**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.
This past financial year was an important watershed in CARE International’s transformational change process. The organisational changes we have embarked upon are fundamental to positioning CARE for greater impact and effectiveness in the fight against poverty and social injustice in the years ahead. It will enable us, among other things to strengthen our capacity to: empower women and girls and promote gender equality; reduce sexual and gender based violence; work more effectively with and through local partners; enable poor people to become their own advocates; and develop innovative approaches to fighting poverty.

In 2013, CARE India became a full Member of the CI Confederation, joining twelve Member countries and our Affiliate Member CARE Peru. In all of what we do, CARE strives to engage local partners, especially women, to enable them to bring about positive change in their communities. Over 97 percent of our staff come from the country in which they work, and we are dedicated to being accountable and transparent to the communities we serve and our partners.

In fiscal year 2013, CARE worked in 87 countries around the world, supporting 927 poverty-fighting development and humanitarian aid projects, to reach 97 million people.

My heartfelt thanks and appreciation go out to our partners, donors, stakeholders and staff. Your support and investment enables us to continue to fight poverty and injustice in the poorest communities in the world!

The evidence is overwhelming that empowering women and girls is essential to reducing poverty. Women and girls are disproportionately affected by poverty and by humanitarian disasters and play a hugely disproportionate role in lifting their families and entire communities out of poverty and in recovering from disasters. In this annual report you’ll find some great examples of our important work on gender equality, which of course involves working with both women and men.

Climate change represents a fundamental challenge to CARE’s poverty-fighting mission, and it threatens to reverse many decades of progress in reducing poverty. We are committed to helping communities become more resilient in the face of this enormous challenge and to advocating at local, regional and global levels to mitigate climate change and for international support to help poor communities adapt to its devastating effects.

I am proud of our many accomplishments over the past year and of the tireless work of our amazing CARE staff and partners. Nevertheless, as climate change demonstrates, huge challenges lie ahead. I hope the stories and evidence in this annual report will inspire you to join us in overcoming them.
Highlights from CARE International

CARE demanded bold action at the United Nations climate talks (COP18) in Doha in 2012, leading civil society calls for a new ‘international mechanism’ to address climate change loss and damage. CARE worked with the World Wildlife Fund and ActionAid to coordinate a letter to government ministers signed by 50 NGOs and international organisations. This helped pave the way for the creation of the new mechanism at the UN climate talks in Warsaw in December 2013.

CARE International participated in the London Family Planning Summit to ensure more than 120 million women in developing countries have access to family planning services and information by 2020. Spearheaded by Dr. Julia Newton-Howes, CEO of CARE Australia, representatives from CARE Australia, Austria, France, Germany-Luxembourg, Norway, Peru, UK, USA and the CI Secretariat passed on our knowledge and evidence about family planning, as seen in the report *Women’s Lives, Women’s Voices: Empowering women to ensure family planning coverage, quality and equity.*

At the 57th session of the United Nations Commission on the Status of Women, CARE advocated for the elimination and prevention of violence against women and girls. CARE International staff and partners from Egypt, Sri Lanka, India, and Uganda met with activists and diplomats to address the causes of sexual and gender based violence in different regions. In relation to International Women’s Day, CARE highlighted the need for education, economic and political empowerment of women and girls, and peaceful resolution of conflict situations to end all forms of violence against women and girls.

CARE International’s gender expertise played a key role in influencing the European Community Humanitarian Office’s (ECHO) Gender in Humanitarian Aid policy. Our leadership resulted in ECHO integrating key language proposed by CARE in the document, as well as the evaluation of gender sensitivity within program proposals funded by the European Commission.

Visit www.care-international.org for more information.
Highlights from Country Offices

- In FY13, CARE Zambia and CARE Madagascar celebrated their 20-year anniversary.
- In response to the conflict in Syria, we opened a new office to help refugees in Lebanon.
- As a result of our intensive work with Syrian refugees, CARE Jordan published the report Syrian Refugees in Urban Jordan to provide evidence and recommendations on how to help urban refugees recover, especially women and girls.
- We highlighted our work among women, girls and boys in Roma communities in Bosnia and Herzegovina, Croatia, Kosovo, Montenegro and Serbia in the report Evidence of Change in Gender Equality and Women’s Empowerment in the Balkans.

Highlights from Members

CARE International UK was present when for the first time in the G8’s history the issue of sexual violence against women during conflict was discussed by Foreign Ministers in London. British Foreign Secretary William Hague and United Nations High Commissioner for Refugees special envoy Angelina Jolie met with G8 Foreign Ministers to launch the G8 Declaration on Preventing Sexual Violence in Conflict. All of CI UK’s recommendations were adopted in the final declaration, including comprehensive support for survivors, improved UN coordination and a focus on tackling gender inequality.

In 2013, CARE Canada’s Humanitarian Assistance and Emergency Team deployed to all major complex emergencies and natural disasters, including the Sahel (Mali, Chad, Niger), Jordan, and Lebanon. CARE Canada maintains a six person standing team ready to deploy around the world and comprised of highly experienced humanitarians with a diverse set of skills, including food security and livelihoods, gender, logistics, water, sanitation, hygiene (WASH) and emergency management. Other CARE Members employ deployable team members as well.

