



# **CARE INTERNATIONAL SECRETARIAT**

## **ANNUAL REPORT**

***Fiscal Year 2008  
(July 2007 – June 2008)***

**Geneva, September 2008**

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## FOREWORD

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Welcome to the report of the CARE International (CI) Secretariat for the fiscal year July 2007 to June 2008.

The report aims to do two things. First, it is an account of the work carried out over the past year by the Secretariat on behalf of the CI membership. Our intention here is not only to strengthen our accountability to our principal stakeholders – the members of CARE International – but to convey to a wider audience the nature and extent of the Secretariat’s work. In this regard, what we tend to find is that many people in CARE – understandably perhaps – do not have a good idea of what the Secretariat is, what it does, and who works there. It is our hope that the report will go some way to shed modest light on this small but not unimportant part of the confederation.

Second, and given its prominence in the life of the Secretariat, the report attempts to provide a high-level account of progress over the last year in the implementation of the CI strategic plan. It is not intended to substitute for the detailed reporting that is, or will become, associated with each of the plan’s strategic directions. For example, strategic direction #1, CI’s emergency response and preparedness strategy, has established regular reporting against a detailed set of metrics. These will continue. Rather, the report aims to provide an accessible yet substantive description of the main activities, highlights and developments associated with plan implementation, as a whole, over the last fiscal year.

Given the report’s purpose, it is our expectation that its readership will be mainly internal to CARE, although we would hope that the non-CARE reader would also find in its pages much that is interesting and informative. In particular, it is our hope that our country office colleagues are able to find time to look through the report, and to learn a little more about a part of CARE that will sometimes seem quite distant from the demands and realities of your respective settings.

So please read on! And do let us have your comments and feedback. H el ene Ponpon, our Information Officer – to whom thanks are due for leading the report’s preparation – is the person to contact, on [ponpon@careinternational.org](mailto:ponpon@careinternational.org).

Robert Glasser,  
Secretary General

## **THE CARE INTERNATIONAL SECRETARIAT: AN OVERVIEW**

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The CARE International (CI) Secretariat is established as a Swiss foundation, in Geneva, Switzerland, with statutes that specify the following purpose:

“The purpose of the Foundation is to pursue, coordinate, complement, expand and promote in every possible way and throughout the world, the work of National Organisations, which are members of CARE-International.”

In practice, that means that we are responsible for the following:

- Supporting the governance of CARE International, meaning the General Assembly, Board, National Directors' Committee, and associated committees and sub-committees \*\*.
- Supporting and coordinating the activities of CI's various staff working groups and task forces\*\*.
- Supporting and coordinating efforts aimed at strengthening CI's membership and the confederation's organisation.
- Coordinating CI's policy process and maintaining the CARE International Code.
- Supporting and coordinating CI's strategic planning process, which includes monitoring and reporting progress of the plan's constituent elements.
- Leading the implementation of CI's emergency preparedness and response strategy, which is the current strategic plan's largest initiative.
- Leading CI's representation to multilateral and other inter-governmental institutions in Geneva, Brussels and New York.
- Supporting the implementation of CI's global advocacy strategy in Geneva, Brussels and New York (as of 2009, the Secretariat will assume responsibility for the coordination of the strategy).

\*\*At the time of writing, proposals for significant strengthening and streamlining of CI's governance are being considered. These are outlined later in the report.

To deliver on this mandate, we maintain a Secretariat office in Geneva (which also houses the CARE Emergency Group), with small branch offices in Brussels and New York. At the time of writing, we have 20 positions based in Geneva (of which two are currently unfilled), two in Brussels, and one in New York. In addition, the CARE Emergency Group, which has eight positions based in Geneva, maintains a further four positions in the field, and two positions that work remotely.

## AN INTRODUCTION TO THE CARE INTERNATIONAL STRATEGIC PLAN

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In November 2006, the CARE International Board approved a new strategic plan for the five year period starting July 2007. The past 12 months have therefore been the plan's first full year of implementation.

### CI'S STRATEGIC DIRECTIONS

The strategic plan is an agenda of joint action for CI's membership, its country offices and the Secretariat, which aims to strengthen our collective impact on the causes and consequences of poverty. This aim will be achieved through six interlinking strategic directions, outlined below. The first strategic direction, ***CI's emergency response & preparedness strategy (strategic direction 1)***, will strengthen the impact of our humanitarian work by building response and preparedness capabilities and capacities across the confederation, improving response quality and accountability, and engaging in advocacy around humanitarian priorities. The second strategic direction is ***global advocacy (strategic direction 2)***, which will make CARE more effective at influencing selected policy-related causes of poverty and humanitarian suffering. ***Organisational evolution (strategic direction 3)*** is CI's third strategic direction, which aims to diversify the confederation's membership, to strengthen the viability of existing CI members and country offices, and to increase the confederation's overall organisational inclusiveness and accountability. The fourth strategic direction is ***information & knowledge management (strategic direction 4)***, which is a key enabler of organisational effectiveness. A commitment to ***building shared expertise (strategic direction 5)*** in selected areas of development programming is CI's fifth strategic direction. The sixth and final component of the strategic plan is the ***strengthening of CI's confederation governance (strategic direction 6)***.

### A SUMMARY OF PROGRESS MADE DURING 2007/2008

During the first 12 months of implementation, notable progress has been achieved. In particular:

- Our emergency response and preparedness strategy completed its second full year of implementation, as described in more detail on pages 9-10 of this report (the strategy was in fact started up during CI's earlier strategic plan, which ended in 2006, and carried into the current plan as a fully developed set of activities).
- Global advocacy in CARE has been slightly slower off the mark, but has nonetheless started to make significant progress in the areas of climate change and humanitarian policy, as reported on pages 11-12 of the report. In addition, the membership agreed to re-establish in the 2008-2009 fiscal year the position of CI Advocacy Coordinator, a decision that will give a real boost to this strategic direction.
- Our organisational evolution (OE) strategy succeeded in mapping out an approach to membership and affiliation that will see a significant diversification in CARE's composition over the next four years. This progress is described more fully on pages 13-14 of the report.
- Efforts to build shared expertise in selected programme areas got underway with the piloting by CARE UK of a "centre of expertise" in the area of conflict and peace building. This initiative is reported in more detail on page 15 of the report.
- More modest progress was realised in our information and knowledge management strategy, where efforts concentrated primarily on the development of a new financial information system. However, it is expected that the new fiscal year will see momentum starting to build around the strategy, and particularly in the area of programme information.
- Finally, important progress was made towards the strengthening of CARE's governance, with approval by the CI Board and National Directors' Committee of a set of proposals that will streamline and make more effective and connected the confederation's decision-making structures. These proposals are explained on pages 7-8 of the report.

