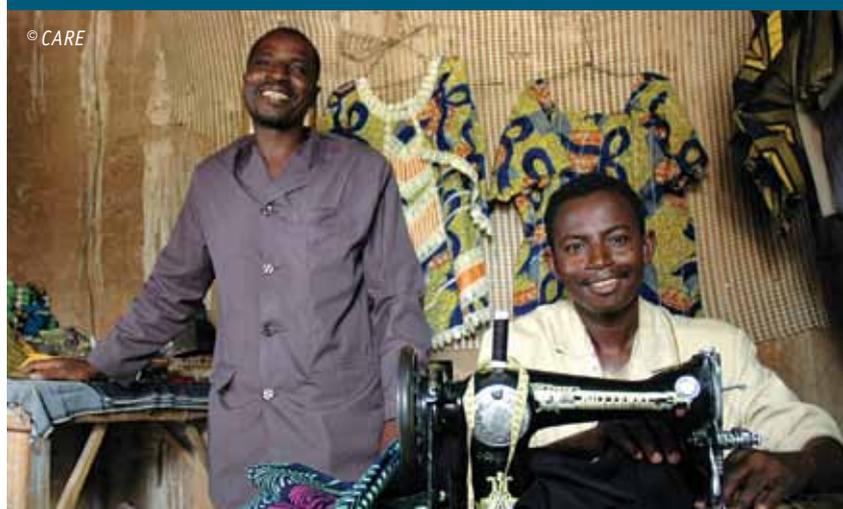
Our Mission

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 promote 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.



Forewords



Over the past year, CARE International has embarked on a journey of organizational change to improve our overall efficiency, effectiveness and impact. It is a journey that CARE, as one of the world's largest

aid organizations, owes to the more than one billion people who go to bed hungry every night. Because in an ever-changing world with a growing gap between rich and poor, we must ask ourselves every day: How can we most effectively reach the poor and marginalized? How can we use our resources better to promote social justice for the poor?

CARE is a global confederation with more than 11,300 staff and 1,015 poverty-fighting projects around the world. In the fiscal year of 2011, these projects reached over 120 million people. We continue to build our capacity to fight poverty with a focus on gender equality and empowering women and girls. We are pooling our collective resources across the CARE membership to make significant impacts on people's lives, the communities where they live and the policies that affect them.

In the fiscal year of 2011, we welcomed CARE India as a new Affiliate Member of CARE and we welcome CARE Peru as an Affiliate Member this year, further strengthening our global diversity and capacity.

I would like to take this opportunity to thank all of our partners, donors, stakeholders and staff. The exciting work described in the pages of this annual report would not have been possible without your generous support!

Mag. Ralph Martens,
CARE International Chairperson



I am pleased to present to you CARE International's annual report for 2011. The report includes some wonderful examples of CARE's poverty-fighting work around the world, with our

particular focus on empowering women and girls. Today, over 90 percent of our country offices have developed programs which specifically aim to provide women with the tools and skills to lift their families out of poverty. From years of experience, CARE has learned that investing in women and girls is one of the most effective ways to overcome poverty. Women and girls can create lasting change if they have the opportunity to gain an education, access health services, generate an income, and take a lead in their communities.

CARE began work in 1945 in the wake of the terrible destruction wrought by World War II. At that time, we sent millions of CARE packages to Europe to help the survivors overcome hunger and destitution. Today, we work in 84 countries. We respond to humanitarian emergencies as well as focus on longer-term social and economic development. We advocate for policy change to improve the lives of the poor and marginalized.

I hope you enjoy reading this annual report and that you are as inspired as I am by the spirit, energy and commitment of the people and communities we are working with around the world in the fight against poverty and injustice.

Dr. Robert Glasser,
CARE International Secretary General

Where We Made a Difference

In fiscal year 2011, CARE worked in **84 countries** around the world, implementing long-term programs to fight poverty, responding to humanitarian emergencies, and advocating for policy change to improve the lives of the poorest people. We supported **1,015 poverty-fighting projects** to reach more than **122 million people**.

Below is a breakdown of the countries where we worked in the fiscal year of 2011 (July 1, 2010 to June 30, 2011).

Countries with CARE programming in FY11:

- | | |
|----------------------------------|------------------------------|
| 1. Afghanistan | 35. Liberia |
| 2. Angola | 36. Macedonia |
| 3. Armenia [†] | 37. Madagascar |
| 4. Azerbaijan [†] | 38. Malawi |
| 5. Bangladesh | 39. Mali |
| 6. Benin | 40. Montenegro [†] |
| 7. Bolivia | 41. Morocco |
| 8. Bosnia and Herzegovina | 42. Mozambique |
| 9. Brazil | 43. Myanmar |
| 10. Burundi | 44. Nepal |
| 11. Cambodia | 45. Nicaragua |
| 12. Cameroon | 46. Niger |
| 13. Chad | 47. Pakistan |
| 14. Chile [†] | 48. Papua New Guinea |
| 15. Côte d'Ivoire | 49. Peru ^{**} |
| 16. Croatia | 50. Philippines [§] |
| 17. Cuba | 51. Romania [†] |
| 18. Democratic Republic of Congo | 52. Rwanda |
| 19. Ecuador | 53. Serbia |
| 20. Egypt | 54. Sierra Leone |
| 21. El Salvador | 55. Somalia |
| 22. Ethiopia | 56. South Africa |
| 23. Georgia | 57. Sri Lanka |
| 24. Ghana | 58. Sudan |
| 25. Guatemala | 59. Tanzania |
| 26. Haiti | 60. Thailand ^{***} |
| 27. Honduras | 61. Timor Leste |
| 28. India [*] | 62. Togo |
| 29. Indonesia | 63. Uganda |
| 30. Jordan | 64. Vanuatu |
| 31. Kenya | 65. Vietnam |
| 32. Kosovo | 66. West Bank & Gaza |
| 33. Laos | 67. Yemen |
| 34. Lesotho | 68. Zambia |
| | 69. Zimbabwe |

CARE International Members:

- 70. Austria
- 71. Australia
- 72. Canada
- 73. Denmark
- 74. France
- 75-76. Germany-Luxembourg[◇]
- 77. Japan
- 78. Netherlands
- 79. Norway
- Thailand^{***}
- 80. United Kingdom
- 81. United States

CARE International Affiliate Members:

- India^{*}

CARE International Secretariat:

- 82. Geneva, Switzerland
- 83. Brussels, Belgium
- New York, United States

Sub-offices:

- 84. Czech Republic (of CARE Austria)