Together CARE France, CARE Germany-Luxembourg and CARE Netherlands launched a major reconstruction program in Haiti. With funding of USD 13 million from EuropeAid, the program works to retrofit housing to be more earthquake resistant.

On International Women’s Day, CARE India collaborated with the UN Global Compact Network and UN Women to launch the Women’s Empowerment Principles, a set of business guidelines to empower women in the workplace, marketplace and community. CARE India also published Affirmations in Her Own Voice, a 124-page book of resilient and courageous women from CARE programs who fought for their rights against all odds.

CARE Germany-Luxembourg led a campaign called Life Ribbon against Maternal Mortality to create awareness for maternal health and to call for political action to achieve Millennium Development Goal 8. The online petition, signed by over 5,000 people, was handed over to the German government. At the end of the campaign, CARE organized an expert forum in Berlin to convene policy makers and practitioners in the field of maternal health.
In the fiscal year of 2013, CARE worked in 87 countries around the world, supporting 927 poverty-fighting development and humanitarian aid projects, to reach 97 million people. 97 percent of CARE staff come from the country in which they work.
KEY:
• Countries with CARE programming in FY13
• CARE International Member
• CARE International Affiliate Member
• CARE International Secretariat (Geneva, Brussels, New York)
• Sub-office

CARE INTERNATIONAL MEMBERS:
73. Austria
74. Australia
75. Canada
76. Denmark
77. France
78. Germany-Luxembourg
79. Germany-Luxembourg
80. Japan
81. Netherlands
82. Norway
-- Thailand
83. United Kingdom
84. United States
-- India (full Member since November 2013)

CARE INTERNATIONAL AFFILIATE MEMBERS:
-- Peru

CARE INTERNATIONAL SECRETARIAT:
85. Geneva, Switzerland
86. Brussels, Belgium
-- New York, United States

SUB-OFFICES:
87. Czech Republic (of CARE Austria)

\* Limited presence or working through strategic partnerships.  * CARE Peru and CARE India were Affiliate Members of CARE International in FY13. In November 2013, CARE India became a full member of CARE International; CARE Peru maintains affiliate status.  ^ CARE Thailand and CARE India are both members of CARE International and countries with ongoing programs.  ◊ CARE Germany-Luxemburg has offices in both Germany and Luxemburg.
In 2011, CARE International began a consultative process across its confederation and with external partners to identify ways to change in light of a rapidly evolving world. The document that resulted from this, CARE 2020, was approved by the CARE International Board in 2012. Guided by this document, CARE International has begun redefining its role, structure and organisational make-up to better contribute to a world where poverty has been overcome and people live in dignity and security.

Guided by this future vision, we anticipate several transformational changes to our organisation.

- Our leadership and organisational make-up will be more globally diverse, providing greater legitimacy and fresh opportunities.
- We will continue to have a global presence, working with more partners.
- We will engage new, non-traditional allies, expanding our networks and attracting new investors.
- We’ll implement a global program strategy that defines our roles around promoting innovative solutions for humanitarian action and sustainable development.
- Advocacy and knowledge will be critical in our efforts to multiply our impact within and beyond the communities we work with.
- We’ll stand with the poor and marginalised and also with those who refuse to accept the injustice of poverty. And we’ll connect them all, poor and power holder, to find solutions together.
- Women’s empowerment and gender equality will continue to be core to our identity. Working alongside all people, including men and boys, we will strengthen the voice of women and girls and transform unequal power relations, as we know this is an effective strategy for eliminating poverty.

- We will change our organisational structure to improve efficiencies, interdependence and to better allow us to implement our program strategy.

And in all cases we’ll work in partnership with a wide range of actors from civil society, government and the private sector.

CARE International has examined its nearly 70 years of experience in fighting poverty and determined the changes required to become the organisation outlined in CARE 2020. Working alongside our partners and allies, we’re strategically transforming to achieve this vision, pursuing our mission with both excellence and compassion.
The guiding principles of **CARE 2020** were at the core of the majority of our projects during fiscal year 2013, namely: empowering women and promoting gender equality; reducing sexual and gender based violence; working through local partners; enabling poor people to become their own advocates; and developing innovative approaches to fighting poverty.

- **93%** of CARE’s projects addressed **women’s empowerment and gender equality**, facilitating transformative change in gender roles and empowering women and girls.
- **52%** of CARE’s projects **implemented strategies to address sexual and gender based violence**.
- **46%** of CARE’s projects were fully implemented with and/or through **partners** and **46%** were partly implemented with and/or through **partners**.
- **69%** of CARE’s projects helped poor people **claim their rights and advocate for policy changes** at local, national or regional levels.
- **65%** of CARE’s projects either developed new **innovative approaches** or multiplied previous successes for **reducing poverty and inequality**.

CARE ensures that mothers and children in Zambia have access to quality, lifesaving healthcare and nutritional support.
We are committed to serving the poorest individuals and communities with new and innovative projects that fight poverty and injustice. CARE empowers people, especially women, to become grassroots activists and drivers of change in their communities. We are continually evaluating our methods and actions to become more effective and develop new strategies for social justice. The following projects are examples of CARE’s innovation in the fight against poverty.

