



East and Central Africa

CARE USA expended \$114 million on poverty-fighting projects in the following East and Central African countries: Burundi, Democratic Republic of Congo, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, Sudan, Tanzania, Uganda

Rwanda

THE CENTRAL AFRICAN COUNTRY of Rwanda is home to the highest percentage of orphans of any country in the world. How did tiny Rwanda come to bear such a huge tragedy? The answer lies in the combined effects of two humanitarian disasters: the 1994 genocide and HIV/AIDS.

The United Nations estimates there are 613,000 Rwandan orphans age 14 and under. Louise Mukandori isn't counted among them, as she is already 18, but she and her younger sister, Cresine, have been on their own since 2003. The two girls survive on what they coax out of the small plot of land left by their parents.

Louise recently took an important step for her small family. She joined a tailoring course at a center assisted by CARE's Nkundabana Initiative for Psychosocial Support (NIPS). A "nkundabana" is an adult who acts as a surrogate parent to orphaned children, providing support, advice and affection. Through NIPS and similar projects, CARE is looking after the psychological and social well-being of 2,500 child-headed households in Gitarama province and 15,000 orphans and vulnerable children nationwide. Besides emotional support, children receive training in literacy, job skills and money management.

After a few months, Louise is beginning to see herself in a new light. "Who knew that I could sit

at a sewing machine and actually use it? I would never have been able to if the project had not come to my aid," she says.

"The advice of the CARE staff and the protection of my nkundabana came just in time," Louise continues. "I learned how to economize what little harvest I could get from my garden. I used to consume everything I produced and restart at zero. Now I know that after harvesting, I have to use the harvest to feed my sister and me, but I also save part to buy new things for us or to grow new crops. For example, after I harvest cassava, I will buy coconut seeds and a goat."

It's not just child-headed households that are benefiting from NIPS. The effect of new opportunities for orphans is less thievery and other petty crime. "Thanks to the CARE project, the majority of errant children are busy with vocational training and income-generating activities. The community is now quiet," Louise says. In this way, CARE is playing an important role in Rwandan society: Healing emotional wounds and building skills now should contribute to a more stable, prosperous nation in the future.

Louise is thinking about her own future. "I will earn a living as a seamstress. I will find a location in the market and have clients," she says. "I know that I will no longer suffer from hunger."



Democratic Republic of Congo

FOR MANY CHILDREN in the Democratic Republic of Congo (DRC), a nation at war is the only home they have ever known. What began in the mid-1990s as an effort to oust dictator Mobutu Sese Seko has expanded into a tangled web of conflicts that has claimed an estimated 3.8 million lives since 1997 – many through starvation and disease. Though a peace agreement officially ended civil war in 2002, violence between militia groups continues to claim lives and hinder development.

One common element among all the fighting factions is the use of children in their military campaigns. Whether willing enlistees or forced conscripts, children serve as soldiers, cooks, porters, messengers and “military wives.”

Yet, even as sporadic fighting continues, the Congolese government has a commission to disarm and demobilize combatants. CARE is working with international partners, the government of the DRC and communities to secure the release of children associated with armed forces and assist their reintegration into families.

Vulnerable children, including those recently released by or escaped from militias, gather at a CARE-supported center in Kasongo. Here they learn basic literacy skills, carpentry, soap-making, baking and sewing. Learning these skills, in addition to providing a foundation for earning a living, helps the children gain confidence to face their families and communities again.

More so than boys, girls who have been associated with armed groups face serious prejudice upon return. Many people believe the girls have become imbued with a hostile mentality and are no longer good candidates for marriage. There is also fear that the family may face retaliation if the girl’s military “husband” tries to reclaim her.

A girl named Oma says she dislikes the attitude that men have toward her now. “They say we have no skills to bring into a marriage, just a war mentality. So we want to acquire skills first,” she says. “A woman, no matter how beautiful, is worthless without brains. I would like to advance myself so when I marry, my husband will be proud of me.”

Oma and other girls at the center say they plan to register to vote in elections scheduled for 2006 – the first general elections since the country’s independence in 1960. These young women believe the elections will bring peace, and CARE is doing our part toward that end. CARE presented suggestions from field staff to United Nations Security Council members on how to increase security for civilians, improve governance and provide support for these crucial elections. Recommendations included renewing support for the disarmament and reintegration process, repositioning U.N. peacekeepers, curbing corruption at all levels and communicating openly about the election process and results.

Support and Security



Southern and West Africa

CARE USA expended \$110 million on poverty-fighting projects in the following Southern and West African countries: Angola, Benin, Chad, Ghana, Ivory Coast, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Sierra Leone, South Africa, Togo, Zambia, Zimbabwe

Malawi

MALAWI, LIKE SO MANY other countries in Africa, has a hungry season. It's not marked on calendars, but on the weary faces of parents trying to stretch meager supplies for another day, another week – however long after one harvest has been consumed and the next is ready to bring in. The hungry season sometimes starts too early and lasts too long, pushing families past their ability to cope. So it was in 2002, when Malawi suffered one of the worst famines in living memory.