East & Central Africa

Participants: 9,467,433

Projects: 199

Latin America & Caribbean

Participants: 8,869,822

Projects: 196

Middle East & Europe

Participants: 914,133

Projects: 66

Asia

Participants: 80,782,313

Projects: 329

Southern Africa

Participants: 7,989,450

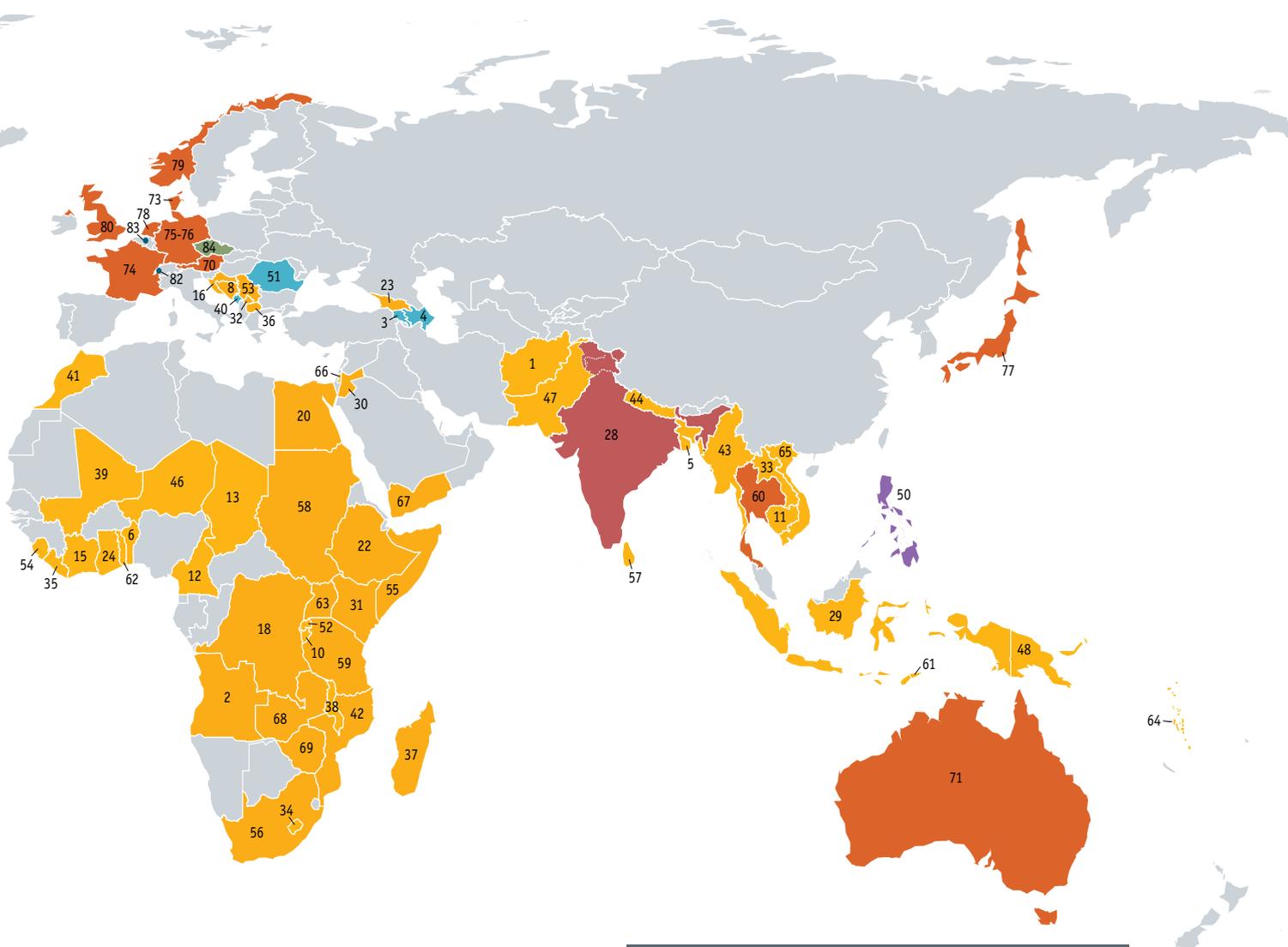
Projects: 116

West Africa

Participants: 14,135,508

Projects: 109

(As at June 30 2011)



*Limited presence.

* CARE India is an Affiliate Member of CARE International and a country with ongoing programs.

** CARE Peru is in the process of becoming an Affiliate Member of CARE International.

*** CARE Thailand is both a Member of CARE International and a country with ongoing programs.

§ CARE works through a strategic partnership.

◇ CARE Germany-Luxembourg has offices in both Germany and Luxembourg.

- CARE International Member
- Countries with CARE programming in FY11
- Countries where CARE has limited presence
- CARE International Affiliate Member
- Countries where CARE works through a strategic partnership
- CARE International Secretariat (Geneva, Brussels, New York)

How We Made a Difference: CARE's Highlights of 2011

Our advocacy work at international summits and conferences

CARE speaks on behalf of poor people, who are not able to influence high-level meetings and political summits where issues that affect their future are negotiated and decided on. Through joint engagement of Members and Country Offices, CARE advocated for improvements on maternal health, poverty and hunger, gender equality and climate change at the **United Nations Millennium Development Goals Summit** in New York City in September 2010 and its preparatory process. CARE brought expert input and learning, and was a leading contributor to the development of the United Nations Secretary General's Global Strategy for Women's and Children's Health. At the **United Nations Climate Change Conference** in Mexico in December 2010, CARE advocated for a fair, ambitious and binding climate agreement and called on all negotiation parties to place poor people at the centre of their efforts to tackle climate change.

Important date: International Women's Day

On the **100th International Women's Day** on March 8, many of our Country and Member Offices worldwide organized activities to celebrate this important occasion. From photo exhibitions, blood donation drives, radio spots and community debates to slogan competitions, film presentations, report launches, mass rallies, marches, road shows, dances and theatre plays: the activities were as diverse as our offices and staff. As CARE is working to fight poverty by empowering women, International Women's Day is a main opportunity for us to highlight the challenges many women face, the strengths they have and the tools they need to lift their families out of poverty.

What our Country Offices did

In 2011 we had some important birthdays to celebrate: **CARE Afghanistan** and **CARE Sierra Leone** each celebrated their 50th anniversary, showing a long and strong legacy of development and emergency assistance in both countries.

The CARE Member family is growing: **CARE India** became our first Affiliate Member and **CARE Peru** will become an Affiliate Member in 2012. Both will further strengthen the global diversity in CARE's governance – and give our confederation a true southern voice.

CARE Cambodia's model of bilingual education has gained so much recognition for its effectiveness in engaging and retaining indigenous children in school, especially girls, that the Cambodian Ministry of Education, Youth and Sport is now replicating it in 33 schools across five provinces in north-east Cambodia. This very successful program has been operating since 2002, using a bilingual model of instruction designed by CARE. Children who previously could not participate in education due to a lack of proficiency in the national language of Khmer and other cultural barriers have been able to attend local community schools.





© CARE

What our Member Offices did

CARE France received the highest honour: Philippe Lévêque, the National Director, was awarded the rank of Knight of the Legion of Honour by Alain Juppé, the Minister of State, Minister of Foreign and European Affairs and Mayor of Bordeaux. This distinction was to honour Philippe Lévêque's 28 years of professional and social commitment.

CARE International UK launched lendwithcare.org. The innovative scheme encourages people in the UK to lend relatively small amounts of money to small-scale entrepreneurs running their own enterprise in developing countries. As opposed to making a one-time donation, people are encouraged to lend money to the entrepreneurs who repay the lender using the income from their growing business. Once repaid, the lender can then choose to recycle the loan to support another entrepreneur or withdraw the money.

lendwithcare.org
In association with The **co-operative**

CARE Norway organized the seminar "New African Connections" in Oslo to inspire new partnerships between international corporations and aid organizations. The event was opened by His Royal Highness, Crown Prince Haakon and keynote speakers included Kofi Annan, Ted Turner and Gro Harlem Brundtland, as well as representatives from companies such as JP Morgan, Ericsson, Craft Silicon, Cola Life, Clean Cookstove, Johnson & Johnson, Tough Stuff and Telenor.

> Emergencies

In July 2010, an immense flood submerged one-fifth of **Pakistan** under water and affected 20 million people. CARE, together with local partners, managed health clinics and distributed tents, kitchen sets, bedding, blankets and hygiene kits. We set up cash-for-work activities and provided communities with access to clean, safe drinking water. In the on-going recovery phase, CARE is building shelters in all affected districts, providing money for farmers to purchase seeds, equipment and fertilizer, and distributing cash grants for small businesses to re-establish livelihoods. We are also giving disaster risk reduction trainings so that communities can be better prepared for future floods.

After a devastating tsunami hit the coast of northern **Japan**, CARE organized food distributions and distributed relief items. We opened a community café and implemented other social activities to help traumatized survivors recover, and we provided support to the recovery of small businesses. The disaster has shown that CARE's experience adds value to the relief efforts even within a highly developed nation.



© Yoshio Kondo / CARE

Reducing the Difference: Closing the Gender Gap

CARE works with women and men, girls and boys worldwide to achieve gender equality as a fundamental human right. The key: by empowering women entire families can be lifted out of poverty.

Women and girls around the world are disproportionately affected by poverty and discrimination. The statistics paint a grim picture: 70 percent of the world's poorest billion people are women and girls and so are two-thirds of all illiterate people. Women work two-thirds of the world's working hours, earn ten percent of the world's income and own just one percent of the world's property. Often, they are not allowed to make decisions on their household's income and are confined within the walls of their homes. Yet at the same time, women are an important part of the solutions needed to truly overcome poverty. They play a key role in navigating their family to a better life.

CARE's experience shows that simply including women and girls in development projects does not empower them. It's more than that. We have to look at the entire system, the larger community in which women live. Modest income gains, a cow or a new handicraft skill, won't translate into sustained change if a woman's family, community and the whole society continue to keep her within traditional boundaries.