CARE is helping communities adapt to the impacts of climate change through our Adaptation Learning Programme (ALP) for Africa. Our evidence shows that community-based adaptation (CBA) is both an effective and cost-efficient approach to increase food security in poor communities. By passing on new knowledge about climate change, weather patterns and sustainable farming methods, CARE enables communities to flexibly adapt to change and take ownership of their future.

For example, through “Participatory Scenario Planning” workshops, we use weather forecasts and local community knowledge to give community leaders more information on rainfall and climate trends, when to plant different crops and how to store grain. Read more about our response to climate change through community based adaptation in Niger and Kenya: www.careclimatechange.org.

CARE is developing new strategies to help local teams of public healthcare providers to improve maternal and child health in India. In our Integrated Family Health Initiative (IFHI), we support teams of frontline public health workers set their own goals and pledge to achieve them by working together. Health goals include teaching mothers about exclusive breastfeeding, complementary feeding using cereal-based porridges, use of contraceptives and vaccinations. Targets are set for each quarter, and non-financial incentives are provided to team members.
Also in India, **CARE is enabling public health workers to use technological solutions for tracking maternal and child health.** So far, 512 frontline health workers use information and communications technology to register and track pregnant women and children until the age of 24 months. In addition, workers use mobile phone based protocols to interact with mothers and mobile apps to schedule visits. By digitizing data, health workers improve the accuracy and timeliness of their data collection and follow-ups.

Through our participation in the **Great Lakes Advocacy Initiative (GLAI)**, **CARE is empowering survivors of sexual and gender based violence (SGBV) to become activists and advocates within their communities and countries.** CARE supports SGBV survivors in Burundi, the Democratic Republic of Congo, Rwanda and Uganda to develop grassroots activism and evidence-based advocacy to influence attitudes, policies, laws and behaviours. As a result of its actions, CARE has seen a change in mindset towards gender and violence in the four countries. Survivors of violence are more willing to seek help and access psychosocial support, and communities are addressing the causes of SBGV and working together to find solutions. CARE’s grassroots advocacy has resulted in legislation addressing women’s human rights at regional, national and international levels, such as the International Conference on the Great Lakes Region (ICGLR), the UN Security Council and the UN Commission on the Status of Women (CSW).

In Guatemala, **CARE helps families to send their daughters to school, enabling generational change that will have long-lasting effects in their communities.**
TACKLING THE GLOBAL INJUSTICE OF CLIMATE CHANGE

Climate change is happening right now. Worldwide, temperatures are increasing, sea levels are rising and rainfall is becoming more erratic and unpredictable. However, it is the world’s poorest who are already bearing the brunt of more intense and frequent climate-related events that worsen inequalities and destroy lives and livelihoods.

The causes and consequences of climate change are therefore a stark global injustice; poor and vulnerable people have done the least to cause the greenhouse gas emissions that lead to climate change yet are being hit hardest by its impacts.

CARE is responding to this growing global crisis by strengthening its organisational capacities and tools to deliver innovative, community-based and local solutions to help people adapt and build their resilience. In 2013, we helped almost 400,000 people adapt to climate change and taught more than 320,000 people how to preserve the environment and natural resources.

Elders in Sinhanhe in Mozambique’s Nampula province never expected they would have to re-learn how to farm their land. So productive were their pastures that the village was once renowned for its high yields.

But recently, something strange has happened. The rains have started to fail. For Muahera Antonia, with seven children to feed, every ruined harvest is a worry.

That’s why in 2013 CARE helped Muahera prepare by introducing Nampula province’s Farmer Field Schools.

“After seeing soil fertility and crop production improve, I wanted to learn,” says Muahera.

Sinhanhe’s farmers have long relied on traditional techniques. But, in more extreme conditions as a result of the changing climate, they’re failing.

Now, one year on, Sinhanhe’s farmers are using ‘conservation agriculture’ to tackle the lack of rain.

They’ve learnt new methods like protecting soil with leaves so it stays moist and covering crops with green manure to restore soil fertility. And they’re using weather forecasts to predict when it will rain - or not.

The new approach means higher yields and more nutritious food, reducing the village’s vulnerability to climate impacts and improving people’s capacity to adapt to extremes.

“The [field schools] helped us understand and plan for the changes we see and feel which are not only happening in Sinhanhe, but everywhere in the world”, says Muahera.
CARE’s dedicated Centre of Expertise, the Poverty, Environment and Climate Change Network, spearheads this global commitment.

CARE is supporting people around the world to adapt to the effects of climate change, for example farmers in Ghana to increase their productivity in the face of severe drought. We're helping coastal communities in Thailand find new livelihoods when fish stocks fail, and we’re working with people in Peru’s highland regions to adapt to erratic rainfall and variations in water supply caused by melting glaciers. At the same time, we’re working to address the underlying causes of vulnerability with a strong focus on gender.

CARE is also advocating for urgent climate action from governments and institutions, including rapid emissions reductions, scaled-up climate finance and smarter investments to help vulnerable communities adapt, plus developing new measures to address climate-related ‘loss and damage’.