Master Binson, a farmer and single father of four from Mengwe, was one among millions struggling to survive that year. CARE worked with the United Nations to bring relief to communities like Mengwe and families like Master's.

Master's neighbors selected him to chair the food distribution committee in charge of identifying the most vulnerable families. Master worked closely with CARE staff to ensure the program ran smoothly. "Our committee made sure that relief food went to rightful people and there was no pilferage," says Master of his responsibilities.

CARE staff recognized Master's natural leadership skills and thought, given the opportunity, he could play an important role in improving conditions in his community.

As the emergency food distribution came to an

end, CARE embarked on a one-year drought recovery project. With CARE's support, the community looked at ways to rebuild household assets depleted during the hungry season. To improve food security and income opportunities, people participated in seed banking, irrigation, cash-for-work on roads and dams, and market and enterprise development. Master Binson was once again selected by the people of his village to be their project chairman; little did he know this was to be a turning point in his life.

Working with CARE, the people of Mengwe identified activities that would help in their struggle to overcome poverty. They proposed an eight-kilometer road network linking a school, clinic and markets, all to be constructed under cash-for-work. But the biggest idea was a dam to provide irrigation for 185 households. More than 350 residents built the dam over eight months, uniting the community of Mengwe as nothing had before.

Master and the other farmers realized the benefits from the dam almost immediately. Harvests increased, and proceeds from the sale of fish raised in the dam's reservoir are put into a community savings fund. Despite the hungry season looming in Malawi this year, Master Binson asserts his community will not want for food.



Togo

WHEN ADZO AZIAHO'S FAMILY could no longer afford her school fees, she was forced to drop out. Twelve years old, with limited education and a strong desire to contribute to the household income, Adzo was lured away from her tiny village by the promise of a better life in the capital city of Lomé. Yet, as in so many other cases, it was a promise no one had any intention of fulfilling.

Adzo was the targeted victim of a child trafficking scheme, where young girls from poor, rural communities are enticed from their homes with the assurance they will earn good wages to send back to their parents. These girls then work under deplorable conditions for years on end – often with no compensation.

Adzo narrowly escaped this sad outcome. Thanks to CARE's COMBAT project – to combat child trafficking and exploitation through education – community members were on the alert about the growing problem of child labor in their area.

"Adzo had gone off to wash clothes on the day she should have been on the farm," recalls the girl's grandmother. "I had a feeling something was wrong, so I talked to the CARE community agent in our village. I didn't even know if he would be able to help, but I had to do something.

"I'm old, tired and unable to improve my life at this point," she continues, "but I want a

better life for my granddaughter. When I'm gone, I want to know that my grandchildren will be able to take care of themselves."

CARE learned that Adzo had been promised a job in the city, working as a maid and salesgirl for a wealthy businesswoman. But she says, "The only reason I even thought about leaving home was that I couldn't go to school."

With help from CARE and our local partner, the Association for Humane Promotion, Adzo's tuition has been paid and she is now attending secondary school. "CARE gave her hope on the spot when we told her we would pay her school fees," says project manager Nestor Atinyo. "But we don't just want to get children back in school; we want to keep them there. Adzo says she wants to be a nurse when she completes her education."

To that end, community agents meet with families monthly to make sure children are in school and to identify potential obstacles to attendance. In all, 18 girls from Adzo's village have been reunited with their families and are enrolled in school or learning a trade, like hairdressing, sewing or batik print-making.

CARE works with villages throughout Togo to help families and community members identify at-risk children – especially orphans and those who have had to drop out for financial reasons.

Leadership and Education



Asia

CARE USA expended \$133 million on poverty-fighting projects in the following Asian countries:

Afghanistan, Bangladesh, Cambodia, East Timor, India, Indonesia, Laos, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Tajikistan, Thailand, Vietnam

Tajikistan

THERE ARE PARALLELS to be found in the troubling story of Malika and her nation of Tajikistan. Years ago, Malika was married and happily raising seven children. Her family was not wealthy, but they had all they needed. Tajikistan in the Soviet era was a stable, if authoritarian and impoverished, nation. The poorest of 15 Soviet republics, Tajikistan was still a place where children were educated, health care was available and most people felt relatively safe. But when the Soviet Union collapsed and Tajikistan gained independence, society began to unravel. When Malika's husband was abducted and shot during the ensuing civil war, her world, too, began to unravel.

It soon became difficult for Malika to clothe and feed seven children. She did not work outside her home and none of her relatives could help her. Eventually, Malika bought milk, eggs and yogurt from her neighbors and sold them in the market at a slight profit. With this money, she barely managed to get by.

