

AFRICA AND THE MIDDLE EAST

Africa's development efforts in fiscal year 1999 (FY99) were rocked by extremes of hope and horror. Significant efforts to liberalize economies, improve democratic governance, build civil society and mitigate conflict marched side by side with natural disaster, war and disease throughout much of the continent.



A woman receives a regular checkup at one of about 100 health facilities established as part of a CARE project in eastern Uganda.

On the positive side, well-attended democratic elections took place in South Africa and Nigeria, the economic and political engines of the continent. Efforts to bring peace to the Democratic Republic of Congo and Sudan resulted in struggling cease-fires. The economic performances of Tanzania, Uganda, Mozambique and Ghana were rewarded with debt forgiveness. And agencies like CARE made strides in rebuilding infrastructure, improving food security and health care, and promoting civil society as

well as in advocacy and conflict mitigation efforts.

On the negative side, Africa's health statistics remain the grimmest in the world. Life expectancy has dropped – in some countries the average life span is now less than 40 years. The African continent is home to the largest refugee populations in history – in FY99, hundreds of thousands of people fled conflict in Sierra Leone, the Democratic Republic of Congo and Angola. And no other continent is home to as many people with HIV/AIDS – an estimated 23 million men, women and children in Africa are infected with the virus. And, it was in Africa that AIDS and war-related death tolls prompted the United Nations to use the demographic category “child-headed household” for the first time.

In FY99, CARE USA supported programs totaling more than \$87 million in 25 countries in Africa and the Middle East. The following report details CARE's work in accord with its two operational units: East Africa and the Middle East, and Southern and West Africa.

EAST AFRICA AND THE MIDDLE EAST

In East Africa and the Middle East, CARE programs focused on emergency relief, health care and new approaches to food security. CARE

USA supported programming in Burundi, Egypt, Ethiopia, Kenya, Rwanda, Somalia, Sudan, Tanzania, Uganda and West Bank/Gaza.

Development Amid Conflict

CARE examined its role as an international relief and development organization working in the midst of long-running civil conflict. It looked especially at its role in Sudan, a country torn by decades of civil war. Asserting that the war is

undermining long-term relief and development efforts, CARE and others in the international nongovernmental organization (NGO) community united in a campaign advocating on behalf of a just peace in Sudan.

At the same time, CARE helped an estimated 500,000 Sudanese people suffering as a result of floods, drought, and other catastrophes either created or exacerbated by the civil war. In Unity State and the Bahr El Ghazal region, CARE operated emergency feeding centers and distributed shelter materials, cooking utensils, seeds and tools to people suffering from the effects of famine. In Khartoum and the River Nile State, CARE provided shelter and food assistance to flood victims. In Tambura County in the south, CARE partnered with the International Medical Corps and the Centers for Disease Control and Prevention to treat and prevent the resurgence of the deadly sleeping sickness.

Emergency relief was not CARE's only focus in Sudan. The North Kordofan Food Information Systems Project conducted monthly market surveys and seasonal crop assessments and produced quarterly bulletins on the food security of more than 300,000 people. These reports were used as an early warning system against potential famine. The Tambura Marketing and Development Association helped local farmers in the agriculturally rich western region of Sudan to grow food that they could sell to relief agencies fighting famine in drought-stricken areas of the country. The program put money in the pockets of poor farmers and provided relief agencies with emergency food at one-third of the price it would have cost to import foreign food. By working to mitigate disaster and advance a just peace while simultaneously enabling communities to enhance their livelihood security, CARE is helping to build a more hopeful and sustainable future in Sudan.

Integrated Health

Uganda has battled to halt the spread of the AIDS virus. Building local institutional capaci-



In Africa, CARE projects in health, education and nutrition give children the chance of a brighter future.

ties has been essential in this fight, as well as in the greater struggle to promote economic development of the nation. CARE supported these efforts through the Eastern Uganda Family Health Project in the Kapchorwa, Mbale and Pallisa districts. The project partnered with the government of Uganda health services, NGOs and private health providers to strengthen the nation's health care infrastructure, including the construction, renovation and re-equipping of nearly 100 health care facilities.

In Somalia, the Somali Partnership Program has built a network of more than 20 grassroots Somali organizations dedicated to a wide range of relief and development efforts. With these groups' knowledge of the culture, politics and conflict areas of a land still torn by feuding warlords, the project helped deliver aid effectively, inexpensively and safely.

SOUTHERN AND WEST AFRICA

In Southern and West Africa, CARE programs focused on issues of household livelihood security, coordinated sector programming, refugee assistance and resettlement, and new projects to strengthen civil society. In FY99, CARE USA supported projects in Angola, Cameroon, Ghana, Guinea, Lesotho, Madagascar, Malawi, Mali, Mozambique, Niger, Sierra Leone, South Africa, Togo, Zambia and Zimbabwe.