Vietnam is likely to be one of the countries hit hardest by climate change due to its long coastline, high dependence on agriculture and relatively low levels of development in remote rural areas. Given that climate change has particularly acute consequences for people living in poverty, in 2013 CARE published new research into ethnic minorities in Vietnam’s northern mountainous regions, their vulnerability to climate change and their capacity to adapt. The findings are helping to inform CARE’s poverty-fighting work with marginalised ethnic minority women in the country and region. Read more about our work in Vietnam: www.careclimatechange.org
INVESTING IN WOMEN THROUGH ECONOMIC DEVELOPMENT

When women are given the chance to succeed, they transform their families and communities. CARE helps women become innovative entrepreneurs through financial training, access to income-generating activities and loan opportunities. As women and men learn basic business skills and how to better save money for their families, poor communities become prepared for future crises or droughts and give their children the chance for a better future. Last year, CARE worked with more than 1.6 million women and men to develop sustainable and prosperous livelihoods.

Young mother Alice Régis, 31, knows what it’s like to change the course of her life. In a small village in the commune of Grande Anse, Haiti, she and her partner struggled to feed their family and pay for their son’s schooling. But when she had the opportunity to join CARE’s Village Savings and Loans Association (VSLA), she took the chance and became an entrepreneur. “I used the little money I made from my sale of mangos and bought “shares”. Then later, I took out a loan, and with that, I started a small business,” Alice explains.

CARE’s innovative VSLA approach allows rural poor people, particularly women, to pursue economic independence in their community. Small groups of 30 people are formed, and every week members save a fixed amount of money in the communal fund. They can then borrow from the fund at a low monthly interest rate decided by the group. At the end of an agreed period or ‘cycle’, the savings and interest earnings are shared among the members in proportion to the amount that each member saved throughout the cycle.

“With my shares, we began building a house on a piece of land that my parents own. I want VSLA to reach all corners of Haiti”, Alice concludes. “It became instrumental to our progression in life. It gave us this house and is filling me with hope for tomorrow. I truly believe it is the key to a better, brighter Haiti, and that’s all I want for my children’s future.”

Village Savings and Loan Associations have empowered over 4 million women and men in 41 countries around the world.
Education is the key to giving girls and boys a brighter future. However, in many poor communities, girls are taken out of school at a young age or are forced to drop out to provide for their families. CARE is changing mindsets and promoting gender equality by working with families and community leaders to realize the value of girls’ and women’s education. Last year, CARE helped almost one million people access education or technical training.

Bouvanna Nhem, a 17-year-old ninth grader in Ratanakiri province, Cambodia knows how fortunate she is to go to school. After dropping out of school because of the cost and the 13-kilometer hike in a remote area, she is one of many indigenous children and adolescents who are getting a new opportunity to return and stay in school. Minority communities in Ratanakiri province face deep poverty, chronic food shortages and geographic isolation. As a result of language barriers, indigenous populations like Bouvanna’s are often unable to attend government schools and have low literacy rates.

CARE’s Highland Community Education Program is helping indigenous children in northeastern Cambodia get an education. Since 2002, the program has become a unique example of cooperation with the Ministry of Education, Youth and Sport and helped to bring multilingual and multicultural primary education to community-governed schools in villages that have never had access to formal or non-formal education before.

Bouvanna is self-confident and hopes to attend college one day. She participates in the school’s girls’ leadership program and volunteers as a peer counsellor. “I enjoy peer counselling because it helps me become an effective listener when my friends tell me their problems,” says Bouvanna. “Many of the students deal with difficult issues, including family pressure to marry or to contribute to the family income. I listen to them and we solve the problems together.”

Education for indigenous girls like Bouvanna means long lasting change in marginalised communities: girls are more likely to marry later, have better health and lower rates of maternal mortality, and make sure their children also receive education.
According to the World Health Organisation, 800 women die every day from preventable causes related to pregnancy and childbirth, and almost all of maternal deaths occur in developing countries. CARE provides access to life saving health services that can reduce almost all of these deaths. Through access to family planning services, pre- and postnatal care from a trained doctor or midwife, and increased quality of emergency assistance, maternal and infant deaths can be prevented. In 2013, CARE reached more than 53 million people with information and services to improve maternal health.

Despite her family obligations to her husband and six children, for over a decade Alice, 46, has dedicated whatever free time she has volunteering as a child health promoter in Zambia. Inspired by a desire to work with children and learn about their welfare, Alice joined CARE’s Moyo wa Bana project twelve years ago and has been providing basic health services in Chelu ever since.

In Zambia, improving maternal and child health depends on community health workers and volunteer child health promoters to deliver education and health services in rural communities. The work of volunteers like Alice is essential in delivering basic public health services where the state’s health system is unable to do so. They act as a link between communities and the Zambian health system.

Some of the most important lessons Alice says she has learned during her time as a health volunteer include how to support the growth and development of children by providing adequate nutrition and health care. She says this training has helped her understand how to provide proper nutrition to her own large family and care for other women and children in her village. “If the child is sick, I visit the mother; if the condition is serious, I encourage her to visit the nearest clinic,” Alice says. So far, this strategy has allowed Alice to save four children from dying.