The time spent in the market exposed Malika to illicit forms of earning a living. She became "a woman who had taken a wrong turn in life," as her neighbors would say. The children were left to fend for themselves.

When CARE's Women's Economic Opportunities

Project started in Malika's village, she was among the first to receive a small loan. The women were taught business skills and learned about finding untapped markets or unmet needs in their community. It was an important opportunity for Malika, yet she struggled to work side-by-side with neighbors who scorned her previous activities.

Still, Malika was determined to change her life for her children's sake. She used credit provided by CARE to plant potatoes. After selling the harvest, Malika repaid her loan and spent the rest of the money on a cow with calf. With a second loan, Malika bought two goats, which then gave birth to kids. This kept Malika busy, and her children were pleased to have her time and attention at home.

Today, Malika and her nation are both rebuilding after being shaken to the core. Tajikistan is still the poorest of the former Soviet republics, able to produce only half the grain it needs and offering little employment, especially for single women. In the absence of established financial markets and formal training opportunities, CARE's work to build skills and make resources available fills a critical niche. It will take more than potatoes and goats to repair the country, but if Malika's countrymen share her resilience and determination, there is reason to be hopeful.



Nepal

THE FIRST 30 YEARS of Sita Bishwokarma's life were much like those of other Dalit women in western Nepal. She had never gone to school, married at age 13 and remained illiterate. As members of a so-called "untouchable" caste, Sita, her husband and their two children were relegated to the fringes of society in a region of the country torn by conflict.

Being a landless family, they depend on the nearby forest to collect firewood for cooking and thatch for roofing. In 1998, the government of Nepal ceded ownership of the forest to communities, but when the land was turned over to residents of Sita's village, it immediately fell into the hands of local elites. Neither Dalits nor other poor people were elected to the management committee.

The committee chairperson allocated forest user fees for projects such as construction of an irrigation canal, road and temple. However, those activities didn't benefit poor, Dalit families. Without any land, what good is an irrigation canal? Similarly, Dalits are not allowed to enter a temple, so it seemed unfair they were paying to build one. Despite being compelled to pay user fees, they were denied access to the forest itself.

In the last year, however, Sita's life and indeed her whole community have begun to change, despite the upheaval caused by conflict. It started when she joined a literacy class supported by CARE. In addition to learning to read simple words

and write her name, Sita learned of CARE's work to improve local governments and increase women's participation in their communities.

CARE facilitators invited the community to assess the forest management committee and encouraged Dalits and women to participate. "I got an opportunity to participate in such a meeting for the first time in my life," says Sita. "I came to know that each and every individual has equal rights."

With advocacy training from CARE, Sita and others decided to take action. As a group, they approached the forest committee, but their demands were ignored. "We had to formulate another process to influence the committee," Sita says. "We realized this problem is deeply rooted, so we cannot fight alone to address it." With support from other organizations, Sita's group again appealed to the forest committee. After several meetings, the committee agreed to some important changes: Women and Dalits were guaranteed seats on the committee, 15 percent of the user group funds were allocated to programs to benefit Dalit and poor households, and budget decisions were made public.

Today, Sita is vice chairperson of the committee. She has found her voice, but understands there is much work to be done. "I realized that Dalits are lagging behind. We need social, political and economic empowerment. The CARE program opened our eyes."

Opportunity and Equal Rights



Tsunami Update

Natural disasters dominated headlines in 2005, starting just days before the dawn of the new year. We have seen nature's wrath in hurricanes, earthquakes and drought, but no single event compares in magnitude to the tsunami of December 26, 2004.

FROM THE BEGINNING, CARE COMMITTED TO A LONG-TERM RECOVERY PROCESS that would empower communities and enable them to address underlying causes of their vulnerability. We are proud of accomplishments achieved in partnership with tsunami-affected communities in the months following the disaster.

India – CARE is helping more than 100,000 people rebuild their lives by meeting a variety of needs, including shelter, income generation, clean water and trauma counseling. We have improved access to clean water and sanitation systems for some 20,000 families, built more than 500 transitional shelters and plan to build more than 2,000 permanent disaster-resistant homes. CARE also trained 1,200 people – including teachers, village health workers and other community members – in the skills to provide trauma counseling. CARE expects to have spent \$9 million on our tsunami response in India by the end of calendar year 2005.

Indonesia – CARE is assisting approximately 350,000 survivors in Banda Aceh, Aceh Besar and the island of Simelue. CARE has committed to building several thousand homes in these areas. We distributed more than 1 million bottles of a solution to purify water, as well as some 700,000 one-month rations of food. Survivors were able to

earn income by working for CARE to clear debris from waterways. CARE expects to have spent \$22 million on assisting tsunami survivors in Indonesia by the end of December 2005.