Working with networks of NGOs, community-based organizations and local government agencies, CARE helped to support local institutional capacities and rural economic development. In Lesotho,

empowered communities in 30 of the city's poorest neighborhoods. And in Mali, CARE worked with thousands of farmers along the length of the mighty Niger River to control the flow of water to their land to help fulfill the country's potential as a rice-growing powerhouse.

Responding to Civil Conflict

An eight-year civil war has devastated the West African country of Sierra Leone. During FY99, CARE provided emergency food, helped rebuild homes and schools and distributed agricultural crop seeds in Sierra Leone. In addition, hundreds of thousands of refugees from Sierra Leone fled to neighboring Guinea. CARE responded quickly to this situation, providing emergency food assistance to 250,000 people in 60 refugee camps.

Angola's 19-year civil war has claimed an estimated 1.5 million lives and left up to 20 million land mines buried throughout the country. CARE continued to assist with mine removal and with mine-awareness training programs. The Mine Related Interventions Project worked in Angola's northern regions to remove or mark the location of mines so communities could resume day-to-day living, including farming their land, without fear. These activities were carried out in conjunction with other programs in health, agriculture, and water and sanitation.

Rebuilding Civil Society

To prevent future conflict, CARE invested in education as an essential building block of more peaceful, productive societies. In the northern districts of Timbuktu, Dire and Goundam in Mali, CARE promoted peace and strengthened civil society through primary schooling and long-distance education programs. Working with 40 parent-teacher associations in the Primary Education and Civil Society Project, CARE helped establish 24 primary schools for children who previously had no access to school. CARE also helped create an education curriculum that is delivered via the radio for children in distant rural areas. The curriculum also focuses on the rights and responsibilities of citizens.



CARE's land mine action teams remove or mark the location of land mines placed during Angola's civil war.

for example, the Training for Environmental Agricultural Management Project worked with community-based organizations in 10 districts to help farmers improve crop production and natural resource management. In Madagascar, the Antananarivo Urban Household, Food and Livelihood Security Project improved the environment and local health conditions, strengthened local associations and basic infrastructure and

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ASIA AND THE PACIFIC

Development efforts in Asia and the Pacific were a mixture of successes and setbacks during fiscal year 1999 (FY99). Overall, the Asian economic crisis slowed previous expansion, and while the region managed to hold the line on long-term gains in health and literacy, progress was tempered by floods, famine and concerns over the impact of accelerating population growth. Flooding in India and Bangladesh hindered access to clinics, markets and clean water for nearly 17 million people in the region and also posed immediate threats of food shortages, waterborne diseases and malnutrition.

In FY99, CARE's programs in Asia and the Pacific sought to provide immediate aid to families affected by economic crisis and natural disaster while expanding efforts that promoted long-term economic growth and household livelihood security. Important initiatives included promotion of small businesses, urban programming, and further emphasis on the participation of women and girls in development activities. From North Korea, where CARE helped distribute food and seeds to families plagued by famine, to Thailand, where CARE projects aimed to prevent the spread of HIV/AIDS, CARE sought to meet diverse and evolving needs.

In FY99, CARE USA supported programs totaling more than \$170 million in 16 countries in Asia and the Pacific, including Afghanistan, Armenia, Azerbaijan, Bangladesh, Cambodia, China, Georgia, India, Indonesia, Laos, Nepal, North Korea, Philippines, Sri Lanka, Tajikistan and Thailand.

Integrated Solutions

Seven of the world's 10 most populous nations are in the Asia and Pacific region. Population growth is placing great demands on resources for food, water, land and income. As populations expand, increased competition for limited resources is likely to make access to health care, education, sanitation and economic opportunities in general even more difficult for the poorest people.

CARE has long recognized the relationship between the environment and families' health and

economic opportunity, and has developed integrated approaches to promote their advancement.

For example, CARE worked in two of Nepal's poorest districts – Bajura and Gorkha – to bring about social change through a wide range of integrated community development activities. The Remote Area Basic Needs Project in Bajura targeted 30,000 people in nine communities, seeking to improve maternal and child health by training local health workers in areas such as immunization and family planning. Emphasis also was placed on preventing soil erosion, providing basic education for women, supporting small-scale income generation, helping communities organize for increased civic participation and empowerment, and improving water supplies and irrigation for farming. In Gorkha, the Remote Areas Basic Needs Project had a somewhat different focus based on the specific needs of the



In Nepal, CARE has helped Drupati Darjee improve her family's nutrition by growing vegetables in a home garden.

region's people. It focused on home gardening, agroforestry, improved water supply, irrigation, and increased community participation and planning. Through training and other support, CARE helped the small village of Laprak assume management of its local watershed. The forests are protected and managed sustainably by the community, while still generating income for local families. Additionally, residents learned to stabilize surrounding farmlands and roads previously threatened by landslides and erosion.

areas – about HIV/AIDS prevention. Courses provided concise messages on risk behaviors. The project also encouraged factory management to create longer-term AIDS awareness programs in the workplace.