Alice attributes her knowledge of how to treat these cases to “all of the training I got from Moyo.” Now she wants to take her skills to a new level and become a professional health worker. “Because of the skills I gained by volunteering with CARE, I now have the knowledge and the inspiration to become trained as a community health worker.”
Hunger, malnutrition and food insecurity are a daily reality for many poor communities, especially in drought-stricken or over-farmed areas. CARE is working with families and communities to develop more effective agricultural practices, produce more nutritious crops, and become more self-sufficient in the face of climate change. By planting adaptive seeds, using different irrigation methods and preserving their natural resources, families and small farmers can increase their income, protect the health of their communities and become more productive and food secure. Last year, we provided almost three million people with nutritional support and more than 800,000 people with agricultural training.

At only 17 years of age, Emily is transforming the way farmers in her rural village in Malawi grow food. She is a CARE volunteer who was selected from more than 600 people in her village to teach modern agriculture practices to local farmers. While Malawi’s temperate climate and rich soil make it well suited for agriculture, generations of land overuse and climate change make farming today challenging. As a result, food shortages affect most families.

Emily attended CARE’s Farmer to Farmer training course where she learnt about agronomy, crop diseases and pests, new crops and modern agriculture techniques. “I want farmers in my community to learn how to grow new crops such as cassava and sweet potato to compliment the regular crops like tobacco, maize and sorghum,” Emily explains. “Doing this will give the soil time to regenerate and will help families grow enough food so they don’t go hungry.”

In her role, Emily visits local farmers’ plots and gardens to observe how they farm and to discuss any problems they are having. She then works with them to improve their produce yield by teaching them modern agriculture techniques such as crop rotation, diversification and fertiliser application.

Before Emily goes to study at the University of Malawi, she wants to reach all farmers in her community, the majority being women. “Women are the backbone of my country’s agricultural development,” Emily says. “I want to see my village and community develop and improve and I know that together we can make it happen.”

In Mali, communities are recovering from drought and food insecurity through CARE’s food distribution and agricultural support.
Access to clean water and basic sanitation services can improve a community’s wellbeing. A well in a rural village means that women and girls have access to a clean and accessible source of water, freeing up time for schooling and economic activities. It also means better health and fewer diseases for the community, specifically among children. In 2013, CARE provided clean drinking water and basic sanitation services to over three million poor people in 38 countries.

Sonia has seen the impact of CARE’s work in her village in Guayacondo, Peru. When she was a teenager, she and other women and girls walked over 20 miles every day to get water that was not guaranteed to be clean. “Health was a disaster before,” says Sonia, now a mother in her early-30s, who became a volunteer health promoter in Guayacondo. “Mothers were constantly worried that their children would get sick. They knew that drinking dirty water was bad but didn’t have any choice.”

The residents of Guayacondo welcomed the prospect of working with CARE and the Regional Health Bureau to build a functioning water system. They knew that CARE had recently completed a successful water project in a nearby community. From the get-go, 48 families started digging trenches with others joining in soon after, eager to make the project a success.

Today, Sonia is one of a number of women and men from Guayacondo and nearby villages who have taken on the role of educators, trained by CARE and health workers to teach families the importance of basic hygiene and good nutrition. “Everything we do works together to reduce malnutrition,” says Sonia. “We are driven to ensure healthy families.”
Humanitarian crises and disasters have increasingly become an aspect of daily life for millions of poor people in the world. Whether human-made or natural, the consequences are the same: vulnerable people lose their livelihoods and communities are destroyed. Conflicts, crises and climate change are creating new communities of refugees and displaced people who flee their homes and leave everything behind. According to the Women’s Refugee Commission, 80 percent of conflict refugees are women and children, and they are often confronted with violence and trauma and the need for relief supplies, shelter, clean water, health and psychosocial support. CARE responds to the immediate and long-term needs of people affected by disasters and crises, while at the same time working to prepare communities for disasters and help them recover.

In 2013, CARE provided humanitarian aid to over four million people around the world.

Helping Syrian Refugees

At the end of the fiscal year 2013, the humanitarian crisis in Syria had continued to escalate, resulting in an influx of over one million Syrian refugees into neighbouring countries at that time. While some refugees live in camps, the majority lives in urban or rural areas where they struggle with rising costs of stays and unsanitary housing conditions. They are in dire need of basic relief supplies, as well as financial and social support for their long-term recovery.

CARE began responding to the crisis in early 2012, and we scaled up our response in 2013 to help displaced families and host communities in Jordan and Lebanon. CARE is working with the host country governments, United Nations agencies, international and local organisations to help refugees meet their most urgent needs and protect their dignity.

Our emergency response in the region consists of: providing access to water, sanitation and shelter; supporting refugees to address their immediate needs; providing access to shelter; assisting refugees and host communities with livelihood opportunities and vocational training; and providing psychosocial support to protect the rights of vulnerable women and helping prevent gender based violence.
Empowering Survivors of Sexual and Gender Based Violence

As the Democratic Republic of Congo saw its worst violence since the 1990s, CARE began responding to the needs of internally displaced people in North Kivu. CARE was the first organisation to come to the aid of people taking refuge in three spontaneous sites, in addition to providing assistance in formal camps and for host families. As the violence escalated in 2013, we also began helping women and girls on the outskirts of Goma with shelter support, access to water and sanitation facilities, and working to prevent sexual and gender based violence (SGBV).