## **LOOKING FORWARD TO 2008/2009**

Based upon current rates of progress and capacities, we can look for the following strategic plan 'headlines' during the coming year:

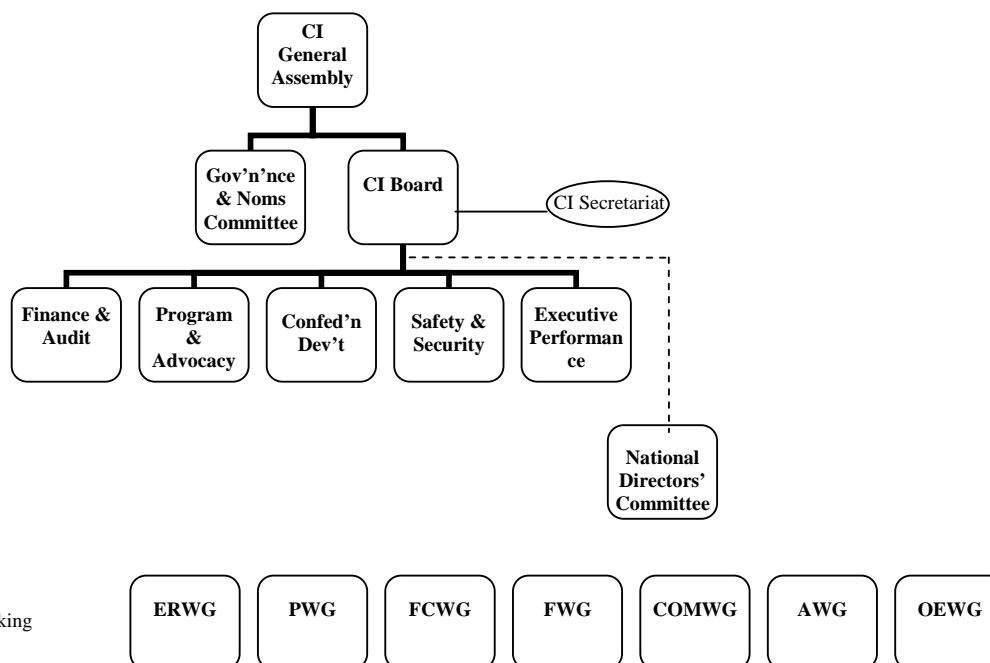
- CI's General Assembly in November 2008 approves a new governance structure that brings together the existing CI Board and the National Directors' Committee, and rationalises our current system of staff working groups and task forces. Attention turns to governance performance monitoring and bench-marking.
- Tracking of CI's emergency performance starts to show operational and financial returns on CI members' investment in their emergency response and preparedness strategy.
- CI members coordinate their advocacy around climate change, humanitarian policy and selected countries in crisis. Agreement is reached on tracking and reporting the outcomes and impacts of such activities.
- Policies are established that clarify the rights and responsibilities of CI membership and affiliation, paving the way for the possible entry into the confederation of CARE India, Peru and Brazil.
- The financial health of CI members is monitored and reported more systematically, and steps are taken to support CI member viability.
- CI's new financial information system comes on line, as programme information reporting is strengthened at the confederation level.
- CARE UK's 'conflict hub' becomes fully operational, as the feasibility of a further two centres of expertise is explored.
- CI establishes full progress monitoring and reporting for each of our six strategic directions.

## CARE INTERNATIONAL'S GOVERNANCE

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### CI'S CURRENT GOVERNANCE STRUCTURE

Over the past few years, the CI Board and National Directors' Committee (NDC) became aware of significant problems with the CI governance arrangements. In response, the Board included the implementation of reforms to CI's Governance as a key strategic direction in the CI strategic plan (strategic direction 6). The governance problems, many of which were inter-related, included the slow pace of decision-making, the numerous "layers" in the structure, the duplication of processes and discussions at various levels in the structure, and the lack of alignment between the thinking at Board and NDC levels. The arrangement at the time of writing is shown in the schematic below:



*\*This chart does not reflect organisational hierarchy.*

These arrangements produced considerable direct costs as well as opportunity costs for the confederation. They also undermined accountability and contributed to member dissatisfaction with CI processes.

### RETHINKING CI'S GOVERNANCE

Against this background, and as a part of the CI strategic plan, over the past year, the CI Board has been working closely with the Secretariat and NDC, and with various experts, to improve CI's governance. Two main conclusions were reached.

The first was that CI needed to streamline its structure to improve efficiency. It was noted that virtually all of the other international NGOs examined had much leaner structures with fewer levels required for approvals.

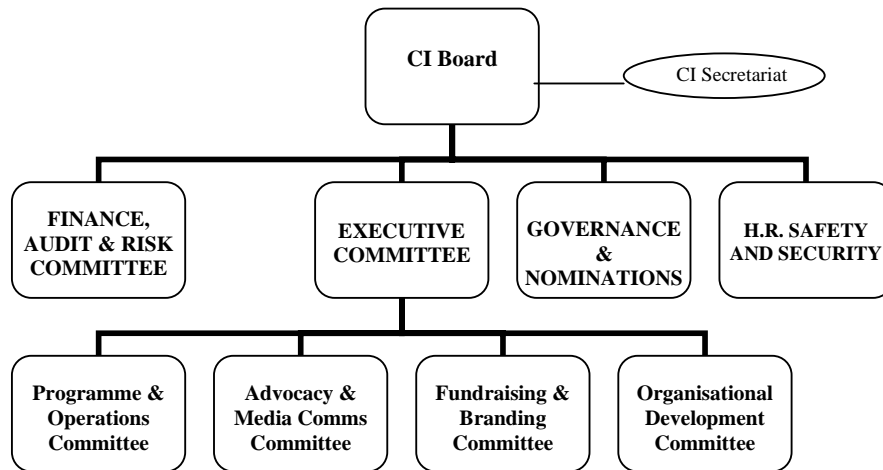
The second was that communication, commitment, accountability and efficiency would be improved significantly by merging the CI Board with the NDC. Doing so would empower the NDC (which, under the present arrangements, has no statutory responsibility for governance in CI), and would enable Board members to benefit from the National Directors' operational expertise in CI and the national directors to benefit from the broader expertise, perspective and experience of the Board members. It

would also better align CI Board and NDC thinking, planning and communication (as well as “flatten” the governance structure).