In FY99, CARE also began a five-year effort in India to improve basic services, such as clean water, health care and education, for thousands of people living in poor urban areas in the city of Delhi. Working with local nongovernmental organizations (NGOs) and community-based groups, the Promoting Linkages for Urban Sustainable Development Project provided training and technical assistance to local community development workers and helped local organizations create coalitions among communities, the government and the private sector.



CARE programs target women and girls who often lack educational opportunities. Here, girls in Cambodia attend an awareness workshop.

Empowering Women

Throughout Asia and the Pacific, women are poorer than men. In East Asia, the gross domestic product per capita for women is only 62 percent that of men, while in South Asia it is 36 percent. Women and girls often have few opportunities to extricate themselves from poverty. Yet, studies show a link between women's schooling, even if only two or three years, and improved income and health of

women and their families. Educated women typically earn more, are healthier, and are likely to have fewer and healthier children.

CARE's education programming focuses strongly on women and girls. The Girls' Assistance Project in Cambodia, for example, addressed gender inequities and the need for development for all children. In India, the Girls' Primary Education Project provided awareness training to parents, schoolteachers and community leaders in 150 villages in the Hardoi district of Uttar Pradesh. Mobilizing communities to improve access to formal education for young girls helps break the cycle of poverty.

Targeting the Most Vulnerable

Asia's cities are growing at a rapid pace. Since 1975, the percent of people living in urban areas in East Asia has nearly doubled, from 19 percent to more than 34 percent today. The rapid influx of people to cities throughout the region is straining local resources and economic infrastructure.

CARE is addressing the growing needs of poor communities in urban and peri-urban areas in the region with integrated and innovative outreach projects. As an example, in Thailand, the Samutprakarn AIDS Prevention in the Industrial Workplace Project educated factory workers – many of whom migrated to the city from rural

Since the end of the Cold War, CARE has diversified its programming in Europe – primarily the Balkans – to include food security and development of civil society, infrastructure and the economy, as well as emergency relief and rehabilitation. In fiscal year 1999 (FY99), CARE USA provided nearly \$2.9 million to support programs in Albania, Bosnia-Herzegovina, Macedonia and Yugoslavia.

Crisis in Kosovo

CARE moved immediately to assist the long lines of people who fled escalating conflict in Kosovo into Albania, Macedonia, Montenegro and Bosnia-Herzegovina. As the humanitarian crisis unfolded, CARE's response intensified, eventually to the point where CARE managed eight refugee camps housing more than 120,000 people.

In Macedonia, CARE managed Stenkovec II and Cegrane, which became two of the largest of seven camps in that country. In Albania, CARE managed six camps – Spitalle, Rrashbull II, Korce, Gramsh, Hope (Fier) and Kukës II.

In conjunction with other nongovernmental organizations (NGOs), CARE identified and reunited separated families, focusing on unaccompanied children, the elderly, and the mentally and physically impaired. CARE also established community service and health programs, including youth centers, information centers, mother and child health centers, trauma counseling and mine-awareness programs.

When refugees began returning home, CARE established four rest stops that provided a safe area for refugees to pull off the road, receive hot food and clean water, use sanitary facilities and obtain basic medical attention. An estimated 90,000 refugees benefited from these services.

Three days after the first NATO troops arrived, CARE re-entered Kosovo and began a broad emergency and reconstruction program in Ferizaj (Urosevac), Lipljan and Mitrovica. In FY00, CARE will continue providing relief and rehabilitation assistance to all the countries in the Balkans affected by the crisis.

Developing Civil Society

Throughout FY99, CARE continued its programming in the aftermath of the 1991-1995 ethnic conflict in Bosnia-Herzegovina. The Trauma Healing and Peaceful Problem Solving Project focused on healing the psychological rather than the economic wounds of war for hundreds of 11- to 13-year-olds. CARE also expanded programs in Bosnia for the promotion of civil society and the repair of schools, houses and hospitals. For example, the Phoenix Project worked with local grassroots organizations to assess community needs and problems. Activities included training civic groups in management and mobilization of resources, rebuilding communications networks and linkages, and providing assistance to repair schools, community meeting spaces and health facilities.