Somalia – The tsunami extended as far west as Africa's coast, including Somalia, where CARE is responding to the needs of some 32,000 people. We distributed 491 tons of food to these families, who represent about 70 percent of the tsunami-affected population. CARE has also delivered water to more than 3,300 families in 45 communities. In addition, we are installing water systems and building private latrines. We plan to have spent \$5.1 million for our tsunami response in Somalia by December 2005.

Sri Lanka – CARE is working in seven of the nine most severely affected districts. We built more than 1,500 transitional shelters that include water and sanitation facilities. CARE also distributed food and essential relief items to 32,000 families and helped keep 24,000 families healthy with clean water and latrines. With our support in training, provision of tools and equipment, and cash-for-work programs, some 2,000 families – including farmers, fishermen and small traders – have started to earn an income again. Other plans include the construction of thousands of permanent homes; nearly 3,000 building sites were



confirmed by autumn 2005. By the end of the calendar year, we expect to have spent \$13.5 million on our recovery efforts in the country.

Thailand – In the immediate aftermath of the tragedy, CARE provided food and basic relief items to some 2,400 survivors and temporary shelters for 760 displaced people. Through a revolving loan system, we helped more than 2,300 families – including fishermen and women, small traders and farmers – start to earn an income again. We plan to establish an additional 87 loan funds in early 2006 to benefit another 4,100 families. CARE will help communities replant mangroves, which serve as an important part of the ecosystem and also act as a natural buffer from the sea. We plan to have spent \$5.1 million on tsunami response in Thailand through December 2005.

None of these accomplishments would be possible without the extraordinary support of CARE donors around the world. In fiscal year 2005, CARE USA received \$53 million for our immediate and long-term tsunami response. The following are just some examples of the creativity and generosity the tsunami inspired:

- Zach Mathews, 14, and his sister, Victoria, 11, of New Jersey, raised more than \$50,000 from donors across the country, a feat that earned them national recognition.
- In Seattle, Washington, musicians from Alice in Chains, Heart, Nirvana and Children of the Revolution as well as Sir Mix-A-Lot joined forces in the K-Rock Continued CARE Reconstruction Benefit concert, raising more than \$110,000 for CARE's response to the tsunami.

- The Boeing Company awarded CARE a total of \$1.2 million for tsunami relief through direct corporate gifts and employee contribution matches. Boeing also engages in an ongoing education campaign to inform employees about how and where their gifts are used.
- Each of the nation's "Big Three" automakers donated generously to CARE's tsunami response, including employee gifts, matching gifts and outright gifts. DaimlerChrysler gave \$650,000; Ford Motor Company gave \$287,066; and General Motors gave \$230,472.
- To improve the lives of underserved children and their families in India, the Michael and Susan Dell Foundation gave \$500,000 to CARE for tsunami relief.
- The Kresge Foundation in Troy, Michigan, awarded CARE a \$3.5 million grant to benefit communities neighboring tsunami-affected areas. This grant will help inland, but equally poor, neighbors of tsunami survivors.
- Board members of the Cardinal Health Foundation designated \$1 million per year for three years for long-term rehabilitation in tsunami-affected countries. This was in addition to a foundation match for all employee gifts, as well as the delivery of medical supplies and equipment immediately after the disaster.

CARE is grateful for each gift and proud to be the trusted choice to deliver compassionate assistance on behalf of our donors. For a more detailed report of our tsunami-response activities, please visit www.care.org/tsunami.



Latin America and the Caribbean

CARE USA expended \$101 million on poverty-fighting projects in the following Latin American and Caribbean countries:

Bolivia, Brazil, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Peru

Ecuador

ABIGAIL ELIZALDE RAISED her children and sent them to school before CARE began working in her community of Valle Nuevo, Ecuador, so she was well aware of the limitations of the local school system. The building itself was in poor shape, the teacher was perpetually absent and there weren't even basic bathroom facilities. It is a testament to Abigail and her husband Samuel Cordoba's fervent belief in the benefits of education that the children completed their primary schooling and went on to high school in a larger community nearby.

"I know that education will help us," says Abigail. "I have sent my children to high school, and I tell them they should get the most out of it and work hard. Now I see that this is what I will leave them." Abigail's legacy will reach beyond her own family – her work with CARE today will touch the lives of children in Valle Nuevo for years to come.

As one of the most enthusiastic participants in CARE's EDUCAVIDA (Quality Education for Life) project, Abigail regularly organizes and participates in community meetings and workshops. Together, parents, teachers and CARE staff developed a school quality index to establish priorities and set a baseline to measure progress.

This spirit of collaboration has been crucial to

the success of EDUCAVIDA in Valle Nuevo, and it sometimes means people get involved even when they thought they had nothing to offer. For example, Abigail and other mothers with little education supervise as their children complete homework assignments. "In the school for mothers, they taught me to do that; that I should be there even if I did not understand the assignments," Abigail says. "Even now that they are in high school, I do that. I know my presence helps them, and they do what they have to do."