So how does CARE empower women and girls? We define empowerment as the total sum of changes needed for a woman to realize her full human rights: the combined effect of changes in her own aspirations and capabilities, the environment that influences or dictates her choice, and the interactions she engages in each day. Such a holistic approach provides women with the necessary tools and skills to break through the barriers of their lives. Empowerment encompasses more than giving training or a loan. Empowerment means changes to the relationships and social structures that shape the lives of women and girls.

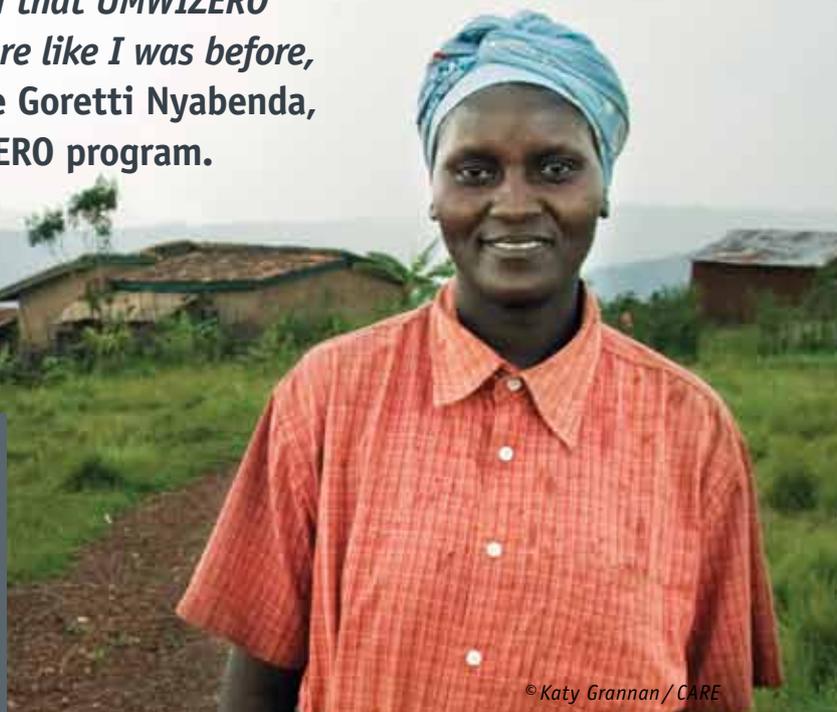
Take Marie Goretti Nyabenda from Burundi as an example. The 34-year-old joined a CARE program

called UMWIZERO assisting women to form savings and loans groups. Whereas Goretti's husband was at first reluctant to let her join, he quickly saw the benefits as the group not only saved money together and made investments, but they also helped each other in their daily chores. At the same time, CARE worked with local leaders and men to examine and challenge social norms that marginalize women. Eventually Goretti and the other women gained the greater respect of their husbands. Nearly three-quarters of participants in the UMWIZERO program were able to more greatly partake in their household's decision-making and spending. And as it is often women who make decisions for their children's health care, schooling and nutrition, the entire family benefits from these changes.

Women's empowerment cannot yield such successes if we exclude men and boys. Men are often those who define and keep women within their boundaries. But when we engage with them they quickly realize the benefits of their wife's empowerment. For example, CARE works with young men in the Balkans to deconstruct masculinity in their culture. Through campaigns, 'real men' clubs and workshops throughout the school year, they reflect upon topics such as gender, sexuality or violence. At the end, their attitudes have changed – and they see women as more equitable partners. Our efforts can only have lasting effect when men are allies in our mission to empower women and achieve gender equality.

Promoting gender equality and empowering women is one of the eight United Nations Millennium Development Goals (MDGs). For CARE, it's the key to lifting entire families out of poverty – and it defines our programs worldwide. Because at the end of the day, we want to hear more women such as Goretti proclaiming: "I am the happiest woman in the world."

“The solidarity between women in my group helps us get through problems in many ways. I wish that UMWIZERO could touch all the other women who are like I was before, so they can taste my happiness.” Marie Goretti Nyabenda, participant of CARE Burundi’s UMWIZERO program.



© Katy Grannan / CARE

> Gender equality and women’s empowerment: Where is the difference?

For CARE, gender means the socio-cultural constructs, differing somewhat from culture to culture, that affect the daily lives of males and females. All people absorb their culture’s expectations of how women and men should act, think, relate to others, and what they can aspire to in life. Because gender is created by human societies, it can also be changed by human societies.

CARE’s global gender policy defines gender equality as the equal enjoyment by women, girls, boys and men of rights, opportunities, resources and rewards. CARE believes that any person’s enjoyment of rights must not be governed by the fact that they are a man or a woman, and that gender equality is an explicit, internationally recognized human right.

Women’s empowerment is an essential component of gender equality – the latter cannot be achieved without the former – and it too implies a desired goal: an ‘empowered woman’. CARE’s framework for understanding is that multiple factors cause disempowerment and inequality, and therefore multi-dimensional solutions are required to address them.

Advocacy:

Drawing on research in Uganda, Nepal and Afghanistan, CARE advocated for meaningful participation of women in peace-building and post-conflict governance to influence decisions by the United Nations Security Council, the European Union and national governments. On the occasion of the 10th anniversary of the landmark United Nations Security Council Resolution 1325 on Women, Peace and Security we called for better inclusion of women in the prevention and resolution of conflicts, peace negotiations, peace-building, peacekeeping, humanitarian response and in post-conflict reconstruction.

What we achieved:

CARE’s programs worked to reach nearly **6 million people**, women and men, with information and tools to promote gender equality and empower women to claim their rights.

Reducing the Difference: Food Security

One in seven people in the world goes to bed hungry every night. One out of four children in developing countries is underweight. Malnutrition has lasting effects: Children deprived of good nutrition during the first 1000 days of life often have stunted growth, poor cognitive development and low immunity to disease. But malnutrition can be reduced when women are empowered. An example from Bangladesh demonstrates the links.

In 2004, when CARE started a program called SHOUHARDO with the goal to reduce malnutrition in children, women and girls in most villages of Bangladesh were confined to their homes, forbidden by tradition to walk the streets or sell products at the market. Without the freedom to move freely, these women were less likely to earn an income, access health services or obtain an education. Six years later, the picture has changed completely in all three project regions. Why? Because the women discovered that they had something that could break the cycle of seclusion: each other. SHOUHARDO formed women groups which met regularly to discuss and generate solutions for the daily problems they face at home or within their community. The women realized that together they can take action to support each other and transform social boundaries, such as child marriage, sexual harassment and the ban to move freely.

Many women began pooling their money together, forming village savings and loans organizations and converting their collective funds into loans for group members. They started small businesses, earning an income for the first time of their lives. Today, these women can provide their children with nutritious food, such as fish and meat, at least once a month. But they earned more than just money; they earned the respect of their husbands, their neighbours and their villages.



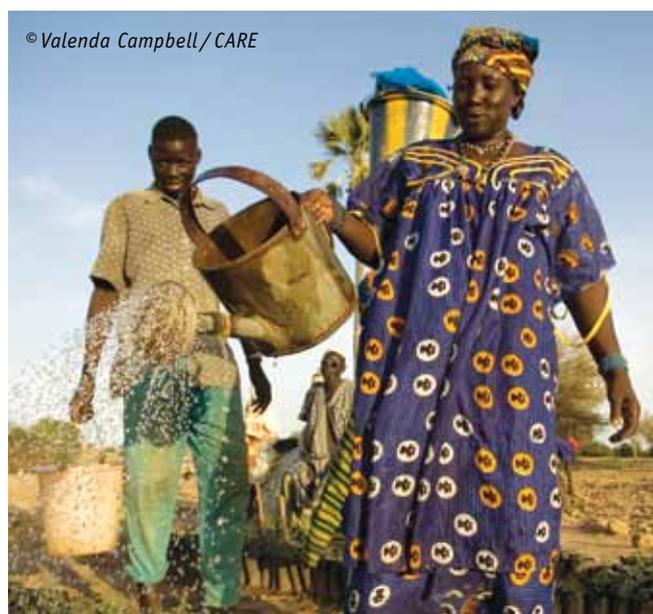
“Before the project, you could not get women out of the house. Now, I am struck by how many women and girls are talking to each other, and to me, outside their homes. These villages have completely changed. The voice that these women have now, well, it’s astounding.” Faheem Khan, Chief of Party, SHOUHARDO, CARE Bangladesh.