Proposals were therefore developed to reflect these conclusions. The proposals, which were approved in outline by the CI Board in March 2008 and by the NDC a month later, streamline the committee structure and merge the NDC and CI Board into one larger CI Board.

Under the new structure, the CI Board subsumes the responsibilities of the current General Assembly. An Executive Committee of the Board would be established to address operational matters that arise in between meetings of the full CI Board. In addition, sub-committees of the Executive Committee of the Board enable senior managers, representatives from regional management units and country offices, and (ultimately) CARE affiliates from the “South”, to contribute formally to initiatives and policy development within the structure. Every few years, CI will also convene a global conference, such as the one scheduled in November 2008, at which we and our key stakeholders will come together to take stock of our progress to date and discuss new directions for the confederation.

The new arrangements, which will be submitted to the General Assembly for their approval in November 2008, are outlined in the following schematic:



*\*This chart does not reflect organisational hierarchy.*

The sub-committees of the Executive Committee are intended to subsume the existing staff working groups, but would form focused additional task forces as the need arose (for example, the important Emergency Response Working Group would likely continue as one such task force of the Programme & Operations Committee).

We believe that once implemented the governance changes would deliver for CI a more effective, integrated and accountable oversight and decision making apparatus for the confederation.



## RESPONDING TO EMERGENCIES

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The strengthening of CARE's emergency preparedness and response is one of CARE's highest priorities. The strategy by which this aim will be achieved (Strategic Direction 1 in the CI plan), is a joint-undertaking of CI members and the CARE Emergency Group (CEG). Good progress was registered during the fiscal year, which was the strategy's second full year of implementation.

### CARE INTERNATIONAL'S RESPONSE TO EMERGENCIES IN 2007/ 2008

Overall in FY08, CARE responded to 31 new emergencies, of which 16 were of type 2 (i.e. where a major international response to an emergency is called for). Assistance was maintained for nine ongoing emergencies. The CARE Emergency Group (CEG) continued to provide guidance and support to membership responses, notably by facilitating the deployment of international staff (19 in total), providing general coordination, and through technical and management assistance.

CARE in emergencies – FY08	
Type 1	Floods in Sudan, Ethiopia, Vietnam (2), Ghana, Papua New Guinea, Indonesia (2), Nicaragua, Mozambique, Ecuador; earthquake in Indonesia (Bengkulu); hurricane in Nicaragua; cold weather in Tajikistan; conflict in Yemen
Type 2	Floods in Pakistan, India, Nepal, Bangladesh, Uganda, Bolivia; earthquake in Peru; conflict displacement in DRC (Kivu); cyclones in Bangladesh, Madagascar, Mozambique, Myanmar; conflict in Somalia (2), Kenya; food security (Ethiopia)
Ongoing	Afghanistan, Chad, DRC, Occupied Palestinian Territories, Somalia, Sri Lanka, Sudan, Timor Leste, Zimbabwe

### STRENGTHENING CI CAPABILITY AND CAPACITY TO RESPOND IN EMERGENCIES

These outcomes were possible due to progress made in capacity and capability strengthening, as well as in accountability and advocacy (see later). In FY08, several tools were created or reinforced to that end. The most important of these was the new CARE emergency toolkit (CET). The toolkit, which is now fully available on-line ([www.careemergencytoolkit.org](http://www.careemergencytoolkit.org)), is a comprehensive and up-to-date collection of policies, guidelines and tools which support effective emergency response and CARE's compliance with quality and accountability standards.

#### *Emergency staff training and capacity-building*

A new staff training curriculum was established in March 2008 to provide field and HQ staff with the skills to play a leading role in emergency planning and response. The curriculum was rolled out at an initial "training for trainers" course, in April, with staff participating from all regions. The training will help country offices prepare for emergencies, and supports ongoing efforts to reinforce CARE's surge capacity through regional rosters and other emergency staff deployment mechanisms (e.g. the CARE Emergency Response Team roster).

#### *Preparedness planning*

Over the year, efforts have been made at both country office and headquarters levels to improve emergency preparedness and planning, based on the content of the new CET. Twelve country offices established or reviewed their emergency preparedness plans during the year. CI members have likewise started to assess and strengthen their own headquarters preparedness. For example, in early 2008 CARE USA carried out a major headquarters emergency simulation; and later in the year, a number of CI members and CEG engaged in contingency planning around the impacts of the food price crisis.

#### *Strengthening of CI's emergency funding*

Under CEG's leadership, the design of a strengthened emergency response fund was completed and approved by the National Directors' Committee and CI Board. The fund aims to equip CARE with a financial mechanism that will properly support rapid and significant responses. In addition, CEG secured important new funding to support the efforts aimed at strengthening the coordination of international emergency response capacities (through the UN's system of 'clusters'). Finally, the EU

Liaison Office continued to support CI's emergency strategy through training and support to CI members seeking to access emergency funding from the European Commission.

### *Logistics*

To speed up access to emergency supplies during a crisis, efforts are being taken to reinforce our logistics systems, through working with the UN humanitarian response depot network, as well as the interagency Supply Chain Consortium. CARE is also an active participant to the logistics 'cluster'. These initiatives have allowed CEG to coordinate the provision of logistical support to country offices during emergencies.

### **STRENGTHENING ACCOUNTABILITY SYSTEMS AND PRACTICES**

An important part of CARE's emergency strategy is the improvement of response quality and accountability. At the global level, CEG has led CARE's engagement in several significant accountability initiatives, including a peer review of CARE's accountability systems and practice, and related work that forms part of the interagency emergency capacity-building (ECB) project. An important output of this activity has been CI's Humanitarian Accountability Framework, which will be recommended for adoption as CI policy in the new fiscal year.