Abigail has gained new responsibilities outside her home, as well. Husband Samuel encourages her to take the lead in making decisions and voting on issues raised during meetings with CARE staff and representatives from the municipality. "I tell other women in the meetings that they have to decide because they are here for a reason; not just to see, but to make decisions." The decisions they have made are improving education: Unmotivated or unqualified teachers have been replaced, teachers have been given training to make lessons more effective, schools are now more sanitary and attendance has gone up.

"As long as I can, I will struggle so that my children are educated," promises Abigail. "Since I am stubborn, I will continue forward until all of us get out of poverty."



Nicaragua

EVENTS OF OCTOBER 2005 reminded us all how susceptible Central America is to natural disasters. Hurricane Stan prompted devastating mudslides in Guatemala, and the storm's effects in El Salvador were multiplied by the eruption of the Santa Ana volcano. It was a reminder farmer Reynaldo Ortiz, who lives within sight of Nicaragua's San Cristobal volcano, could have done without.

The specter of a volcanic eruption is just one threat to life and property; this area – like so many in Central America – is also prone to hurricanes, floods and landslides during the rainy season and droughts at other times. Earthquakes, tsunamis and fires are rarer, but do occur. Despite these possible calamities, poverty is the immediate concern, and the people in Reynaldo's community of El Mohon must farm this fertile land in order to make a living.

In 2001, CARE introduced a project to help communities in Nicaragua, Honduras, El Salvador and Guatemala prepare to deal with natural disasters. To make the project sustainable, CARE aimed to build local and national governments' ability to help the poorest, most vulnerable people. In Nicaragua, along with municipal governments and Civil Defense – the military's emergency response wing – CARE began talking to people to assess the dangers they face. Together, we designed a handbook of risk management for each community and

established volunteer emergency management teams. Reynaldo's community chose him as their team's president.

With guidance from CARE, the 480 residents of El Mohon got to work. They strengthened two bridges, improved roads and created 368 meters of drains to reduce the impact of floods. They conducted drills on what to do in case of a fire, flood or other emergency. Today, when new people move into the community, the team invites them to a meeting where they are informed of safe locations to build houses and municipal construction codes.

CARE worked with Civil Defense to strengthen its ability to deal with natural disasters. With data collected from the communities, CARE designed training curriculums for Civil Defense staff and provided supplies such as helmets, harnesses and radios. Civil Defense is now helping 124 municipalities prevent or at least reduce the impact of disasters. It is a new way of looking at emergencies: "We used to work for the short term, for specific periods, and we were only reactive, with no planning," says Mario Perez Cassar, the director of Civil Defense. "Now, we intervene in the causes that create the disasters."

The people of El Mohon long ago came to terms with the unpredictability and volatility of their environment. But they are not powerless. "Before, I had no information," says Reynaldo. "Now, I sleep easier at night."

Collaboration and Preparation



Middle East and Eastern Europe

CARE USA expended \$31 million on poverty-fighting projects in the following Middle East and Eastern European countries: Albania, Bosnia & Herzegovina, Croatia, Egypt, Georgia, Iraq, Jordan, Kosovo, Russian Federation (North Caucasus), West Bank/Gaza, Yemen

Bosnia & Herzegovina

THE CIVIL WAR in Bosnia and Herzegovina ended 10 years ago with an uneasy peace and a divided nation. Hundreds of thousands of people fled war and ethnic cleansing. Today, many are coming back to their homes and rebuilding their lives, with the support of CARE and other humanitarian organizations. But they return to a country in economic peril. Bosnia desperately needs educated young people – but without employment opportunities, many give up and leave again.

To help create jobs for formerly displaced people, CARE is tapping into the energy and drive of Bosnian entrepreneurs like Vesna Beganović. After her husband was killed in the war, Vesna was left alone to support two small children. But Vesna stayed in Bosnia and persevered, getting an education and work experience. In 1998, she started a small advertising agency, Via Media.

Vesna had found a good niche. Her company provided a needed service, creating advertising that helped stimulate Bosnia's war-ravaged private sector. But when she wanted to expand in 2000, banks refused her loan applications, and she was stymied by bureaucratic red tape. Women entrepreneurs face special challenges in Bosnia, where men traditionally dominate business.

"I had a clear vision," says Vesna, "But commercial banks didn't have a sense for my ideas.

My proposals were too progressive for the environment."

CARE saw potential in Vesna's plans and selected her business for the European Union-funded Job Creation Initiative. Via Media received \$51,000 in equipment; Vesna agreed to invest some of her own funds to create eight new, full-time jobs. CARE provided technical assistance and training, and helped her create a business plan.