© Akram Ali / CARE

In 2,342 Bangladeshi villages SHOUHARDO implemented a set of direct nutrition interventions such as child feeding combined with indirect activities such as women’s empowerment. When the researchers evaluated the impact of the project, they were shocked. They could not believe their own results: in less than four years, the stunting rate – a measure of the shortfall in a child’s growth due to malnutrition – among children of 6 to 24 months in the target population had fallen from 56.1 percent to 40.4 percent. That’s an annual stunting reduction of 4.5 percentage points, dwarfing the 0.1 percentage point decline in the whole country. The data showed that the women’s empowerment interventions led to greater reductions in stunting than other interventions, such as those that improved sanitation and hygiene and those aimed at boosting a family’s agricultural production. SHOUHARDO gave women the tools to elevate their status in society and as a consequence, their children grew healthier and taller.

What we achieved:
CARE worked to improve food security for **8 million people** by providing nutritional support and promoting sustainable agriculture.



© Valenda Campbell / CARE

Reducing the Difference: Maternal Health

Worldwide, hundreds of thousands of women die from complications during pregnancy or childbirth each year, and millions are left with life-altering disabilities. The majority of these deaths can be prevented – if women have access to life-saving interventions.

The people living in Kasongo district of the Democratic Republic of Congo (DRC) are completely cut off from any social support. Civil war, neglect and inadequate governance destroyed a once-functioning health system, and today, most residents rely only on their ingenuity to survive. This remote district, which receives very scarce donor or government resources, is the scene for CARE's UZAZI BORA program. UZAZI BORA means "better childbearing" in Kiswahili and the name reflects its aim: to reduce maternal and newborn mortality through training of health care workers and the provision of family planning services. CARE worked together with journalists, musicians, dancers and Kasongo's most popular comedian to spread health care messages across the villages, in order to explain and de-mystify harmful practices. For example, many villagers associated the swollen feet of a pregnant woman with the premonition that the woman will give birth to twins. When CARE staff talked people through the logic, they swiftly acknowledged and understood that a woman with swollen legs should immediately consult a health worker.

But receiving better health care and health knowledge is only one side of the coin. Women must also be able to exercise control over their bodies, gain access to health care and live within families that support their rights to both. UZAZI BORA therefore works to challenge social and

gender norms so that women can make decisions for their own health. Women in Kasongo's villages have also started to inspire and help each other. CARE facilitated members of women's groups to visit neighbouring villages and hold their own educational discussions. This support is crucial for women to stand together and to receive the information needed to ensure a safe delivery.

UZAZI BORA doubled the number of women seeking professional birth assistance. When the program started, only 40 percent of women in the project area reported that their most recent birth had been attended by a trained health worker. Two-and-a-half years later that number rose to 78 percent. UZAZI BORA shows us clearly that we don't have to wait for a medical breakthrough to save the life of a mother.



© Bronwyn Walker / CARE

"CARE's approach differs from others. CARE does not just come along and tell. Instead, it asks, invites, encourages debates, provides examples and truly helps people change their minds with new information."

**Dr. Tshipamba-Mukongo, Kasongo Health Zone Office,
Democratic Republic of Congo.**

© CARE

Advocacy:

CARE worked to ensure that international policies and funding support local efforts, such as the UZAZI BORA program, by actively engaging in the Millennium Development Summit in September 2010 and the UN Secretary General Global Strategy for Women's and Children's Health.

- > As of August 2010, a second phase in CARE's efforts to integrate reproductive health into emergency programming has begun, using the lessons and experiences from UZAZI BORA. A new project is currently working in DRC, Chad and Pakistan to reduce unintended pregnancies and deaths from obstetric complications, including unsafe abortion.

What we achieved:

CARE worked to reach **41 million** women, men and children with information and services to improve maternal health.



Reducing the Difference: Climate Change

Millions of people around the world are increasingly affected by the changing climate – especially poor women and girls. In communities where CARE works, poor people are seeing with their own eyes how unpredictable rainfall patterns are causing water shortages, reducing crop yields and exacerbating hunger. They experience how natural disasters such as typhoons are destroying homes and how longer droughts are killing livestock and threatening livelihoods.

CARE is working to help people and communities in developing countries better adapt and become more resilient to a changing climate. We support women and men in becoming agents of change – because we believe that with the right knowledge and adequate means families are able to adapt self-sufficiently. They can apply new farming techniques, learn about drought-resistant crops, protect themselves from recurring disasters, diversify their incomes and secure rights and access over valuable forest resources. By strengthening women’s voices, we can ensure they have a stronger say in decisions that affect their lives.

Vietnam is a good example where CARE works closely with communities to reduce their risk to increasingly frequent and severe typhoons destroying homes and agricultural lands. Local residents not only help plant and restore mangrove forests as living storm barriers, but are active in Mangrove Management Boards that CARE helped establish. Women are heavily engaged in these, making sure that decisions benefit their families and communities. They have gained more confidence to speak out on behalf of themselves. And with their livelihoods being protected from storm surges and flooding, they can ensure that their families don’t lose their income and property. As of today, the villagers and CARE have planted and maintained 300 hectares of mangrove forests – that’s the size of 300 football fields.

We know that these efforts alone are not enough. In addition to working towards ensuring that all CARE’s programs consider and aim to minimize climate risks, CARE actively connects the experiences and needs of the people we work with to national and international policies and institutions. For example, we work to ensure that climate adaptation and the rights of the poorest and most vulnerable people are considered within the international climate change negotiations, national level adaptation plans and donor programs.



© Evelyn Hockstein / CARE



“Previously, at the village meeting the leaders would make decisions without asking the households. I would keep silent. CARE’s community-based approach changed the way to make decisions in our village. Now we are confident enough to make sure that any decisions being made benefit the whole community.” Vu Thi Hanh, participant of CARE’s Community-based Mangrove Management and Use Project in Vietnam.

© Cathrine Dolleris / CARE

➤ In 2010 CARE, recognizing the strategic importance of climate change, formally designated the Poverty, Environment and Climate Change Network (PECCN) as its first Centre of Expertise. PECCN was created to support CARE and its partners in developing and implementing projects, as well as to advocate for people who are most affected by climate change impacts.



© Ana Castañeda Cano / CARE

What we achieved:

CARE’s programs worked directly with more than **6 million people** on climate change.

Reducing the Difference: Education

In many developing countries hundreds of thousands of children have no opportunity to receive an education as there are no schools in their villages, not enough teachers available or their parents have no money to pay for school fees, uniforms and materials.

With limited resources, parents often decide to send their boys to school while girls are tasked to help with household chores. But investments in girls' education may be more effective than any other spending in global development. An educated girl is more likely to delay marriage and childbirth, enjoy greater income and raise fewer, healthier children.

When 16-year-old Sushila stopped wearing her traditional dress in favour of more comfortable modern clothing, the outcry in her village in India was immense at first. Many women objected, but Sushila stood firm – and soon many young girls followed her example. Sushila graduated from one of the boarding schools in India supported by CARE, where girls who have no prior schooling complete an entire accelerated primary education in less than one year. The girls learn more than simply to read and write: They learn to respect themselves. Deciding what clothes to wear might sound natural to some, but it was a huge step forward to a confident future for girls like Sushila.

In CARE's UDAAN schools (Udaan means 'to soar') around 100 girls each year live in a tight-knit educational community. They participate not only in reading and writing classes, but also in camp management, sports, drama and other activities that boost confidence and leadership skills. The development of leadership skills is important to help girls express their opinions and ideas, to

take action on issues of personal importance, to make healthy decisions, and to work toward future dreams and goals. Sushila's story is just one example. She decided to wear the clothes she likes – and became a role model for other girls.