As part of its work on quality and accountability, CEG provides guidance to emergency-affected country offices on compliance with quality and accountability-related standards. One such standard is the requirement that after-action reviews (AARs) be conducted after each type-2 emergency intervention. During the year, six such AARs were completed (Mozambique, Madagascar, Peru, Uganda, Bangladesh and Kenya), and two AAR workshops were organised by CARE India and CARE Peru.

Although unscheduled, a related activity was the CI Emergency Response Director's co-leadership of the fact-finding mission to the troubled Aceh housing programme in Indonesia, and his subsequent support to the technical oversight committee set up by the national directors to supervise the country office's response.

Finally, it is worth noting that during the year, CEG scaled up CARE's monitoring of its emergency response performance through a newly established system of metrics. The preliminary report revealed mixed results, with responses in Peru, Nicaragua, Bangladesh and Somalia performing well compared to others. This initial assessment demonstrates the need to continue reinforcing CARE's emergency response capacity.

## ADVOCACY

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The goal of CI's global advocacy (which is strategic direction 2 in the CI strategic plan) is for CARE to become more effective in coordinated advocacy at international level to better influence decisions and practices that have an impact on poverty and humanitarian suffering.

During the past year, the Secretariat's contribution to this global strategy was provided through our representation offices in Brussels and New York, and in Geneva, where CEG was active in several aspects of humanitarian policy and operations. The Secretary General's office supported these efforts as appropriate.

### CI'S ADVOCACY PRIORITIES IN 2007/2008

#### *Humanitarian advocacy*

CARE's humanitarian advocacy in FY08 has sought to influence policy outcomes at both the UN and EU levels. Central to this is our interest in the evolution of the international humanitarian system, and particularly the process of **UN humanitarian reform**. To that end, several policy briefs were prepared on specific reform issues, and shared with CI offices and other stakeholders at high-level UN meetings. CARE is now one of the few NGOs on the external steering committee responsible for evaluating the cluster system – a cornerstone of the UN humanitarian reform. The Secretariat also continues to engage in various forums with an aim of influencing strengthened humanitarian financing. At European and national levels we contributed significantly to ensuring that the fundamental importance of humanitarian principles and International Humanitarian Law were included in the **European Consensus on Humanitarian aid**.

CARE's humanitarian advocacy also focused on the challenge of promoting **"humanitarian space"** during emergencies, and the related issues of access, protection, and the role of the military in humanitarian operations. This area of advocacy is critical to CARE's programmes in countries where conflict is taking place. As such, over the year, the Secretariat in Geneva and its offices in Brussels and New York worked in close support of our country offices in the Sudan, Chad, the Democratic Republic of Congo, Somalia, Afghanistan and the Occupied Palestinian Territories. The work is ongoing in nature and, unlike much advocacy, is often without the benefit of short-term policy outcomes. Nonetheless, it is essential for maintaining CARE's effectiveness in complex conflict situations, and should continue to be a priority for the Secretariat and membership for the foreseeable future.

#### *Climate change*

Climate change and its consequences for the poor is a second priority target for CI's global advocacy. In this case, the Secretariat has supported the leadership provided by CARE Denmark.

CARE's climate change advocacy gathered momentum in FY08, with our successful participation in the EU "Development Days" in Lisbon in November 2007, and thereafter in the meeting of the Conference of Parties to the United Nations Framework Convention on Climate Change in Bali. The result was a strengthening of CARE's profile and credibility with the EU, and the reflection in the Bali Plan of Action of some of CARE's key messages around the Adaptation Fund and emissions reduction from deforestation and degradation.

At European level, we were successful in influencing the European Parliament's positions on the Global Climate Change Alliance (GCCA) and the EU's Emissions Allowance Trading System (ETS).

Finally, CARE, in partnership with UNOCHA (the UN Office for the Coordination of Humanitarian Affairs) and Maplecroft (a UK-based brand and risk-management company), published a report entitled "Climate Change and Humanitarian Vulnerability: Mapping Emergency Trends and Risk Hotspots for Humanitarian Actors", which was widely circulated in early FY09. The report was an excellent example of CARE building advocacy on a genuinely new contribution to the climate change and development debate.

### *Food security*

During the second half of FY08, the Secretariat in collaboration with CAREs USA, Österreich, UK, France and Deutschland engaged in policy work and related advocacy around the resurgent food price crisis. This activity culminated in April, when CARE, together with Oxfam, convened a high-level meeting in Rome that brought together over 60 policy experts and representatives from leading international aid agencies to consider food security in humanitarian response. The forum produced a number of recommendations, including the creation of a new food security coordination mechanism (which, at the request of the UN, CARE is now helping to develop). Our work on the food crisis issue was subsequently acknowledged by the UN, when CARE was the only NGO invited to participate in the UN Economic and Social Council food security panel in May.

### *Aid effectiveness*

As part of its work around humanitarian reform, the Secretariat has been engaged in an effort aimed at improving the efficiency and effectiveness of humanitarian financing mechanisms for NGOs. This work was based on a study of CARE's experience around the world with UN humanitarian aid funding, and our participation in a donors' forum in February 2008. CARE was also invited to be a keynote speaker at the UN Consolidated Appeal Process launch, where we shared our views on CERF; CI is a participant to the CERF advisory board.

In addition, during FY08, the CI Secretariat's Brussels office represented the European NGO platform CONCORD at the OECD-Development Assistance Committee's Advisory Group on civil society and aid effectiveness. This has contributed to furthering the understanding of donors and governments on the role of civil society organisations as development actors in their own right. Proactive advocacy in this area will be furthered in FY09, including CARE's participation in the Third High-Level Forum on aid effectiveness in Accra in September 2008. We also played a leading role in supporting the development of the Open Forum for CSO (Civil Society Organisations) Development Effectiveness, which aims to bring together civil society organisations from around the world, and to strengthen their effectiveness as development actors.