"I knew my chances were small, with over 9,200 businesses applying for support through the Job Creation Initiative," says Vesna. "When we were selected, I was very happy. Finally, someone decided to support a sophisticated project and a team of young, broad-minded people."

Since then, Vesna has exceeded expectations, hiring 10 new staff – most of them former refugees. The company now employs 24 people, with an average age of 25. Its office hums with activity and high-tech design equipment. Via Media is even building its own new, state-of-the-art headquarters building.

Vesna is overjoyed that CARE helped her achieve her vision. "Today, I can say I am satisfied with the results of our work, with the team, and with my family. I have three children, a husband and a new Bosnia," she says. "But, of course, I won't stop with that."



Yemen

PERCHED ON A ROCKY OUTCROP at 5,900 feet and accessible only by a rough dirt road, Al Qarn, Yemen, is isolated from the modern world. Women and girls in Yemen face unique challenges, as tradition dictates almost complete separation of men and women. Gender relations confine women largely to domestic roles, albeit demanding ones.

In rural villages, Yemeni women are expected to contribute to agricultural and household work, including raising livestock, tilling the land, cooking, cleaning and caring for children. Every day, women must fetch water, an arduous task that involves carrying up to five gallons of water up steep rocky paths. Yet, despite all this physical labor, Yemeni women have been traditionally seen as needing male protection. Women's mobility is restricted to the village, and their communication outside the family is limited to other women.

In 2004, CARE organized a women's association in Al Qarn to strengthen their roles in the community and provide access to education. Illiterate for the most part, Yemeni women see education as the basis for improving life and deepening their understanding of the holy book, the Koran. It is common to hear them say, "Education is light and ignorance is darkness." With CARE's support, the Al Qarn women's association provided literacy training to improve livelihoods and health. CARE also helped

the women start a cooperative poultry farm, which provides income for the teacher's salary, books and supplies.

Ibtesam al'Shar, chairwoman of the association, is proud of the recent changes in her life and in her community. In the past, Ibtesam was silent and afraid – afraid to talk to her father and brothers, afraid to move outside her home, afraid to make any decision about herself. Today, Ibtesam is articulate and even outspoken. She exudes self-confidence while talking to men in her village, and her father and brothers look to her for household decisions. What's more, Ibtesam now travels alone to places like the CARE office and the bank, informing male members of her family of her whereabouts, but independent of their permission.

Ibtesam also teaches primary school, a government job she was able to acquire once she became literate. Still, Ibtesam points out that her work with the women's association empowers her even more than teaching. Through the association, she has learned to communicate and negotiate with men and women, establish relationships with people in many different functions and travel to various locations to accomplish her tasks. Through the association, she and other women of Al Qarn are crossing borders previously off-limits. Their world has grown larger and so much more interesting.

Innovation and Empowerment



Strategic Directions

CARE continued to advance and expand our priority program areas in fiscal year 2005 (FY05). We focused on the areas highlighted below, where we believe CARE can make significant global contributions.

Basic and Girls' Education – CARE seeks to address root causes that prevent children from obtaining a quality basic education: participation in child labor, gender disparities, conflict and crisis situations, and the effects of HIV/AIDS.

In FY05, CARE launched the 20-year Patsy Collins Trust Fund Initiative to promote quality education for the world's most vulnerable girls. CARE created a comprehensive strategy for the initiative and selected programs in Cambodia, Honduras, Mali and Tanzania to be the first to receive support from the trust fund.

CARE also contributed to a manual entitled "Minimum Standards for Education in Emergencies, Chronic Crisis and Early Reconstruction" to guide field staff in project design.

Emergency Response – In FY05, CARE focused on enhanced preparedness planning to improve our humanitarian responses to emergencies. A significant example of this was CARE's simultaneous response to the December 2004 tsunami in five countries – India, Indonesia, Somalia, Sri Lanka and Thailand. In the first 10 months following the disaster, CARE reached approximately 600,000 survivors with lifesaving aid and other assistance to get the rebuilding process underway.

CARE's emergency response capacity was improved through new partnerships and a deliberate focus on improving coordination among CARE International members.

HIV/AIDS – CARE continued our many partnerships and cross-sector work to improve the lives of people affected by HIV/AIDS. In FY05, the Communities Responding to HIV/AIDS (CORE) Initiative, of which CARE is the lead partner, awarded 20 grants to 59 faith-based, community-based and nongovernmental organizations in 16 countries. This represents a commitment of \$2.5 million. The Hope for African Children Initiative, another consortium of which CARE is a member, promoted the strengthening and expansion of projects in nine countries in sub-Saharan Africa. These initiatives improved the economic stability of families and enhanced the capacity of communities to advocate for children made vulnerable by HIV/AIDS. CARE is committed to integrating HIV/AIDS programming into all our development work, thereby combating stigma and discrimination, and helping men, women and children look forward to a better future.