CARE's POWER TO LEAD ALLIANCE (PTLA) provides the setting for 50,000 girls of 10 to 14 years of age in Egypt, Honduras, India, Malawi, Tanzania and Yemen, to practice their leadership skills both inside and outside the classroom. Girls feel safe within these environments, as shown by their high levels of engagement in various activities such as youth councils, academic clubs, scouts, awareness campaigns, and environmental work. They speak about their own development as leaders through these activities, as well as about the development of their peers. The outcomes are astounding: 70 percent of girls have enhanced leadership skills and competencies and 70 percent of groups of girls

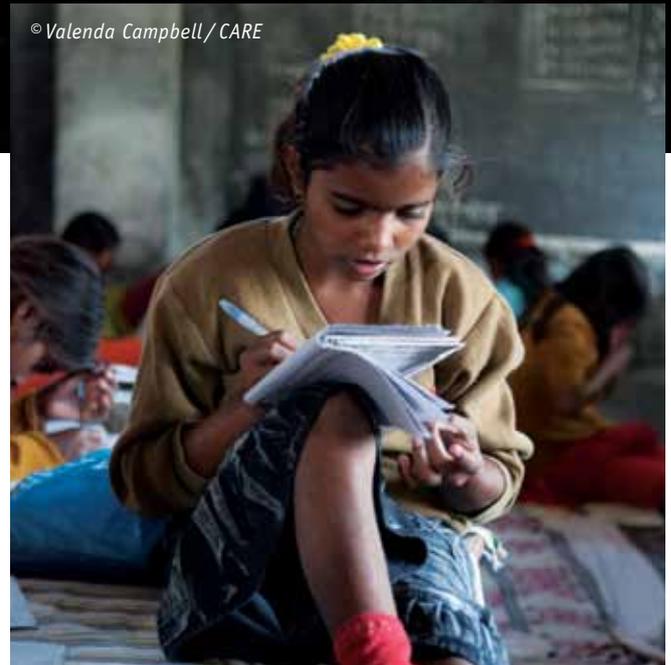


© Josh Estey / CARE

“The project was a turning point in my life because it gave me the tools to sharpen my writing talent. The library was for me like the palace where I could go and find myself. I read and write and discover the great person in myself.” Jamilah, 16 years old, participant of CARE’s Power to Lead Alliance Program in Yemen.

report undertaking leadership actions in their homes, schools, or communities. For example, these girls are speaking out in their families, advocating for their own rights as well as those of siblings. They are consulting community leaders and asking them to address such concerns as school violence and early marriage.

And while girls begin to transform their lives, their parents change too. Many women formerly believed that girls were best suited for housework and other chores, but CARE collected evidence that this attitude is changing. After witnessing their daughters’ newly discovered confidence and abilities, fathers are allowing greater mobility for daughters, and boys have also become advocates for their sisters. The empowerment of girls is truly empowering for entire families.



What we achieved:
 CARE’s programs worked to provide more than **5 million people** with improved access to school and better quality education last year.

Reducing the Difference: HIV & AIDS

Approximately 34 million people live with HIV worldwide. The vicious cycle of poverty, discrimination and inequality leaves women particularly vulnerable to an HIV infection. Whereas medicine for lifelong treatment is readily available in the developed world, millions of poor women and men have no means to buy expensive medication.

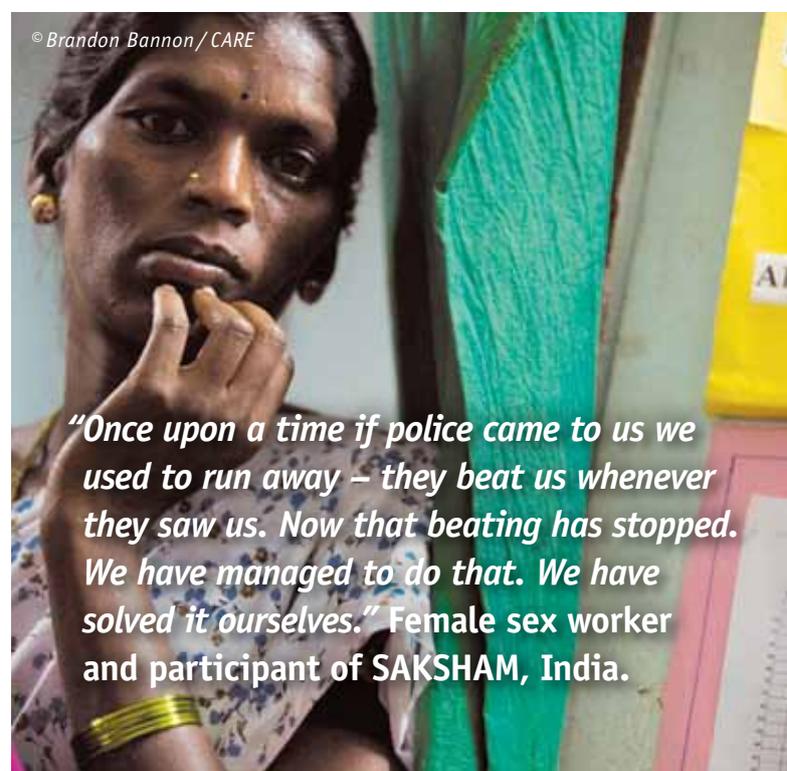
When CARE India implemented its SAKSHAM project to help female commercial sex workers protect themselves from HIV infection, project managers realized that educational interventions and improved access to condoms and testing facilities alone did not root out the vulnerabilities the sex workers face, such as stigmatization among the community and gender-based violence by the police, clients and others. It quickly became clear: only by challenging the social structures could those vulnerabilities be overcome. And the women were the key to this, even though they lived at the margins of society; they self-organized and addressed social stigma and violence in their communities.

What we achieved:

Through health and social services, CARE worked to help more than **16 million people** protect themselves from HIV, reduce stigma associated with the illness, and mitigate its negative economic impact.

SAKSHAM has helped sex workers to create self-help organizations, through which they obtain health information and services, and bring about sustained changes in how they interact with the people and institutions that shape their lives, such as clients, pimps or madams, and the police. Women learn how to communicate and spread information within the sex worker community, they meet and seek services at drop-in centres and help each other effectively and sensitively in cases of violence and trafficking.

Through these interventions, SAKSHAM not only reduced the women's vulnerability to HIV but also to abuse by police and clients. Many participants expressed that they feel more confident to manage clients, police and other authorities. The police behaviour changed and violence against sex workers has decreased. As one police officer says: "We used to think it was really silly that CARE was working on such a theme as sex workers. Later on, after learning about their activities, we started feeling that they were doing the right thing. We used to treat sex workers with contempt, thinking what they were doing was wrong. We never gave them importance. There is increased awareness of their rights and they have become strong by forming a society."



"Once upon a time if police came to us we used to run away – they beat us whenever they saw us. Now that beating has stopped. We have managed to do that. We have solved it ourselves." Female sex worker and participant of SAKSHAM, India.

Reducing the Difference: Water, Sanitation and Hygiene

Water is both the source and a transformer of life. In some developing countries, women and girls walk many kilometres a day to collect water for their households. Shortening this amount of time makes a crucial difference: women and girls have more time for school and work, and access to safe water also results in women spending less time caring for family members who would otherwise fall sick due to unsafe water.

Safe water, hygiene promotion and sanitation facilities can also help keep a girl in school, particularly when she reaches puberty. For example in Western Kenya, CARE found that along with hygiene education, treating drinking water and making water and soap available for hand washing at schools resulted in an average reduction in absenteeism of about six days of school per year for each girl. Anecdotal information shows that girls are more likely to attend school regularly when clean latrines or washrooms — important facilities that assist in menstrual hygiene — are available.

What we achieved:

CARE worked to help more than **27 million people** develop sustainable water management practices and helped communities improve hygiene and sanitation practices.

In neighbouring Ethiopia, 34 percent of women felt significantly more empowered as a result of CARE's water and sanitation interventions. Two-thirds of the women felt there had been improvements to equality within the home, they experienced an improvement in control over household resources, and felt increased respect and dignity. When asked, the women proudly state examples of being more empowered due to the power of having a voice in the community, the pride of having a clean home and the sense of security resulting from the absence of attacks on the way to get water.

While women and girls suffer disproportionately from lack of access to water, they are often excluded from discussions regarding water allocation and management. CARE promotes local management of natural water sources and supports the inclusion of women in these discussions so that they have an increasingly strong and effective voice. In CARE's view, women's empowerment therefore goes hand-in-hand with the improvement and equitable governance of water supply and sanitation facilities.