CARE provides medical care to help prevent the transmission of HIV and other sexually transmitted infections and diseases. Counsellors give psychosocial support that helps survivors recover from the traumatic experience emotionally. When they are ready, we offer women the opportunity to save money and invest in small businesses through our village, savings and loans associations (VSLA) activities. Survivors of SGBV can also become trained counsellors and activists to help other women in their community recover and to change mindsets about gender. In the fiscal year of 2013, CARE supported over 80,000 refugees in DR Congo and trained 90 women and men to help prevent SGBV and assist survivors.

In fiscal year 2013, CARE International responded to humanitarian emergencies and crises around the world, including the following natural disasters: floods in Afghanistan, Benin, Cambodia, India, Kenya, Mali, Pakistan and Sri Lanka; cold wave in Bangladesh and Peru; cyclone Mahasen in Bangladesh; refugee influx from Central African Republic in Chad; conflict in DR Congo, South Sudan and Syria; Syrian refugee influx in Egypt, Jordan and Lebanon; cyclone Phailin in India; food crisis in Lesotho and Mali; cyclone Haruna in Madagascar; internally displaced people in Mali; monsoon rains in Pakistan; typhoon Bopha in the Philippines; returnees from Tanzania in Rwanda; tropical cyclone in Somalia; landslides in Sri Lanka; and refugees from DR Congo in Uganda.

In 2013, British Foreign Secretary William Hague and UNHCR envoy Angelina Jolie visited the DR Congo to see how CARE helps women who have been raped receive medical treatment, psychological support and cash to start small businesses. With a place on Hague’s steering committee, we were able to successfully lobby for the inclusion of this type of support for rape survivors in the G8 Declaration on Preventing Sexual Violence in Conflict.
‘Our focus on women and girls sets us apart’

In FY13, CARE launched a new humanitarian strategy that reaffirms our commitment to emergency response. This will enable us to deliver faster, more efficient and more effective emergency assistance to the poorest people in the world. CARE International’s Humanitarian Director Barbara Jackson describes why emergency response is at the centre of what we do.

Q. Why does CARE need a new Humanitarian and Emergency Strategy?
A: By the year 2020, the world’s population will approach eight billion people. Disasters, exacerbated by climate change, will be more frequent, more numerous, and have a more devastating impact on communities. The role of aid groups in helping people prepare for, respond to, and recover from disasters is more important than ever. We invested in our systems and our staff, and we have improved our ability to respond. But more needs to be done. The new Humanitarian and Emergency Strategy is a roadmap to bring CARE to the forefront of humanitarian response with a particular focus on women and girls.

Q: Why is emergency response an essential part of CARE’s work?
A: Emergency response has always been central to CARE’s work. In fact, that’s how CARE started working 70 years ago – by delivering CARE packages to survivors of World War II in Europe. We know that we can’t help communities fight poverty if disasters destroy hard-won development gains. We recognize that emergencies and disasters are both a cause and effect of injustice and poverty. Responding to humanitarian emergencies is therefore a vital part of our fight against poverty in the most vulnerable communities in the world. CARE helps people cope with crises through disaster risk reduction, emergency relief, preparedness and recovery after a crisis or disaster.

Q: What is CARE’s approach to responding to emergencies?
A: We want to have a lasting impact on women, men, boys and girls affected by humanitarian crises. At the same time, we will place a special focus on women and girls who are disproportionately affected by disasters. Driven by strong leadership and organisation-wide commitment to our humanitarian mandate, the new Humanitarian and Emergency Strategy will ensure that we help people prepare for, respond to, and recover from disasters and crises. As women, men, boys and girls do all have different needs during and after an emergency, we will tailor our emergency response accordingly. Our focus on protecting and empowering women and girls is setting us apart from other agencies and is in alignment with overall organisational commitment.
Join CARE in our fight against poverty!
Around the world, CARE Members are organizing events to raise awareness, engage the public and bring the needs of poor people to the attention of politicians. Follow our CARE Members on social media to learn more:
http://www.care-international.org/take-action/stay-connected

CARE International UK
10 July 2012
Congratulations CARE London to Paris cyclists! You biked 234 miles in 3 days! Thank you. Hope you had an amazing time! Want to take part next year?
http://bit.ly/O0dAK4

CARE Perú
8 March 2013
Muchas veces no somos conscientes del rol protagónico que cumplen las mujeres en nuestra sociedad. Sin embargo, ellas constituyen una fuerza importantísima para el desarrollo de nuestros pueblos. CARE Perú saluda a todas las mujeres del Perú y del mundo, y les agradece por su inquebrantable compromiso con el cambio social.