Water and Sanitation – Empowering households, communities and local institutions is the key to CARE's water programming. By improving access to sufficient quantities of affordable water and promoting hygiene and basic sanitation, CARE is able to improve child health, promote participation of women in their communities, decrease the burden of HIV/AIDS and increase school attendance by girls.

Through EMPOWERS, a four-year regional partnership in the West Bank, Jordan and Egypt, CARE builds the capacity of institutions and communities to manage water resources, facilitates dialogue between end-users and local government officials, and links this dialogue with policy-makers in central government. CARE is also part of the Millennium Water Program, which is improving health by installing water points and promoting hygiene and sanitation in Kenya's poorest province.

While we have given special priority to each of these areas in FY05, CARE remains committed to excellence in all our work, in every region and program area.

Advocacy: Shaping Our World

CARE is building a better world by helping poor communities become self-sufficient and by leading advocacy efforts in the United States. The following are highlights of our work in fiscal year 2005 (FY05) to raise the visibility of critical humanitarian issues.



The ONE Campaign – CARE partnered with 10 other global humanitarian organizations in FY05 to create The ONE Campaign. More than a million people signed on to The ONE Campaign to strengthen U.S. commitment to combating global poverty, hunger and disease. CARE’s work with ONE and our independent advocacy efforts complement and reinforce one another.

CARE Action Network – More than 10,000 people have joined the CARE Action Network (CAN) to voice their concerns about global issues and educate their elected representatives in Washington, D.C. In May 2005, over 160 CAN members traveled to the nation’s capital for the CARE National Advocacy Conference. They met other volunteers from across the country, participated in training on how to be an effective advocate and took part in 118 meetings with members of Congress and their staff.

CAN members also went online through can.care.org to communicate with policy-makers about poverty-related issues. CAN members sent more than 52,000 messages in FY05 on a variety of issues, including President Bush’s Emergency Plan for AIDS Relief. They supported CARE’s call for members of Congress and the administration to oppose any legislative efforts that limit the range of proven and effective strategies to fight HIV/AIDS.

Millennium Development Goals – Through CAN and ONE, CARE has played an important role in pressing the U.S. government to fulfill its commitment to achieving the Millennium Development Goals (MDGs), which seek to cut extreme poverty in half by 2015. CARE worked on an MDG Resolution, introduced in the House of Representatives in May 2005, to affirm the commitment and leadership of the United States to improve the lives of the world’s poor.

Sudan – On January 9, 2005, the government of Sudan and the Sudanese People’s Liberation Movement signed a comprehensive peace accord, ending Sudan’s 21-year civil war. CARE supported this historic agreement, while continuing to draw attention to the violence and human rights abuses that rage in the western Sudanese state of Darfur. CARE has also advocated for humanitarian and development initiatives that go hand in hand with the peace process, and for a long-term commitment from the international community to support the full implementation of the accord.

Tsunami – Following the December 2004 tsunami, CARE helped lead an advocacy response that resulted in the passage of almost \$1 billion in U.S. supplemental emergency funding for the affected region. In addition, CARE USA President Peter Bell testified before Congress in January 2005. Bell urged the United States to follow through on its assistance pledges, noted the need for additional funding dedicated to long-term reconstruction efforts and cited less visible emergencies in Africa that should not be forgotten.

Water and Sanitation – Because of our extensive experience managing water and sanitation projects, CARE is widely recognized as an authority on the issue. CARE helped to develop legislation that would increase access to water and sanitation for poor communities around the world. CARE’s leading water expert, Peter Lochery, addressed the current global water crisis and offered ideas to ameliorate water challenges in developing countries when he testified before the House International Relations Committee in June 2005.



CARE International

CARE USA is part of CARE International, a confederation of 12 national members coordinated by a secretariat in Geneva. CARE International collaborates on poverty-fighting projects, as well as fund raising, policy recommendations and advocacy, and building relationships with governments.

CARE International had an intense and challenging year, with the critical issue of staff security occupying much of our time and attention. The abduction and murder of CARE's director in Iraq, Margaret Hassan, tested CARE International's endurance and capacity to continue our work throughout the rest of the world while putting all possible energy into trying to secure her release. Just months after that tremendous blow to CARE staff and the humanitarian community, CARE project manager Clementina Cantoni was abducted in Afghanistan. For Clementina, tragedy was averted, and CARE International remains grateful to all those who worked tirelessly on her behalf.

A crisis of another nature arrived abruptly in December 2004: the Indian Ocean tsunami. This unprecedented natural disaster elicited an outpouring of support unlike any CARE had seen before, and the response was truly global. From Norway to Thailand and Canada to Japan, CARE members were inundated with donations and offers of assistance. The magnitude of the disaster and CARE's response demanded of CARE International a new level of coordination and integration. Under the leadership of CARE International's emergency response director and team, the secretariat organized members to respond efficiently, eliminate duplication, adopt a unified request for donors and ensure the highest level of financial accountability. The experience confirmed the organization's goal to work together in all major emergencies in order to have a stronger, faster and more effective response.