"I decided I should be the model in my village so I took the initiative first." Ellema Sorra, participant of the Global Water Initiative in Ethiopia.

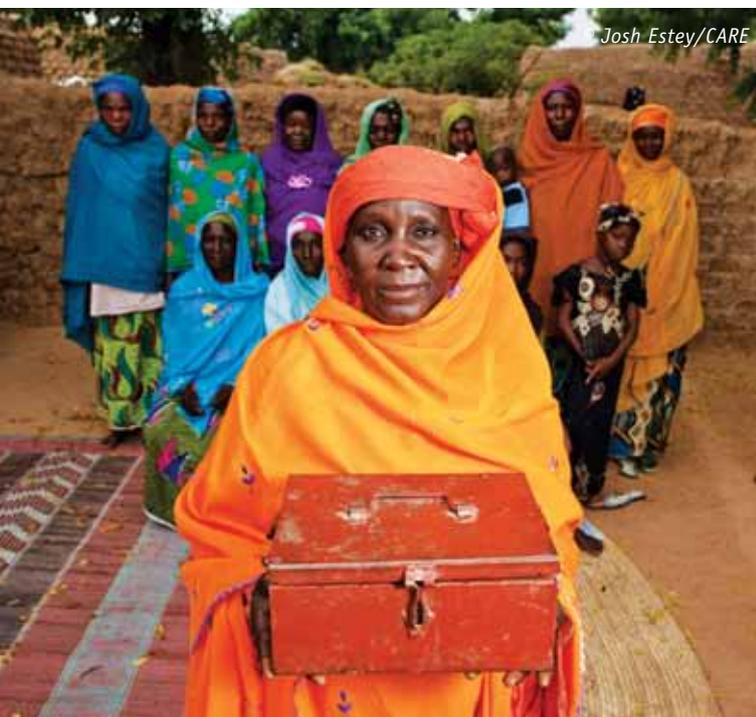
Reducing the Difference: Economic Development

In order to start a business and earn an income you need ideas, assets and skills. Poor women have ideas but often they lack financial resources and skills to realize them. By ensuring that women have access to loans, by showing them how to efficiently save and invest small amounts of money and by training them to improve basic business and marketing skills, women can become successful entrepreneurs.

We know from more than 60 years of experience: when women are on the move they will change their world. This is what CARE's project planners had in mind when in 1991 they introduced the simple but powerful model called MMD (Mata Masu Dubara stands for 'smart women') in Niger. MMD groups women into groups of 15 or 20 where they save money and build a savings fund together. Women borrow from it to invest in small businesses and use the income to repay the loan, with interest, into the fund. For the first time, many women earned their own incomes. They were able to save assets to prepare for times of hardship such as droughts, which regularly hit Niger – the poorest country in the world.

The groups became springboards for members' economic development, but also for their own personal, social and political advancement. Women took on new roles within their families, communities and even in local and regional politics. At home, women were now able to negotiate assets with their husbands and other members of the family – a huge step forward in a tradition that typically excludes women from household decision-making. As one survey showed, 83 percent of women said that their assets were now sold only with their permission. More than 200,000 Nigerien women from 7,000 groups have been involved since the program's inception. Consistent anecdotal evidence over the past two decades shows that villages with savings groups fare far better during food crises than villages without. Savings and loans groups start cereal banks that store grain for their village to help them survive the lean seasons. In other words, the women implement their own small safety net.

The model was so successful that it spread quickly across Niger. And it brought with it a sense of ownership and confidence – empowerment – for its female entrepreneurs. Twenty years after the first MMD group started in Niger, CARE's Village Savings and Loans Associations now thrive in 24 countries reaching over three million people in Africa. CARE has trained several local aid organizations to replicate the model. Women are genuinely on the move.



Josh Estey/CARE



“Through its women’s groups and networks, especially those of elected female officials, MMD has left its imprint on the women’s movement – a force that nothing seems able to stop.” CARE MMD project staff, Niger.

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What we achieved:

CARE worked to help more than **7 million people** improve their household income through increased access to financial and non-financial services, participation in village savings and loan associations, market linkages and diversified livelihoods.



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Spot the Gender Difference: Emergency Response

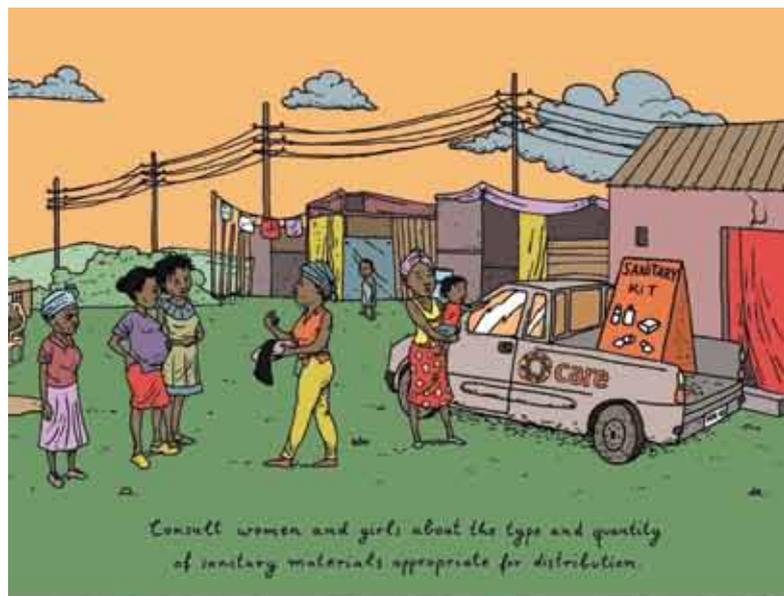
Emergencies are often a cause and effect of poverty and injustice. For communities that are already poor and vulnerable, any kind of disaster – human-made or natural – can destroy their livelihoods and assets in the blink of an eye.

Women, children and the elderly are often disproportionately affected. Significantly more women than men are injured or killed during hurricanes and floods. Women are less likely to be able to take heed of official warnings to evacuate for a variety of reasons, including not having a radio, or in the case of floods, not being able to swim. They are also often slower to run, being restricted by their clothing, their role as caretakers of very young children and older people, and cultural rules that prohibit them from leaving their homes without the accompaniment of a male relative. In times of crisis, women and girls are often the last to eat when their families run short of food, as the nutritional needs of men and boys are often viewed as more important. Women are also often the most vulnerable from the very beginning of a food crisis as they have the least resistance due to poor nutritional intake and overwork. According to the United Nations, 80 percent of refugees in the world are women and children.

Often, women are also part of our emergency response. When a cholera epidemic spread in Haiti in 2010, local volunteers were the heart and backbone of CARE's cholera response. Claudine Muscardy was one of them. The 48-year-old woman makes a living by selling fruits and vegetables and she is just one of many Haitians without a steady income. But Claudine was determined to help her community respond to the deadly disease that threatened hundreds of thousands of lives. Together with other volunteers she reached out to people with life-saving information about cholera prevention and treatment. She went to the villages, churches and local markets to spread the word: Wash your hands with soap, disinfect your water and your houses and do not wash your clothes in the nearby river. Claudine and her group took fate in their own hands, and with their initiative and hard work contributed to the protection of their community.

> Spot the Gender Differences

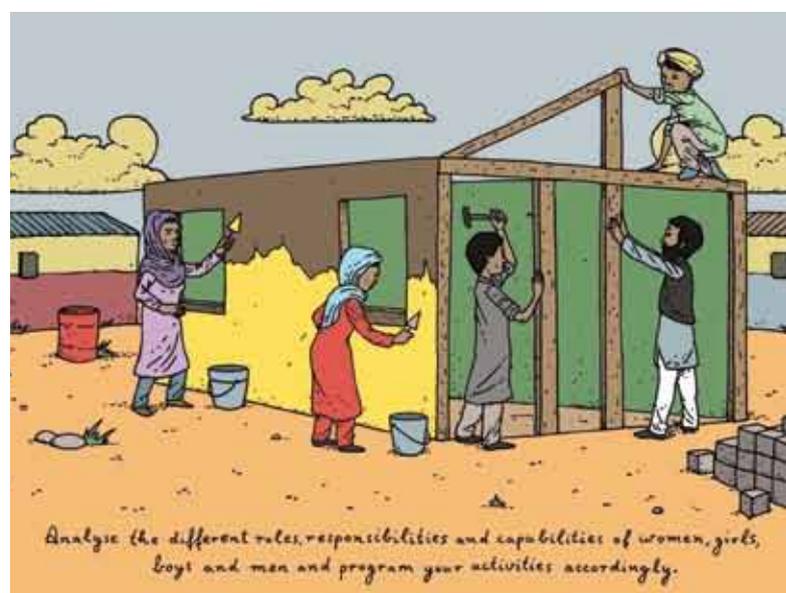
Women, men, boys and girls all have different needs in an emergency and CARE plans its response accordingly. Can you spot the differences?



