

LESSONS LEARNED



An Innovative Program To
Battle HIV and AIDS Along
West Africa's Railroads

RAIL LINK

Summary

West Africa is confronted with multiple challenges in facing the HIV and AIDS epidemic. In a region in which distances are vast, civil conflicts cause population movements on a large scale, and people cope with rampant poverty by migrating to find work, the impact of long-distance migration on public health is considerable. Once migrants arrive in new locations, their social integration is weak, and they lack the necessary empowerment or even the most basic information to avoid the risk of contracting diseases such as HIV. **The Rail Link project** (2002-2005) confronted these dynamics head on, helping mobile populations become aware of the risks associated with certain choices and giving them the information and tools they need to reduce their risk. Rail Link worked along two major railroad lines in West Africa: one connecting Bamako, Mali, with Dakar, Senegal; the other connecting Ouagadougou, Burkina Faso, with Abidjan, Côte d'Ivoire.

The complexity of HIV prevention requires complex solutions. Confronting the epidemic in four countries, and among migrants from many more, led CARE to bolster its knowledge and skills by partnering with Population Services International (PSI) and Family Health International (FHI). To ensure political will for the project team to jump myriad hurdles in the four countries, Rail Link created a high-level steering committee, or *comité de pilotage*. Local NGOs and community-based organizations (CBOs) were crucial partners in ensuring that Rail Link's approach was suited to local realities. The project's greatest success lay in its promotion of sustainable community structures that permit West Africans to find locally appropriate solutions to the challenges posed by the epidemic.

Funded by the Bristol-Myers Squibb Foundation, Rail Link's goal was to reduce the risk of vulnerability and marginalization experienced by mobile populations and their social networks. The project's three objectives were: to promote viable, community-generated approaches to reducing risk (local response) in and around railroad stations; to change the behavior

of mobile populations with respect to key risk factors for HIV transmission (promotion of condom use through condom social marketing was a particular focus); and to reduce the prevalence of sexually transmitted infections (STIs), given their association with HIV transmission. CARE and its partners developed local responses based on these objectives that involved community mobilization, social marketing, behavioral change communication (BCC), and prevention and treatment of STIs.

This document describes the context in which the Rail Link project was designed and implemented and reviews the project's managerial structure and technical components. The third section is devoted to highlighting the project's results and successes, followed by a review of the numerous lessons that arose from this complex, multi-faceted project. Finally, we present some particularly important lessons in the form of best practices, for use by others working in the field of community mobilization for HIV prevention.

Project Title: Rail Link

Project Duration: 2002-2005

Project Donor: Bristol-Myers Squibb Foundation

Project Partners: Population Services International (PSI) and Family Health International (FHI).

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The Context

HIV and AIDS represent a growing threat to West Africa. While infection rates are not as high as in Southern and East Africa, they are increasing rapidly in some countries such as Côte d'Ivoire, traditionally a magnet for labor migrants from neighboring countries with lower rates such as Mali. Economic migration and displacement caused by conflict have led to large mobile populations – a high-risk group for HIV transmission – moving to and through West African countries along key transportation routes. The need for HIV prevention programs in

communities along these routes far outstrips the supply.

West Africa is at a critical point in its efforts to stem the HIV and AIDS pandemic. Both Côte d'Ivoire and Cameroon have infection rates exceeding 10 percent, and several other countries, including Burkina Faso, are approaching this level. Countries such as Mali and Senegal have thus far been spared the worst, with infection rates under 2 percent in the 15-49 age group and overall. The rates for Mali and Senegal, while low compared to the worst-hit countries in sub-Saharan Africa, are relatively high on a global scale. Moreover, growing migration and porous borders make all West African countries extremely vulnerable to increased infection rates. Poverty and conflict spur mobility, which in turn increases individual and collective risks.

Within West African countries, infection rates are significantly higher in certain high-risk groups, particularly those who travel for a living (truckers, apprentices, railroad personnel), sex workers, merchants and traveling salespeople in communities surrounding train and bus stations. Women and adolescent girls are at particularly high risk of infection, due to economic vulnerability, cultural issues, and systematic discrimination.

Rail Link Strategies and Activities

In West Africa, railroads constitute a major vector of migration, and facilitate the cross-border spread of HIV. Before CARE created Rail Link in 2002, no single organization had systematically worked on HIV and AIDS prevention along West Africa's rail lines. Today, CARE is a leader in addressing HIV and AIDS in mobile populations in a rigorous, effective manner. Rail Link's design built upon CARE's LifeLink approach, which focuses on controlling HIV risk among migrants in zones of origin, transit, and destination, with an emphasis on understanding the economic, social, and health risks that migrants face and taking this broad view of vulnerabilities into account in the design of HIV prevention programs.