CARE International Leadership

Chairperson

Lydia M. Marshall

Secretary General

Denis Caillaux

Australia

Robert Glasser

France

Philippe Lévêque

Österreich

Ulrike Schelander

Canada

A. John Watson

Japan

Chitose Noguchi

Thailand

Promboon Panitchpakdi

Danmark

Niels Tofte

Nederland

Guus Eskens

United Kingdom

Geoffrey Dennis

Deutschland

Wolfgang Jamann

Norge

Gunnar Andersen

United States

Peter D. Bell

Fund-raising Highlights

CARE's fund-raising successes in fiscal year 2005 (FY05) were dominated by the response to the Indian Ocean tsunami. U.S. private support for CARE's response to the tragedy reached \$53 million. Below are some other creative and inspiring contributions to our work around the world.



- More than 500 people, including members of Congress and the diplomatic corps, attended CARE's 59th Anniversary Celebration in Washington, D.C., which raised over \$460,000. The Ambassador of Belgium, Franciskus van Daele, and his wife, Baroness van Daele, served as the International Chairs and hosted a special reception to commemorate the sending of the first CARE Package to war-torn Europe in 1946.
- After visiting CARE sanitation projects in Vietnam that he supported last year with a gift of \$49,000, donor T.D. Poole of North Carolina was inspired to contribute an additional \$63,851.
- CARE initiated the CARE International Council for Pakistan to build awareness of development issues in Pakistan and to garner financial support for the establishment of a long-term presence in the country.

Foundations and Organizations – The Bill and Melinda Gates Foundation granted CARE \$3 million for The ONE Campaign and \$5.2 million for an emergency capacity-building initiative. Both grants support partnerships involving other leading nongovernmental organizations. The John D. and Catherine T. MacArthur Foundation awarded CARE \$1.5 million to respond to the tsunami and “forgotten emergencies” in Sudan, Democratic Republic of Congo and northern Uganda. Under the leadership of CARE International Chair Lydia Marshall, and with outstanding gifts from the Starr Foundation, The MathWorks and the Women's Initiative of New York, CARE surpassed our goal of raising \$1 million for our Campaign for Education. Volunteer organization Zonta International, dedicated to advancing the status of women worldwide, raised \$300,000 to support women's savings and loans groups and HIV/AIDS programs in Niger.

Estate Giving – We were once again humbled that so many of our loyal donors made CARE a part of their extended families and remembered us in their estate plans. The hundreds of estate gifts we received in FY05 totaled more than \$7.5 million.

Direct Marketing and Online Giving – Thanks to our 357,000 friends who renewed their support and more than 190,500 new donors who joined CARE in FY05, direct marketing activities raised a record \$43.1 million. Online giving also set a record in FY05, reaching \$13.5 million. A substantial portion of Web revenue was directed toward CARE's immediate and long-term tsunami response.

Corporate Giving and Alliances – FY05 was an outstanding year in corporate giving. More than 1,100 corporations donated money to CARE's tsunami rehabilitation efforts. Johnson & Johnson joined CARE to fight HIV/AIDS in Haiti with a generous contribution of cash and medical supplies. CARE and Borders Group launched an alliance to encourage a lifelong love of learning and to raise awareness and funds for CARE by selling purple wristbands in more than 1,200 Borders and Waldenbooks stores.

Thank You to Our Donors



Each of us possesses a remarkable gift: the power to help. We exercise it by listening to one another, lending a hand, sharing resources and showing kindness. CARE's donors demonstrate this power each day and, by doing so, enable others around the world to tap into their own power.

CARE thanks our donors for trusting us with their generosity. Each gift, significant in its own right, becomes even more powerful when joined together with the tens of thousands of other gifts CARE receives each year.

On the following pages, CARE recognizes foundations and corporations that contributed \$5,000 or more during fiscal year 2005, as well as those supporters whose cumulative gifts total \$1 million or more.

Thank You to Our Donors

Cumulative Gifts of \$1 Million and Above

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\$50,000 to \$99,999

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Staff Memorial



CARE is fortunate to have a staff of extraordinarily talented and dedicated employees.

Some staff members are on the front lines, challenging themselves to find innovative, effective ways to tackle the most complex issues facing the world today. Others are supporting their colleagues in countless crucial ways, providing services without which CARE could not function.

Each helps make CARE the organization it is, and the loss of one touches us all.

To the families and friends of CARE staff members who died last year, we express our heartfelt condolences. Inspired by their service, we honor their memories by continuing our mission to reduce – and ultimately end – extreme poverty.