### **ENGAGING WITH OTHER ACTORS**

As part of CARE International's advocacy work, CI staff in country offices, CI members and the CI Secretariat are involved in a series of forums, platforms, events and initiatives gathering a range of humanitarian and development actors and covering a variety of issues. In FY08, these included Sphere, the Humanitarian Accountability Partnership, the Steering Committee for Humanitarian Response, the good humanitarian donorship initiative, the emergency directors' forum, the Inter-Agency Standing Committee (IASC), the International Council of Voluntary Agencies (ICVA), People in Aid, CONCORD, VOICE (Voluntary Organisations in Cooperation in Emergencies), and the Open Forum for CSO Development Effectiveness.

## **ORGANISATIONAL EVOLUTION**

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According to CI's strategic plan, organisational evolution (OE) will produce a robust membership of CI that reflects the societies in which we work, both developed and less developed. In doing so, CI will become more relevant and accountable to the people it serves, in turn achieving greater impact and legitimacy.

Start-up activities during fiscal year 2007/2008, which were co-led by the Secretariat and CARE USA, focused on establishing a clear direction for organisational evolution in CI, exploring new models of membership for the confederation, and supporting country offices where OE activity is already underway.

### **OE DIRECTION**

Establishing a clear OE direction means reaching agreement across CI as to the focus of CARE International's OE strategy. In this regard, we believed that it was important to avoid having OE become too diffused among the many organisational issues bearing on the different parts of the confederation. Our starting point was to review past and ongoing OE-related activity in CARE, the result being in effect a 'typology' of OE in CARE.

This review of ongoing OE-related work in CARE was combined with a survey of similar activity under way in our peer organisations. The survey revealed a range of organisational processes and learning, which together with the internal typology, allowed an OE Working Group to be convened for the first time, in September 2007, to consider the question of CARE's OE direction and its implementation. The result was a clear recommendation to the National Directors' Committee that OE, at least at this stage of the process, be focused on supporting those country offices seeking to become self-governing, and on creating the conditions within CI that would allow their future membership of the confederation.

### **NEW MODELS OF MEMBERSHIP**

The OE Working Group's recommendation was accepted by the National Directors, and allowed work to begin on the development of new models of membership for the confederation. This part of the strategy can be seen as providing a 'route map' for new and prospective members of CI, and an answer to the question: as a member of CI, what is expected of me, and what should I expect from CI?

In starting to answer the question, we again drew heavily on our survey of peer agencies. What it told us was that many of our peers were using a graduated approach to membership, which incorporated some kind of intermediate step, such as affiliation. It also suggested that for a membership model to be effective, clear requirements in the form of membership standards and accountabilities needed to be put into place. Therefore, over the mid-part of the fiscal year, time was spent in further researching our peers' various experiences of membership and standards, and outlining an approach that would be suitable for CARE.

### **SUPPORTING COUNTRY OFFICE OE**

While the Secretariat and the OE Working Group led the work around establishing OE direction and models of membership, CARE USA continued to support ongoing organisational transformations at the country office level. In this regard, attention focused on three country offices: India, Peru and Brazil, each providing a very different context and sets of OE challenges.

CARE India has been required by the Indian government to register as an Indian NGO by mid-2009, and during fiscal year 2007-2008 started to address the complex set of governance and financial implications associated with the fundamental transformation of a very large and established institution. Indeed, at the end of the fiscal year, CARE India succeeded in establishing a locally governed foundation, that would (all things being favourable) become a future member of CI. CARE Peru is also large and established, but has the advantages of not having a deadline for self-governance

imposed from the outside, and of owning a successful and profitable micro-finance bank (Edificar). CARE Brazil is different again, having been established as a locally-governed NGO in 2001, but without the advantage of a history of programming and fundraising in the country.

### **REACHING OE DECISIONS**

In June 2008, a group of senior staff and CI Board members gathered in Oslo to review progress made in the implementation of the OE strategy, and to provide guidance on its continued roll-out in the future. The group agreed that OE going forward should be driven by the need to strengthen the 'Southern voice' within CI, which would mean focusing on four strands of activity:

- Continuing to facilitate the participation of country offices like Brazil, Peru and India in the CI confederation
- Strengthening the 'Southern voice' in CI's governance
- Strengthening the local accountability of CARE's country offices
- Engaging in strategic partnerships with other NGOs from the 'South'

To this end, the group specifically recommended that CAREs Peru, Brazil and India become future full members of CI, but that the process should be graduated through an intermediate affiliate category, which should be established as a matter of urgency. The group also recommended that new affiliates and members should have direct access to sources of funding in a way that is prevented by the existing provisions of the CI Code.

### **SUPPORTING THE EXISTING MEMBERSHIP**

A part of OE is the development and strengthening of CI's existing membership. Over the past year, this was particularly true with regards to the European membership. The EU Liaison Office continued to provide support and training to the membership on accessing and managing funding from the European Commission, developing tools and mechanisms to ensure a more effective and coordinated response across CARE in our relations with European institutions. We also continued monitoring and analysing trends in EU policies related to the European Community's external aid to enable CARE to make informed choices on its organisational evolution.

### **FISCAL YEAR 2008/2009**

The findings and recommendations of the Oslo group shape the way CI's Organisational Evolution strategy will be carried forward into the new fiscal year. Concretely, we can expect:

- Standards and performance indicators that define the responsibilities of membership of CI
- A new category of membership, termed affiliation
- Governance arrangements in CI that better reflect the demands of OE
- Clear plans for CAREs Peru, Brazil and India to become CI's first affiliate members
- Internal policies and guidelines that better support the needs of OE
- A better understanding of how other country offices can improve their accountability and transparency
- A better understanding of how CARE can use strategic partnership as part of its OE process.

## CENTRES OF EXPERTISE

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### *Building shared expertise*

Strategic direction 3 of the CI plan commits CARE to building shared expertise in four to six carefully selected programme areas; this will demonstrate CI technical excellence, quality and distinctiveness. The key ingredient of the initiative will be “Centres of Expertise”, which will bring together knowledge, expertise, capacity and skills from across CI and its partners. While being “led” by CI members, the Centres of Expertise are meant to be joint CI endeavours, which will connect existing expertise and closely associate all parts of the CI family.