Buy-in and political will of leaders is key to the battle against HIV/AIDS. Here the governor of Mali's Kayes Region, along the railroad on the Senegal border, opens International AIDS Day activities with Rail Link HIV educators.

From the time Rail Link began in 2002 until its completion in 2005, CARE made notable progress in creating an integrated response to the HIV threat in Mali, Senegal, Burkina Faso, and Côte d'Ivoire. The project had great success in helping communities mobilize their own local responses to their HIV and AIDS risks. CARE accomplished this task while also providing resources for condom social marketing, BCC, and treatment of STIs.

Rail Link's **core project team** consisted of a management sub-team and a technical sub-team. The management sub-team was composed of four national coordinators, one for each of the four countries: CARE coordinated in Côte d'Ivoire and Mali, PSI in Burkina Faso, and FHI in Senegal. The technical team consisted of a local response technical advisor (CARE), a BCC and social marketing technical advisor (PSI), and a technical advisor for STI prevention and treat-

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The two main railroad routes in West Africa.

ment (FHI). The management and technical sub-teams were both supervised by the project's regional coordinator in Bamako, who was in turn directly supervised by CARE Mali's assistant country director for programs, who was called Rail Link's team leader. Broad oversight of project implementation was provided by a high-level comité de pilotage, made up of the National AIDS Councils (CNLSs) of the four countries, representatives of the three implementing partners, representatives of the companies managing the two railroads, a representative of people living with HIV/AIDS (PLWHA), and a representative of UNAIDS. The donor, Bristol-Meyers Squibb Foundation, had observer status on the steering committee.

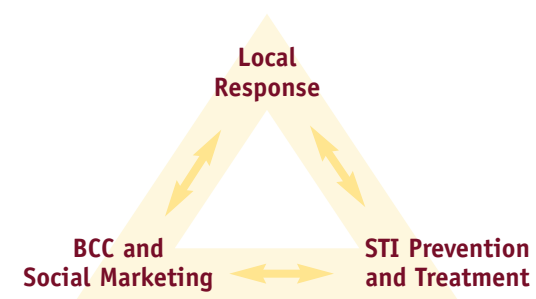
The project target zones were the communities surrounding two stations along each of the two main railroads in West Africa – Bouaké, Côte d'Ivoire, and Bobo Dioulasso, Burkina Faso, along the Abidjan-Ouagadougou axis and Thiés, Senegal, and Kayes, Mali, along the Dakar-Bamako line.

Project staff worked with a variety of target groups to reach mobile populations and their social networks: train passengers, railroad personnel, "men in uniform," populations gathering around railroad stations (ambulatory vendors, porters, food sellers, commercial sex workers, mechanics and others), and residents of communities surrounding the railroad stations.

To ensure local ownership and sustainability of project investments, the Rail Link team emphasized collaboration and partnerships at several levels. In the public sector, we brought together the four countries' Ministries of Health, Ministries of Transportation, their CNLSs and UNAIDS. Within each country, these partnerships were promoted by the project national coordinator. Across the four countries, coordination and collaboration was promoted by Rail Link's regional coordinator and through the regular meetings of the steering committee.

Private sector partners included the two railroad companies, Transrail (Mali and Senegal) and Sitarail (Burkina Faso and Côte d'Ivoire) and the Bristol-Myers Squibb Foundation. Civil society partners included seven local NGOs and 23 CBOs across the four countries, and networks of PLWHA. The CBOs were generally made up of people at risk for HIV, including men in uniform, market vendors, sex workers and others listed under target groups, above.

In Rail Link implementation, CARE and its partners PSI and FHI sought to ensure a seamless, integrated coordination among the three components outlined below, both technically and from a management standpoint.



Local Response

CARE coordinated the local response component of the project, and guided CBOs to plan activities to address the HIV epidemic. Our major activities were:

- Orienting local partners to the Rail Link project
- Background studies on the local context in each of the four countries
- Participatory self-assessments by all CBO partners



Market women are a particularly important target group of Rail Link activities.

- Workshops with each CBO and its constituency to develop action plans for HIV prevention
- Supporting CBO implementation of action plans, including monitoring and evaluation
- A new planning phase for follow-on activities

For success and sustainability, it was important for CBOs to learn how to use simple planning tools and to take responsibility for the design and implementation of activities.

Typical CBO activities included training peer educators in BCC techniques and content (such as STIs, modes of HIV transmission, options for prevention), accessing condoms, supplying peer educators with awareness-raising kits (visual aids, wooden penises for condom demonstra-

tions), and providing awareness-raising services. During action plan workshops, it became clear that CBOs had great ideas for activities to reduce their vulnerability to HIV, but did not have the financial resources to work as they wished. The Rail Link team introduced CARE Mali's successful village savings and loan (VS&L) approach known as Musow ka Jigiya Tonw ("women's hope groups"), to help CBOs mobilize their own community resources to engage in income generating activities to carry out their ideas. The approach itself facilitates the creation of grassroots economic opportunity while also serving as a locus for social solidarity and raising awareness on a variety of topics, including HIV prevention.