“CARE was the first NGO to come and help us. It was great, because we gained confidence. They had not forgotten us, and what’s more, enabled us to strengthen our relationship with the community, to consolidate the committee’s legitimacy with that first step.” Elizabeth Iniatus, participant of CARE’s emergency response program in Haiti.

© Evelyn Hockstein / CARE

With a long-term presence in many of the world’s most vulnerable countries, CARE takes a comprehensive approach in our programs: helping people prepare for disasters, providing immediate assistance when a crisis hits, and helping people recover. While each emergency response is tailored to the needs of each situation, CARE focuses on three core sectors – food security, shelter, water and sanitation – all of which are supported by effective logistics systems. CARE also provides assistance in economic recovery, education, nutrition, sexual and reproductive health, psychosocial support, and agriculture and natural resource management. We aim to ensure that our emergency responses meet the needs and rights of women and girls in emergency settings. With trained staff already on the ground and a worldwide team of emergency experts, we partner with local groups to prepare for emergencies and provide fast, effective assistance to women, men, boys and girls when disaster strikes. Coordination with other aid agencies, governments and local groups is crucial to ensure we reach everyone in need.



What we achieved:
 CARE’s emergency preparedness, response and recovery programs reached nearly **12.5 million people** with special emphasis on the needs of those disproportionately affected by disasters: women, children and elderly people.

Make a Difference

Around the world, CARE offices are organizing events, public speeches, challenge tours – all with the help of committed volunteers. They raise awareness, engage the public and bring the needs of poor people to the attention of politicians. Here are a few examples. If you are interested and want to become engaged, just contact the CARE office in your country.

AUSTRALIA – Walk In Her Shoes

In 2011, CARE Australia launched the “Walk In Her Shoes” campaign, challenging people to walk 10,000 steps per day for a week while raising money to help empower women and girls to lift themselves out of poverty. Many corporate partners, schools and volunteers participated.

AUSTRIA – International Women’s Day

CARE Austria held an outstanding event on the occasion of the 100th International Women’s Day. On March 2 2011, 300 key people from finance, research institutes, media, aid organizations and politics as well as close partners and friends of CARE Austria gathered in the historical building of Palais Niederösterreich to celebrate the achievements of women worldwide and held a panel discussion on the impact of investing in women and economic empowerment.

CANADA – SKI4CARE

For the fourth time, the SKI4CARE sports event took place, bringing together companies and partners. At the ski resort Mont Avila in Quebec, skiers and snowboarders had a unique experience – and together they raised funds to support two CARE projects in Haiti and Cuba.

GERMANY-LUXEMBOURG – World Cup Summer Dream

During the FIFA Women’s World Cup in Germany, CARE Germany-Luxembourg invited 14 Kenyan girls and two coaches who participate in CARE’s ‘Sport for Social Change’ project. Touring through Germany and Luxembourg, the girls visited schools and practised with football teams, met with the women’s national football team of Germany and attended the opening game of the Women’s World Cup in Berlin. The trip was sponsored by adidas, Bundesliga-Stiftung, Commerzbank, Esprit and others.





© CARE UK

UNITED KINGDOM – Challenge Events

The 2011 CARE London to Brighton Bike Ride was a huge success, with 82 participants completing the 56-kilometre route from capital to coast. There was a fantastic mix of people on the bike ride: some new to cycling and some who had taken part in all three CARE London to Brighton Bike Rides, young and old, regular CARE supporters and those new to the charity, people training for the CARE London to Paris Bike Ride, CARE campaigners and regular donors, CARE staff and trustees, individuals and groups.



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USA – National Conference

To celebrate the accomplishments of women and recognize the challenges they still face, CARE USA celebrated the 100th anniversary of International Women's Day by kicking off its annual conference. The annual event united hundreds of CARE supporters: individuals, partner organizations, donors and corporate partners. During the three-day event, advocates learned about a range of CARE's work and issues, including panels on social entrepreneurship, aid effectiveness and gender norms. Participants also heard from CARE President and CEO Helene Gayle, Melinda Gates, Co-chair and Trustee of the Bill & Melinda Gates Foundation and Former First Lady Laura Bush. In addition, overseas staff from nearly 40 CARE countries, from Egypt to Afghanistan, participated in the conference and shared their unique in-country perspective.

Being Different, Being Accountable

CARE is a signatory to and holds itself accountable to internationally accepted humanitarian standards and codes of conduct, and we work with other aid organizations and United Nations agencies to improve humanitarian action and to influence policy.

Our commitment to accountability

CARE is committed to meeting international standards of quality and accountability while ensuring communities have a say in planning, implementing and evaluating our response. We measure our impact through monitoring activities, and internal and external evaluations. Some key networks in which CARE is involved or is a signatory to:

- Code of Conduct for the International Red Cross & Red Crescent Movement and NGOs in Disaster Relief
- The Sphere Project
- Humanitarian Accountability Partnership International (HAP)
- Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP)
- People in Aid.



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“Accepting responsibility for the consequences of our work”

Jock Baker, CARE’s Program Quality and Accountability Coordinator, explains what accountability means for CARE.

What is CARE’s approach to accountability?

CARE International seeks to achieve its vision and mission by following a combination of internal and internationally accepted principles and standards when responding to emergencies, assisting with rehabilitation efforts or promoting long-term development. We define accountability as the means by which we fulfill our responsibilities to our stakeholders and the ways in which they may hold us to account for our decisions, actions and impacts. It is about accepting responsibility for the intended and unintended consequences of our work. We strive to be accountable to all our stakeholders, but first and foremost to the poor, vulnerable and disaster-affected people and communities with whom we work, especially women and girls.

You can find CARE’s
Complaints Policy and
Information Disclosure
Policy on our website:
www.care-international.org



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CARE already implemented a Humanitarian Accountability Framework and is currently introducing an Accountability Framework that will apply to all of CARE's programming, operations and governance. Can you explain what these are?

CARE's Accountability Framework will clearly define our accountability commitments to each of our stakeholder groups, notably poor and vulnerable people. A major advantage of having a functioning Accountability Framework in place is that CARE's leadership will have a much better understanding of how our interventions will impact our stakeholders, including at a community level, when making key decisions.

In 2011, CARE International has implemented a Complaints Policy and an Information Disclosure Policy. What is their purpose?

For an Accountability Framework to fulfill its purpose there needs to be a suitable enabling environment. This includes incentives for CARE staff and for CARE's leadership to actively promote and model good practice. An important part of being accountable to our stakeholders is ensuring that we share information in a transparent way or, where we are unable to satisfy an information request, we provide a reasonable justification why we are unable to provide this information. CARE posts a substantial amount of information on the internet, including strategic plans, annual reports, advocacy

policy reports, program reports, research reports, external evaluations, and media releases – but in our Information Disclosure Policy we also define which information we have to keep confidential due to legal, operational, safety and security and practical considerations. We also believe that any stakeholder has the right to provide feedback to CARE, including a complaint, and that this feedback be reviewed and receive a response. The CARE International Secretariat has piloted a complaints system which is in the process of extending to all CARE Members and Country Offices.

Can you tell us some examples of good practice?

CARE Ethiopia, for example, established a voluntary advisory board made up of a diverse group of Ethiopians who are committed to the social and economic development of their country. The advisory board provides feedback to the overall direction being taken by CARE Ethiopia's leadership. Whilst this is not a formal governance structure, it provides valuable feedback from wider civil society, and helps to hold leadership accountable beyond their own line management and senior leadership teams. In Nepal, CARE uses 'Public Hearings' to explain to communities how much money they had, how it was spent, the results they achieved and what rights people have to monitor their work. This worked very well in the Nepalese context where there is a culture of speaking out, and this practice was later adopted by communities themselves in order to hold their leaders to account.