Each Centre of Expertise will work in a specific programme area deemed to be of core importance to CI. The Centres of Expertise are devised to provide a broad set of services, which could include knowledge management and development, technical support and staff training as well as fundraising to enable better programming. Centres of Expertise will pay particular attention to accountability in order to guarantee the relevance of CI’s work.

### *Implementing the plan*

The initial stage of implementation, which will establish a couple of “pioneering” Centres of Expertise, has already achieved good progress under the leadership of CARE International UK. On behalf of CI, a conflict Centre of Expertise, or conflict hub, is being defined; it will focus on conflict sensitivity and peacebuilding, seeking to promote the quality and impact of the work of CI (as a confederation) *in* and *on* conflict by linking staff in country offices, CI members and regional units. The conflict hub will build on, and expand, work already supported by CARE UK in the field of conflict.

The conflict Centre of Expertise (CoE) will fulfil the following functions:

- Networking and connecting across CI, especially between COs
- Coordinating thematic or country-based advocacy
- Capacity building and technical assistance
- Impact measuring
- Fundraising

### *Building on success*

In the medium to longer-term, CI’s objective is to build on the success of this pilot centre and expand the scope of its expertise. Several parts of CI are engaged in developing capacity in areas such as climate change, emergency response capacity (in particular food security, water supply, logistics and shelters) and women’s empowerment (through the CARE USA’s signature programmes on girls’ leadership, access to financial services in Sub-Saharan Africa and maternal health). This will help pave the way for new centres of expertise to emerge in the years to come.

## **SAFETY AND SECURITY**

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Through the CI Safety and Security Unit (CISSU), the Secretariat has supported operational CI members in promoting a culture of security within the confederation. This has been achieved through the development of security standards, the provision of operational support to country offices and CI members, promoting information-sharing and training, and interacting with relevant external actors. Such objectives were detailed in an ambitious work plan, which will be implemented over an 18-month period, ending June 2009.

### *Security incidents in CARE in FY08*

Over the last three quarters of FY08, 88 security incidents of various degrees of importance were reported to CI. A total of 42 CARE employees were injured and eight died, all of whom were national staff. Of these incidents, three were the result of violent or hostile action.

### *Developing security standards*

A noticeable achievement in the realm of safety and security this year was the drafting of CI's safety and security principles, for which formal approval will be sought in the new fiscal year. The CISSU also produced security protocols for guiding staff deployment in emergency situations.

### *Supporting Country Offices*

During the year, the CISSU provided support to country offices and CI members on an ongoing basis. In-depth security reviews were carried out in Yemen, Timor Leste, West Bank/Gaza and Kenya (following post-election violence).

In addition, the CISSU contributed to setting up appropriate security arrangements at the CI meetings held in Addis Ababa in October 2007.

### *Information-sharing and training*

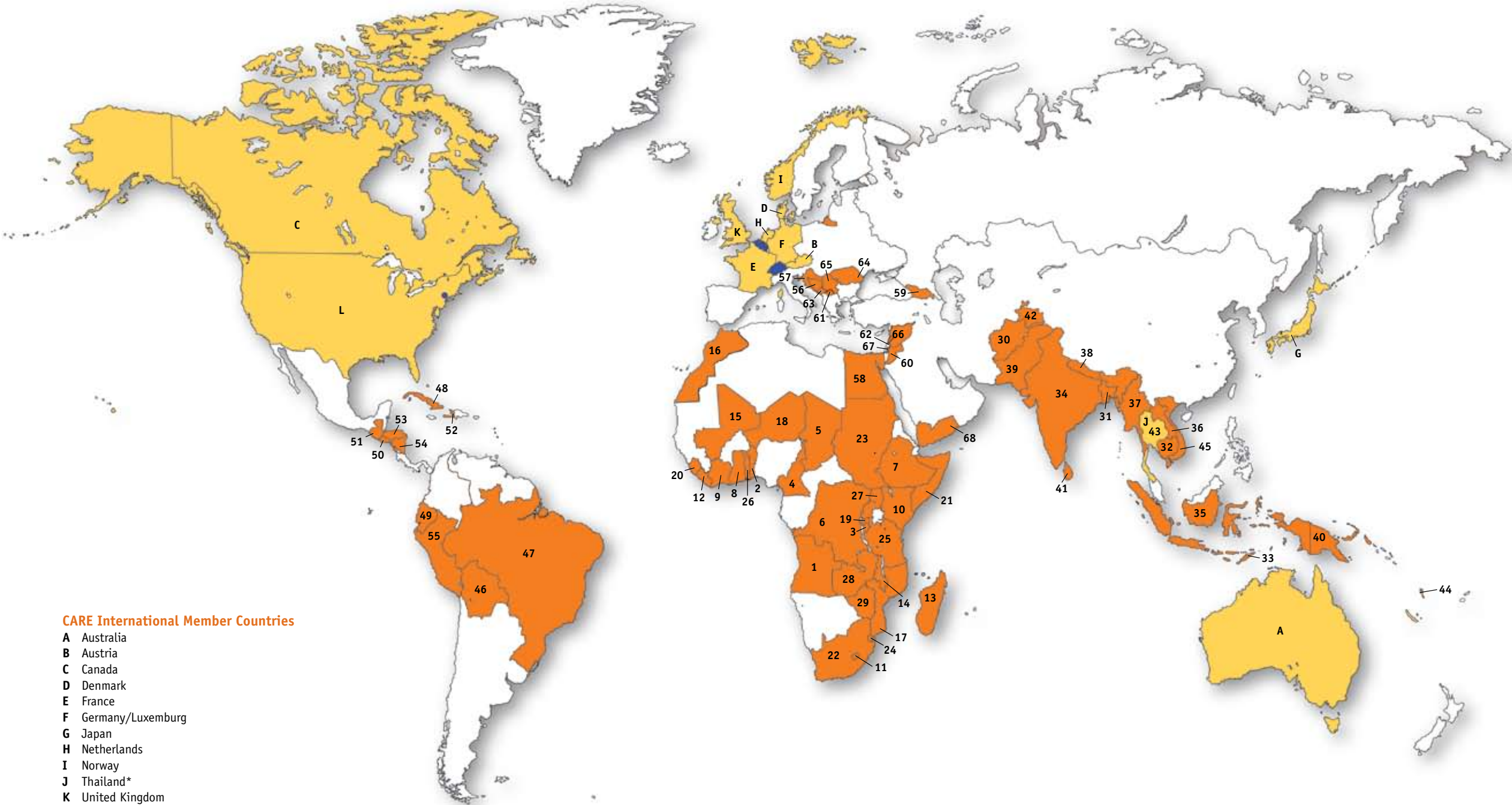
The CISSU has taken part in initiatives aimed at strengthening staff capacity and skills in safety and security. This included the preparation and roll-out of an online technical training module for safety and security focal points (SSFP), and participation in a training course in Nairobi for African country office SSFPs. In addition, the CISSU was invited to lecture on security at the Université du Québec in Montréal (UQAM).