Rail Link helped street youths create their own association to address their risk of infection by HIV.

BCC and Social Marketing

PSI coordinated the behavioral change communication and social marketing component of the project. BCC aims to help individuals and communities reduce their risk to HIV transmission by disseminating directed public health messages in a variety of channels. The primary avenues and activities involving BCC included:

- BCC sessions in trains.
- BCC sessions in and around train stations.
- Development of sales outlets for condoms.
- Development of BCC materials for a variety of media.
- BCC messages via community radio stations.

As the BCC activities for which PSI was responsible overlapped with the awareness-raising activities in which the CBOs wished to engage, coordination was critical to the success of both components.

STI Prevention and Treatment

FHI coordinated this component of the project, with the following activities:

- Refurbishing health clinics near train stations
- Furnishing health clinics with essential medical equipment, particularly for STI diagnosis and treatment
- Supplying centers with medicines and medical supplies
- Treating STI cases according to the “syndromic approach”

While the project team recognized that providing equipment, supplies, and treatment was not in itself sustainable, CARE recognized that it was vital to encourage people to seek treatment and avoid transmitting STIs to others. Cultivating the habit of seeking treatment is key to the sustainability of the approach, and it ties

individual responsibility to the collective responsibility promoted through the local response component.

Rail Link Results

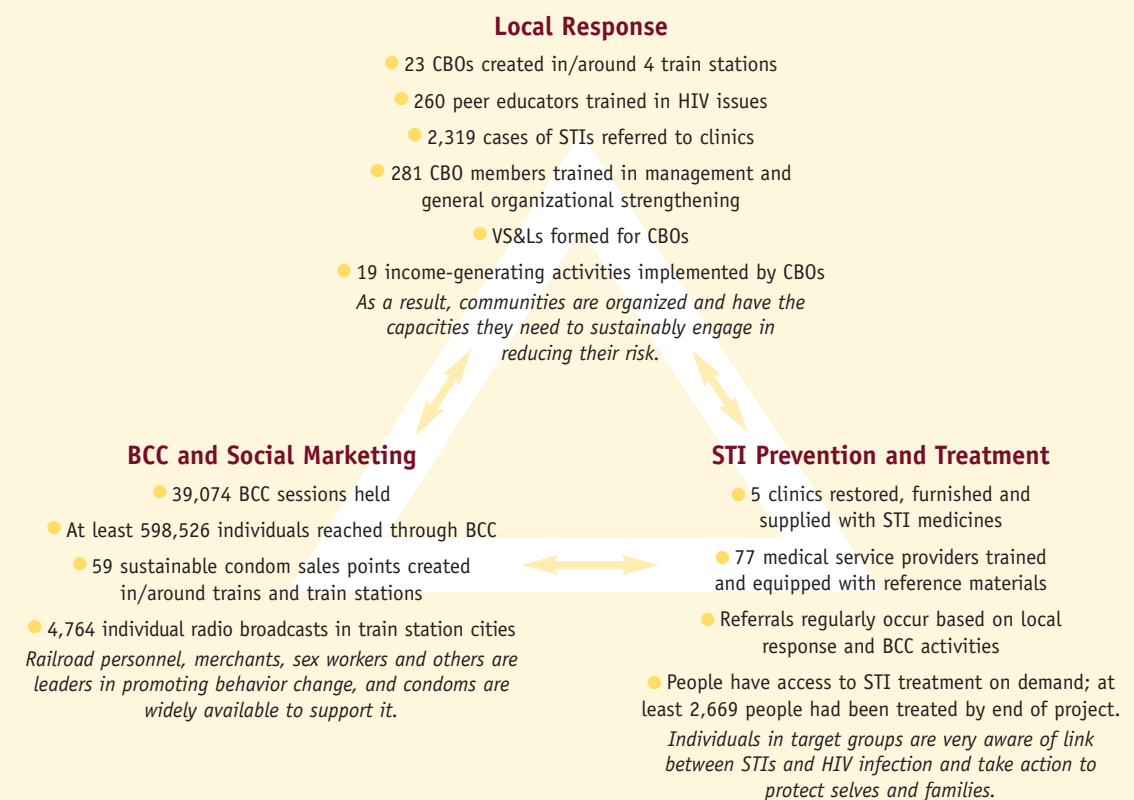
The Rail Link team is justifiably proud of project results, including:

- Twenty-three partner CBOs were formed, representing (among others) sex workers, railroad personnel and local merchants. CBO members now know the risks associated with HIV and AIDS and have gained vital skills in management and planning. These skills allowed them to develop concrete action plans to protect themselves, their families, and their communities from HIV infection.
- Partner CBOs conducted ongoing awareness-raising activities and ensured regular, sustainable condom supply throughout project zones.
- Partner CBOs and service providers in five

health clinics were trained in the critical role that STIs play in HIV transmission, and they systematically referred possible STI cases to health centers for treatment and counseling.