CARE Deutschland-Luxemburg e.V.
29 April 2013
LUST AUF URLAUB? Wie wärs z.B. mit Peru? Noch schnell die Reisetipps von CARE sichern und schon kann es losgehen:
CARE sichern und schon kann es losgehen: http://download.care.de/peru.html

CARE Canada
29 April 2013
We’re still walking!
Our participants have walked more than 2,000 kilometres with Walk In Her Shoes. Add your steps to our Facebook app and let us know how far you’ve walked.
There’s still time! Support our walkers at:
www.care.ca/walk

CARE Danmark
30 November 2012

CARE USA
9 November 2012
This could be you! Create your #GivingTuesday fundraising page for a chance to win the trip of a lifetime and meet the women and girls CARE empowers every day:

CARE France
8 November 2012
Savez-vous qu’il existe une barrière naturelle et simple pour réduire les risques d’inondations liées aux catastrophes naturelles ?
Au Vietnam, par exemple, grâce à elle, nous aidons les populations locales à mieux se protéger.
Mais de quoi s’agit-il ? Cliquez sur « J’aime » ou laissez un commentaire si vous avez la réponse!

CARE India
3 October 2012
CARE India team in Airtel Delhi Half Marathon!
Our 13 Members
CARE International is a global confederation of 13 National Members and one Affiliate Member working together to fight poverty and provide emergency assistance. Each CARE Member is an autonomous non-governmental organisation and implements program, advocacy, fundraising and communications activities in its own country and developing countries.

Our Affiliate Member
In 2012 we welcomed CARE Peru into our confederation as Affiliate Member. CARE Peru will further strengthen the global diversity in CARE’s governance.

Our Work in 87 Countries
In fiscal year 2013, CARE worked in 87 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 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.

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 organisations 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 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 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 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
• INGO Accountability Charter Company

www.care-international.org
### COMBINING STATEMENT OF ACTIVITY AND NET ASSETS FOR THE YEAR ENDED JUNE 30, 2013 (FY13) '000 EURO

#### SUPPORT AND REVENUE

<table>
<thead>
<tr>
<th></th>
<th>CARE Australia</th>
<th>CARE Canada</th>
<th>CARE Danmark</th>
<th>CARE Deutschland-Luxemburg</th>
<th>CARE France</th>
<th>CARE Japan</th>
<th>CARE Nederland</th>
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</thead>
<tbody>
<tr>
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<td>Programs contracted with member organizations</td>
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<td>823</td>
<td>468</td>
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<tr>
<td>Contributions in kind</td>
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<td>17,098</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>22</td>
<td>-</td>
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<td>37,889</td>
<td>10,938</td>
<td>24,395</td>
<td>8,461</td>
<td>822</td>
<td>28,798</td>
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<tr>
<td>Interest and other income</td>
<td>1,917</td>
<td>2,442</td>
<td>876</td>
<td>488</td>
<td>484</td>
<td>54</td>
<td>164</td>
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<tr>
<td>Administrative support</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>TOTAL SUPPORT AND REVENUE</strong></td>
<td><strong>45,342</strong></td>
<td><strong>92,933</strong></td>
<td><strong>15,914</strong></td>
<td><strong>32,269</strong></td>
<td><strong>19,791</strong></td>
<td><strong>1,478</strong></td>
<td><strong>32,202</strong></td>
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#### EXPENSES

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<thead>
<tr>
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<th>CARE Deutschland-Luxemburg</th>
<th>CARE France</th>
<th>CARE Japan</th>
<th>CARE Nederland</th>
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</thead>
<tbody>
<tr>
<td>Development program activities and disaster and emergency relief</td>
<td>36,954</td>
<td>87,976</td>
<td>13,305</td>
<td>29,263</td>
<td>16,006</td>
<td>1,631</td>
<td>30,553</td>
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<tr>
<td>Supporting services, fundraising spend and other expenses</td>
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<td>5,885</td>
<td>2,548</td>
<td>3,776</td>
<td>3,772</td>
<td>319</td>
<td>1,830</td>
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<td><strong>TOTAL EXPENSES</strong></td>
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<td><strong>93,861</strong></td>
<td><strong>15,854</strong></td>
<td><strong>33,038</strong></td>
<td><strong>19,777</strong></td>
<td><strong>1,950</strong></td>
<td><strong>32,383</strong></td>
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#### EXCESS (DEFICIENCY)

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<th>CARE France</th>
<th>CARE Japan</th>
<th>CARE Nederland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net assets, beginning of year</td>
<td>7,943</td>
<td>5,542</td>
<td>1,341</td>
<td>5,643</td>
<td>4,459</td>
<td>1,240</td>
<td>5,548</td>
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<tr>
<td>Other changes</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Currency translation adjustment</td>
<td>-1,137</td>
<td>-315</td>
<td>-6</td>
<td>-</td>
<td>-</td>
<td>-214</td>
<td>-</td>
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<tr>
<td><strong>NET ASSETS, END OF YEAR</strong></td>
<td><strong>7,641</strong></td>
<td><strong>5,015</strong></td>
<td><strong>1,395</strong></td>
<td><strong>4,857</strong></td>
<td><strong>3,302</strong></td>
<td><strong>553</strong></td>
<td><strong>5,367</strong></td>
</tr>
</tbody>
</table>