### *Engaging with others*

As in other fields of activities, CI seeks to exchange views on security with peers and partner agencies. In this regard, over the past year, the CISSU was invited to present CI's views on security challenges to the UN Department of Safety and Security, the Security Management Initiative and the RAND Corporation. CI besides became a member of the European Interagency Security Forum (EISF) and contributed to a study regarding the use of private security services by humanitarian organisations.



# World of CARE



## CARE International Member Countries

- A Australia
- B Austria
- C Canada
- D Denmark
- E France
- F Germany/Luxemburg
- G Japan
- H Netherlands
- I Norway
- J Thailand\*
- K United Kingdom
- L United States

- CARE International Member
- Countries with CARE Programming in FY08
- CARE International Secretariat (Geneva, Brussels, New York)

- ### Africa
- 1 Angola
  - 2 Benin
  - 3 Burundi
  - 4 Cameroon
  - 5 Chad
  - 6 Democratic Republic of Congo
  - 7 Ethiopia
  - 8 Ghana
  - 9 Ivory Coast
  - 10 Kenya
  - 11 Lesotho
  - 12 Liberia
  - 13 Madagascar
  - 14 Malawi
  - 15 Mali
  - 16 Morocco
  - 17 Mozambique
  - 18 Niger
  - 19 Rwanda
  - 20 Sierra Leone
  - 21 Somalia
  - 22 South Africa
  - 23 Sudan
  - 24 Swaziland
  - 25 Tanzania
  - 26 Togo
  - 27 Uganda
  - 28 Zambia
  - 29 Zimbabwe

- ### Asia
- 30 Afghanistan
  - 31 Bangladesh
  - 32 Cambodia
  - 33 East Timor
  - 34 India
  - 35 Indonesia
  - 36 Laos
  - 37 Myanmar
  - 38 Nepal
  - 39 Pakistan
  - 40 Papua New Guinea
  - 41 Sri Lanka
  - 42 Tajikistan
  - 43 Thailand\*
  - 44 Vanuatu
  - 45 Vietnam

- ### Latin America and the Caribbean
- 46 Bolivia
  - 47 Brazil
  - 48 Cuba
  - 49 Ecuador
  - 50 El Salvador
  - 51 Guatemala
  - 52 Haiti
  - 53 Honduras
  - 54 Nicaragua
  - 55 Peru

- ### Middle East and Europe
- 56 Bosnia/Herzegovina
  - 57 Croatia
  - 58 Egypt
  - 59 Georgia
  - 60 Jordan
  - 61 Kosovo
  - 62 Lebanon
  - 63 Montenegro
  - 64 Romania
  - 65 Serbia
  - 66 Syria
  - 67 West Bank/Gaza
  - 68 Yemen

\*Thailand is both a member of CARE International and a country with ongoing CARE programming.

## CARE INTERNATIONAL SECRETARIAT STAFF

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The CARE International Secretariat is based in Geneva, Switzerland, with representation offices in Brussels, Belgium, and New York, USA.

Below is the list of staff currently working with the Secretariat.



Jock Baker  
*Quality Standard &  
Accountability Coordinator*



Howard Bell  
*Deputy Secretary  
General*



Cecile Benhamou  
*EU Funding &  
Compliance Officer*



Melanie Brooks  
*Media and Communications  
Coordinator*



Megan Chisholm  
*Systems Development  
Coordinator*

To be appointed  
*Advocacy  
Coordinator*



Loic Cohen  
*Senior Specialist  
for Logistics*



Pascal Daudin  
*Director, CI Safety  
& Security Unit*

Marc Flegenheimer  
*Emergency Human  
Resources Coordinator*



Robert Glasser  
*Secretary General*



Angelika Haessig  
*Finance & Human  
Resources Assistant*



Dorte Hempfing  
*Safety & Security  
Desk Officer*



Kathleen Hunt  
*CI representative to  
the UN*



Mohammed Khaled  
*Regional Emergency  
Coordinator ECA*



Janet Meyers  
*SRH/HIV Advisor  
in Emergencies*



Jonathan Mitchell  
*Emergency response  
Director*

To be appointed  
*FR & Organisational  
Evolution Coordinator*



Fanny Petitbon  
*Executive assistant*



H el ene Ponpon  
*Information Officer*



Carine Prestat  
*Finance & administration  
Officer*



Losane Retta  
*Emergency Officer*



Amadou Sayo  
*Regional Emergency  
Coordinator- SWA*

To be appointed  
*Regional Emergency  
Coordinator - LAC*



Daniel Seller  
*Acting Head of  
Emergency Operations*



Holly Solberg  
*Head of Emergency  
Capacity Development*



Liz Steele  
*EU representative*



Lise Tonelli  
*Programme Assessment/  
Team Leader*



Tanya Vieke-Sussman  
*Administrative  
Assistant*

To be appointed  
*Regional Emergency  
Coordinator -MERMU*

## **CARE INTERNATIONAL BOARD MEMBERS**

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The CARE International Board consists of representatives from the boards of the twelve CI members. The Board is headed by the Chairperson of CARE International.