CARE aided Kosovar refugees by providing food, shelter and other basic services in camps in Macedonia and Albania.

LATIN AMERICA AND THE CARIBBEAN

In fiscal year 1999 (FY99), Hurricane Mitch swept through Central America, affecting the lives of millions. An estimated 500,000 people were left homeless, and damages totaled more than \$6 billion. Twenty years of economic progress were washed away as roads and bridges were demolished, communication lines were severed and agricultural areas were wiped out. Prior to the storm, CARE had a strong presence throughout the region, implementing a range of long-term development programs. In the aftermath of Hurricane Mitch, CARE was able to draw on this background to mount a quick response.

While South America was not affected by the physical disaster of Hurricane Mitch, growing government deficits and regional recessions raised concern that economic stagnation would increase poverty. CARE programming in FY99 focused on economic development activities and plans to meet the needs posed by rapid urbanization. Village banking and other micro-finance programming, which have been effective in Latin America

over the years, evolved into stronger partnerships with local nongovernmental organizations (NGOs) and formal lending institutions, and boosted the capacities of these local organizations. CARE also broadened application of its household livelihood security approach and implemented innovative programming in women's health and education, environmental protection and market-based agricultural production.

In FY99, CARE USA supported programs totaling approximately \$103 million in Bolivia, Cuba, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua and Peru.

Hurricane Mitch

CARE was one of the first NGOs to respond in the wake of Hurricane Mitch. CARE staff were already in place and were able to move quickly to provide emergency relief, putting existing development projects on hold only for a brief period. Medicine, clean water and food were distributed, and the construction of temporary shelters began almost at once. As communities stabilized and people's lives were secured, CARE quickly moved into rehabilitation programs to help families resume their daily lives – getting children back to school, parents back to work, and structures built to house the displaced. Though much progress has been made, the rebuilding of Central America will take years to complete.

Environmental Protection

Many of CARE's programs are based on the understanding that biodiversity and environmental and economic security are interdependent. Human settlement and migrations can threaten the natural balances of eco-systems through deforestation, the destruction of watersheds, the loss of arable land and the extinction of plants. However, without land to farm or use for grazing, families lose food and income.

CARE environmental programs in Latin America aim to preserve and protect the environment and at the same time provide economic



After meeting immediate needs for shelter and safety, CARE began helping Hurricane Mitch survivors rebuild their lives.

opportunities to poor families. For example, in Honduras, where 47 percent of the population lives on less than \$1 per day, the Lenca Community Forest Management Project worked with families in Intibucá to improve management of communal forests. The project provided training and supported increased community participation in sustainable agroforestry management. It also provided access to credit so that families could pursue activities to supplement their incomes. Community forestry committees were established to enhance participatory planning and management among all community members.

In the same region, the Institutional Strengthening for Environmental Management Project worked with poor farming families to diversify crops, increase cash crop farming, and improve access to basic services and markets through the building of roads. Improved primary health care, education, nutrition, and water and sanitation were integral to this project as well. Families that previously faced potential loss of their livelihoods are now able to plan for a future.

In Ecuador, CARE has initiated an innovative development project to address the health, environmental, educational and economic issues of nearly 1,000 extremely poor families. On the outskirts of the city of Cuenca, recycling trash from the public dump has been a source of employment for hundreds of people, mostly women.

Glass, scraps of metal, plastic and paper are collected and sold, earning families an average of \$35 each month. CARE's Solid Waste Recycling Project helped people organize recycling centers, obtain equipment, implement a marketing plan and start an association. It also helped them adopt health measures to prevent illness resulting from unsanitary conditions. The association is now advocating in favor of effective local solid waste management policies. In addition, the project is building a day-care center for young children of the recyclers. Local women are being trained as child care providers, and the children receive food, health care and some schooling while their mothers work.



In Ecuador, CARE helped people who survive by recycling trash to organize, obtain equipment and adopt health measures.

Providing Access to Credit

Seventy-four percent of Latin America's population lives in cities or on their outskirts and the microenterprise sector has become increasingly important for this population. As a result, access to credit for people wanting to start or expand small businesses, as well as training to manage these small moneymaking activities, is increasingly important for the survival of millions of people in the region.

In Peru, for example, microenterprises employ 62 percent of the working population. CARE helped to improve access to credit and training for small business owners around Peru's capital of Lima through the EDYFICAR Project. With a focus on women, EDYFICAR is a legally recognized financial institution that CARE helped create. While CARE's role in the project has decreased, the institution continues to provide a wide range of legal and financial services, including management training and credit, for people operating or starting small businesses. By supporting local organizations like EDYFICAR, CARE encourages sustainability and reduces dependency on international organizations.