CARE International's Structure

CARE is a non-partisan, non-sectarian humanitarian organization fighting global poverty.

Our 12 Members

CARE International is a global confederation of 12 National Members working together to fight poverty and provide emergency assistance. Each CARE Member is an autonomous non-governmental organization and implements program, advocacy, fundraising and communications activities in its own country and developing countries where CARE has programs.

Our Affiliate Member

In 2011, we welcomed CARE India into our confederation as an Affiliate Member. CARE Peru is currently in the process of becoming an Affiliate Member. Both offices will further strengthen the global diversity in CARE's governance.

Our donors

CARE's work is made possible with the generous support of our donors, which include national governments, private individuals, the European Commission, foundations, corporations and United Nations agencies.

Our work in 84 countries

In fiscal year 2011, CARE worked in 84 countries around the world. In countries where we work, projects are implemented through a Country Office, which is managed by one of CARE's Members. This Member ensures appropriate and inclusive strategic planning and program development, sound financial management and control, and effective personnel hiring and management. CARE also supports projects in a small number of countries where we do not have a full Country Office.

Our partnerships

Partnerships are the foundation of CARE's work. By working with local groups and governments, we develop a deeper understanding of the context and build local capacity and ownership. CARE works with other national and international aid organizations and United Nations agencies to maximize the impact of our work, and we are an active member of several networks with the goal of alleviating poverty through policy change.

Our global Secretariat

The CARE International Secretariat is located in Geneva, Switzerland, with offices in Brussels, Belgium and New York, U.S.A. Under the leadership of the Secretary General, the Secretariat coordinates and supports the CARE confederation, represents the confederation at the United Nations and the European Union, and leads CARE's global advocacy. The Secretariat also houses the CARE Emergency Group and the CARE International Safety and Security Unit.



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> Our programming principles

CARE's projects are designed and implemented according to CARE's Programming Principles:

- Promote empowerment
- Work in partnership with others
- Ensure accountability and promote responsibility
- Address discrimination
- Promote the non-violent resolution of conflicts
- Seek sustainable results.

Our Staff

In 2011, we employed **11,300 staff**, with **97 percent** of them being local citizens of the country where they work.

Our Beneficiaries

In 2011 we supported **1,015** poverty-fighting projects to reach more than **122 million** people.

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Financial Figures

	CARE Australia	CARE Canada	CARE Danmark	CARE Deutschland- Luxemburg	CARE France	CARE Japan	CARE Nederland
COMBINING STATEMENT OF ACTIVITY AND NET ASSETS FOR THE YEAR ENDED JUNE 30, 2011 – '000 EURO							
SUPPORT AND REVENUE							
Agricultural commodities	-	-	-	-	-	-	-
Donor contributions	8,030	7,053	2,130	8,072	9,595	117	3,091
Programs contracted with member organizations	9,505	29,766	-	-	485	-	-
Contributions in kind	381	-	-	-	157	169	-
Government and non-governmental agencies grants	17,111	56,463	11,950	15,574	10,218	149	27,323
Interest and other income	789	138	679	873	472	875	131
Administrative support	-	861	786	-	-	-	-
TOTAL SUPPORT AND REVENUE	35,816	94,282	15,545	24,519	20,928	1,311	30,545
EXPENSES							
Development program activities and disaster and emergency relief	32,756	88,727	12,297	19,524	15,884	1,464	26,207
Supporting services and other expenses	4,909	5,291	2,951	4,481	4,945	1,859	2,785
TOTAL EXPENSES	37,665	94,019	15,248	24,005	20,829	3,323	28,992
EXCESS (DEFICIENCY)	-1,848	263	297	514	99	-2,013	1,553
Net assets, beginning of year	8,484	4,369	719	4,924	4,987	1,265	4,726
Other changes	-	110	-	-	-417	1,532	-1,499
Currency translation adjustment	385	-404	-2	0	0	-77	0
NET ASSETS, END OF YEAR	7,021	4,338	1,014	5,438	4,668	708	4,781
COMBINING BALANCE SHEET FOR THE YEAR ENDED JUNE 30, 2011 – '000 EUROS							
ASSETS							
Cash and short-term investments	18,213	18,784	3,212	8,669	3,809	1,349	5,739
Receivables from governmental and non-governmental agencies	3,276	2,253	2,627	3,424	4,869	-	36,420
Deposits and other assets	3,214	363	767	11,223	2,352	215	20
Property and equipment, net	771	3,482	-	66	9	169	-
TOTAL ASSETS	25,473	24,882	6,606	23,383	11,039	1,733	42,179
LIABILITIES AND FUND BALANCE							
Accounts payable and accrued expenses	2,692	6,072	102	165	4,054	699	547
Advances by governmental and non-governmental agencies	15,761	13,160	4,912	17,759	1,737	324	36,851
Debt and other liabilities	-	1,312	578	21	580	3	-
TOTAL LIABILITIES	18,453	20,544	5,592	17,945	6,371	1,026	37,398
Net assets	7,021	4,338	1,014	5,438	4,668	708	4,781
TOTAL LIABILITIES AND NET ASSETS	25,473	24,882	6,606	23,383	11,039	1,733	42,179

Financial Figures

CARE Norge	CARE Österreich	CARE Int'l UK	Raks Thai	CARE India	CARE USA	CARE Int'l Secretariat	Combined Adjusted	Total 2011	Total 2010
COMBINING STATEMENT OF ACTIVITY AND NET ASSETS FOR THE YEAR ENDED JUNE 30, 2011 – '000 EURO									
-	-	-	-	-	-	-	-	-	22,143
3,091	4,165	13,585	399	376	86,809	116	-	146,629	142,768
-	-	-	324	799	130,930	-	-171,810	-	-
-	-	177	-	-	34,519	-	-	35,403	36,604
15,879	15,177	45,790	5,765	336	168,258	382	-	390,376	351,884
52	91	179	80	2,704	12,652	31	-	19,747	19,162
-	-	-	-	-	-	4,240	-5,887	-	-
19,021	19,433	59,731	6,568	4,216	433,168	4,769	-177,697	592,155	572,561
15,120	16,717	48,003	6,051	3,597	383,668	406	-171,810	498,614	472,279
2,436	2,316	7,229	646	610	76,049	4,226	-5,887	114,846	107,751
17,557	19,034	55,232	6,697	4,207	459,718	4,632	-177,697	613,460	580,030
1,465	400	4,499	-129	9	-26,550	137	-	-21,305	-7,469
1,636	2,150	13,994	2,580	1,057	271,094	1,903	-	323,886	257,936
611	-	177	36	-	32,055	-192	-	32,413	34,812
159	-	-1,596	488	-	-39,574	0	-	-40,621	37,550
3,870	2,550	17,074	2,975	1,066	237,026	1,849	-	294,374	322,829
COMBINING BALANCE SHEET FOR THE YEAR ENDED JUNE 30, 2011 – '000 EUROS									
10,117	4,526	11,475	5,860	1,092	189,041	1,703	-	283,588	343,745
125	1,845	12,345	1,803	171	21,535	260	-10,861	80,091	87,929
-	167	416	33	81	148,456	199	-	167,506	143,259
10,330	111	227	32	45	14,159	-	-	29,402	16,860
20,572	6,648	24,464	7,727	1,389	373,191	2,161	-10,861	560,587	591,793
103	897	739	22	237	20,689	237	-10,861	26,393	37,475
16,228	3,201	6,326	3,729	-	68,257	75	-	188,320	175,275
370	-	325	1,002	87	47,220	-	-	51,498	56,212
16,702	4,098	7,390	4,752	324	136,166	312	-10,861	266,211	268,962
3,870	2,550	17,074	2,975	1,066	237,026	1,849	-	294,376	322,830
20,572	6,648	24,464	7,727	1,389	373,191	2,161	-10,861	560,587	591,792



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CARE International Japan

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CARE Nederland

www.carenederland.org

CARE Norge

www.care.no

CARE Österreich

www.care.at

Raks Thai Foundation (CARE Thailand)

www.raksthai.org

CARE International UK

www.careinternational.org.uk

CARE USA

www.care.org

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www.careindia.org