At present, the members of the CI Board are:

Eva Lystad (Chair)

Arne Cartridge (CARE Norge)

Paul Drager (CARE Canada)

Richard Greenhalgh (CARE International UK)

Takanori Kazuhara (CARE International Japan)

Chanawongse Krasae (CARE Raks Thai)

Kenneth Lehman (CARE USA)

Ralph Martens (CARE Österreich)

Christian S. Nissen (CARE Danmark)

Arielle de Rothschild (CARE France)

Brigitte Schulte (CARE Deutschland-Luxemburg)

Peter Smedley (CARE Australia)

Lousewies van der Laan (CARE Nederland)

## CARE INTERNATIONAL GOVERNANCE AND WORKING GROUP MEETINGS 2007-2008

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<b>Date</b>	<b>Meeting</b>	<b>Place</b>
June 2007	CI Board meeting	New York
	National Directors' Committee	New York
September 2007	CI Board meeting	Teleconference
	National Directors' Committee	Berlin
	Emergency Response Working Group	Geneva
	Organisational Evolution Working Group	Bangkok
	Human Resources Working Group	Geneva
October 2007	Finance Working Group	Gent
November 2007	General Assembly	Addis Ababa
	National Directors' Committee	Addis Ababa
	CI Board meeting	Addis Ababa
December 2007	Fundraising & Communications Working Group	Geneva
January 2008	Advocacy Working Group	London
February 2008	Programme Working Group	Teleconference
March 2008	CI Board meeting	Geneva
	Emergency Response Working Group	Germany
April 2008	National Directors' Committee	Geneva
	Finance Working Group	Geneva
May 2008	Programme Working Group	Paris
June 2008	CI Board meeting	Oslo
	Organisational Evolution Working Group	Oslo
July 2008	Fundraising & Communications Working Group	Paris

**Statement of Activities in EUR  
at 30 June 2008**

	<b>FY08 Audited Figures</b>	<b>FY08 Budget</b>
<b>REVENUE</b>		
Revenue from CARE Australia	162,737	162,737
Revenue from CARE Canada	363,935	363,935
Revenue from CARE Denmark	58,400	58,400
Revenue from CARE Deutschland-Luxembourg	91,764	91,764
Revenue from CARE France	67,653	67,653
Revenue from CARE International Japan	4,540	4,540
Revenue from CARE Nederland	94,343	94,343
Revenue from CARE Norge	66,544	66,544
Revenue from CARE Österreich	64,915	64,915
Revenue from Raks Thai Foundation	11,581	11,581
Revenue from CARE International UK	286,689	286,689
Revenue from CARE USA	2,615,204	2,615,204
<b>Subtotal membership contributions</b>	<b>3,888,305</b>	<b>3,888,305</b>
Other sources of revenues	1,079,989	
These include grants from UN and related agencies, gifts (fundraising), indirect cost recoveries, CERT experts grant, interests and miscellaneous incomes.		
<b>TOTAL REVENUE</b>	<b>4,968,294</b>	<b>3,888,305</b>
<b>EXPENSES</b>		
Support to membership & governance, finance & administration	1,010,226	1,029,874
Organisation Development	209,413	237,279
Information & Knowledge Management	47,743	123,868
Advocacy & Centres of Excellence	50,000	50,000
EU Liaison Office (Brussels)	262,092	287,679
UN Representation Office (New York)	129,274	140,000
CARE Emergency Group	1,614,443	1,657,247
CI Safety and Security Unit	352,965	362,360
<b>Subtotal budgeted expenses</b>	<b>3,676,155</b>	<b>3,888,307</b>
Other expenses	792,264	
These include expenses related to grants from UN and related agencies, gifts (fundraising), CERT experts grant and exchange rate loss.		
<b>TOTAL EXPENSES</b>	<b>4,468,419</b>	<b>3,888,307</b>
<b>RESULT AT 30 JUNE 2008</b>	<b>499,874</b>	

## **DONORS TO THE CARE INTERNATIONAL SECRETARIAT IN 2007/2008**

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The CARE International Secretariat is thankful to all our generous donors, who have made it possible for CARE International to continue to build on its work throughout the year.

In 2007/2008, the CARE International Secretariat directly received funds from the following institutions, corporations and individuals:

### ***Institutions***

The Canton of Geneva, Switzerland\*

\* Funds from the Canton of Geneva included a grant to support CARE International's activities in Peru after the earthquake that struck the country in August 2007. A second grant was made available to the Secretariat to support CI's intervention in Myanmar following cyclone Nargis in May 2008.

### ***Corporations***

Starbucks (in European countries)

Firmenich, Switzerland

HSBC, Switzerland

Edipresse, Switzerland

### ***Individuals***

E. Ahmadi, Switzerland

Leighton, Switzerland

Patrick and Anne de Rham, Switzerland

Laurent Sauveur, Switzerland

Evi Pournand, Switzerland

Raymond Cretegnny, Switzerland

Benedict Turrettini, Switzerland

And other anonymous donors.

## CARE INTERNATIONAL MEMBERS

### CARE Australia

[www.careaustralia.org.au](http://www.careaustralia.org.au)

### CARE Canada

[www.care.ca](http://www.care.ca)

### CARE Danmark

[www.care.dk](http://www.care.dk)

### CARE Deutschland-Luxembourg

[www.care.de](http://www.care.de)

### CARE France

[www.carefrance.org](http://www.carefrance.org)

### CARE International Japan

[www.careintjp.org](http://www.careintjp.org)

### CARE Nederland

[www.carenederland.org](http://www.carenederland.org)

### CARE Norge

[www.care.no](http://www.care.no)

### CARE Osterreich

[www.care.at](http://www.care.at)

### Raks Thai Foundation (Thailand)

[www.raksthai.org](http://www.raksthai.org)

### CARE International UK

[www.careinternational.org.uk](http://www.careinternational.org.uk)

### CARE USA

[www.care.org](http://www.care.org)

## INTERNATIONAL SECRETARIAT - Geneva

Chemin de Ballexert 7-9  
1219 Chatelaine, Geneva  
Switzerland  
Tel.: +41 22 795 10 20  
Fax: +41 22 795 10 29

## REPRESENTATION OFFICE TO THE UNITED NATIONS – New York

777 First Avenue  
5th Floor  
NY 10017 New York  
U.S.A.  
Tel.: (+1) 212 687 3181

## REPRESENTATION OFFICE TO THE EUROPEAN INSTITUTIONS - Brussels

Rue du Trône 12  
B-1000 Brussels  
Belgium  
Tel.: (+32) 2 502 43 33