### COMBINING BALANCE SHEET AS AT JUNE 30, 2013 '000 EUROS

#### ASSETS

<table>
<thead>
<tr>
<th></th>
<th>CARE Australia</th>
<th>CARE Canada</th>
<th>CARE Danmark</th>
<th>CARE Deutschland-Luxemburg</th>
<th>CARE France</th>
<th>CARE Japan</th>
<th>CARE Nederland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and short term investments</td>
<td>26,725</td>
<td>18,640</td>
<td>1,857</td>
<td>11,296</td>
<td>4,946</td>
<td>336</td>
<td>13,171</td>
</tr>
<tr>
<td>Receivables from governmental and non-governmental agencies</td>
<td>3,292</td>
<td>5,258</td>
<td>3,511</td>
<td>4,766</td>
<td>3,124</td>
<td>36</td>
<td>28,012</td>
</tr>
<tr>
<td>Deposits and other assets</td>
<td>399</td>
<td>287</td>
<td>138</td>
<td>7,097</td>
<td>2,260</td>
<td>561</td>
<td>-</td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>899</td>
<td>3,789</td>
<td>367</td>
<td>67</td>
<td>12</td>
<td>75</td>
<td>30</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>31,315</strong></td>
<td><strong>27,974</strong></td>
<td><strong>5,872</strong></td>
<td><strong>23,226</strong></td>
<td><strong>10,342</strong></td>
<td><strong>1,007</strong></td>
<td><strong>41,213</strong></td>
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</tbody>
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#### LIABILITIES AND FUND BALANCE

<table>
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<th></th>
<th>CARE Australia</th>
<th>CARE Canada</th>
<th>CARE Danmark</th>
<th>CARE Deutschland-Luxemburg</th>
<th>CARE France</th>
<th>CARE Japan</th>
<th>CARE Nederland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>1,386</td>
<td>4,851</td>
<td>-</td>
<td>230</td>
<td>4,358</td>
<td>449</td>
<td>742</td>
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<tr>
<td>Advances by governmental and non-governmental agencies</td>
<td>19,947</td>
<td>16,629</td>
<td>3,529</td>
<td>18,090</td>
<td>2,603</td>
<td>-</td>
<td>35,105</td>
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<tr>
<td>Debt and other liabilities</td>
<td>2,340</td>
<td>1,479</td>
<td>948</td>
<td>49</td>
<td>79</td>
<td>4</td>
<td>-</td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>23,673</strong></td>
<td><strong>22,959</strong></td>
<td><strong>4,477</strong></td>
<td><strong>18,369</strong></td>
<td><strong>7,040</strong></td>
<td><strong>454</strong></td>
<td><strong>35,846</strong></td>
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#### NET ASSETS

<table>
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<th>CARE Danmark</th>
<th>CARE Deutschland-Luxemburg</th>
<th>CARE France</th>
<th>CARE Japan</th>
<th>CARE Nederland</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET ASSETS</strong></td>
<td><strong>7,641</strong></td>
<td><strong>5,015</strong></td>
<td><strong>1,395</strong></td>
<td><strong>4,857</strong></td>
<td><strong>3,302</strong></td>
<td><strong>553</strong></td>
<td><strong>5,367</strong></td>
</tr>
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#### TOTAL LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>CARE Australia</th>
<th>CARE Canada</th>
<th>CARE Danmark</th>
<th>CARE Deutschland-Luxemburg</th>
<th>CARE France</th>
<th>CARE Japan</th>
<th>CARE Nederland</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td><strong>31,315</strong></td>
<td><strong>27,974</strong></td>
<td><strong>5,872</strong></td>
<td><strong>23,226</strong></td>
<td><strong>10,342</strong></td>
<td><strong>1,007</strong></td>
<td><strong>41,213</strong></td>
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</tbody>
</table>
### COMBINING STATEMENT OF ACTIVITY AND NET ASSETS FOR THE YEAR ENDED JUNE 30, 2013 (FY13) ‘000 EURO

<table>
<thead>
<tr>
<th>CARE Norge</th>
<th>CARE Österreich</th>
<th>CARE Intl UK</th>
<th>Raks Thai</th>
<th>CARE India</th>
<th>CARE USA</th>
<th>CARE Int’l Secretariat</th>
<th>Combined Adjusted</th>
<th>Total 2013</th>
<th>Total 2012</th>
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<tr>
<td>-</td>
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<tr>
<td>2,960</td>
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<td>58</td>
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<td>-</td>
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<td>285,405</td>
<td>301,431</td>
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### COMBINING BALANCE SHEET AS AT JUNE 30, 2013 ‘000 EUROS

<p>| | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<td>15,061</td>
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<td>6,310</td>
<td>2,686</td>
<td>395,605</td>
<td>6,000</td>
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<td>9,963</td>
<td>3,295</td>
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<td>2,571</td>
<td>-31,459</td>
<td>288,850</td>
<td>249,970</td>
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<td>223,072</td>
<td>3,429</td>
<td>-</td>
<td>285,405</td>
<td>301,431</td>
</tr>
<tr>
<td>15,208</td>
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<td>25,083</td>
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<td>2,686</td>
<td>395,605</td>
<td>6,000</td>
<td>-31,459</td>
<td>574,254</td>
<td>551,402</td>
</tr>
</tbody>
</table>
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