● CARE developed an ambitious partnership between CNLSs, railroad companies, international NGOs, PLWHA and UNAIDS to ensure systematic coordination of efforts concerning mobile populations in the four target countries. Five international steering committee meetings (every six months since June 2003) brought all of these partners together and built support for Rail Link. For example, the railroad companies gave total access to our local NGO partners for BCC activities and in some cases allowed them to travel free of charge on the trains. This is an excellent example of public-private-civil society partnership that furthers project implementation and creates opportunities for meaningful dialogue at the highest levels.

A few results for each project component were:



Lessons Learned

CARE and its partners intended Rail Link to be a pilot project, originally planned for just two years but eventually extended to almost three. With this timeframe, **Rail Link's impact can be judged primarily on the sustainable structures that it put in place**, and on the lessons that it offers to help others improve the practice of HIV prevention.

The Rail Link steering committee was very dedicated to sharing lessons learned throughout the project countries. The complexity and scale of the project – a consortium of three international NGOs covering four countries and three technical sub-areas in cities far from national capitals – render Rail Link particularly rich in learning opportunities. The project held lessons learned workshops with partners at each of the four project sites and then held an international workshop to consolidate the information gathered at the preliminary workshops.

Technical lessons learned include the following:

- **Non-literate individuals should not be underestimated as viable project partners.**

International partners have a tendency to favor local partners who are articulate in European languages and have diplomas. Yet this favoritism may, in fact, reduce the probability that project activities will reach the most vulnerable and marginalized populations. Rail Link personnel have been very impressed with the capacity of non-literate individuals to develop the necessary competencies for playing meaningful roles in fighting HIV and STIs. The added value of investing the time to develop approaches that work with non-literate populations is that these populations tend to have vast local knowledge and networks that can be enormously useful to a project such as Rail Link.

- **Strengthening the organizational and economic capacity of marginalized groups helps them become more active in fighting HIV.**

Given Rail Link's short life, it was important to adopt approaches that aimed to cultivate a sustainable process of HIV prevention. The project

thus invested a lot of energy in building the organizational and managerial capacity of groups and teaching them CARE's VS&L methodology in order to cultivate income-generating capacity.

- **Rail Link's use of the CARE Mali VS&L methodology increases community buy-in and provides a propitious context for HIV BCC activities** at the groups' weekly meetings.

- **The CBO approach is particularly effective in building solidarity among commercial sex workers.** It creates a space in which they can share information about reducing risk and exposes them to income generating activities other than their primary, high-risk vocation.

- **Using a participatory approach is absolutely essential to efforts to foster project sustainability.** Particularly in the area of cultivating local response to HIV, community buy-in would be impossible to obtain without most ideas coming from the populations themselves rather than being imposed by external actors.

- **Also key to sustainability is including local elected and administrative officials directly or indirectly in project activities.** Particularly in a country like Mali, where an ambitious decentralization program is in its eighth year of implementation, project activities should be synergistic with and ideally written into local development plans.

- **Exchange visits with other CBOs can be very effective if the visits have very clear objectives and terms of reference.** Well-focused trainings can certainly be useful, but a well-designed exchange visit can more quickly transmit clear images of what is possible in one's home area. This helps CBOs to quickly understand the role they can play in a way that mere words never could.

- **The biggest single roadblock to increasing the involvement of vulnerable and marginalized groups is their confidence level.** Unfortunately, the very people we want to reach are often the object of systematic discrimination

and are thus not accustomed to being treated with respect. Once project staff demonstrate respect and a desire to work with them, their response can be startling. They reward respect and confidence with commitment, innovation, and a desire to do quality work. Rail Link began to succeed once it demonstrated faith in partners and built their self-confidence.

- **Project activities must be to some extent generalized among neighboring communities and not just limited to a narrow definition of the project site.** A temptation under time constraints is to focus single-mindedly on project implementation without seizing opportunities to expand activities, particularly where no additional cost is involved. The Rail Link staff was initially tempted to limit its work to the train stations without ensuring that BCC messages were also communicated in the communities surrounding the stations. This was quickly corrected.

- **A paradox worth learning from is that free medical care for STIs was very successful in increasing community interest and buy-in for the project but this same approach is also a direct impediment to prospects for sustainability.** As mentioned, project staff and partners tried to mitigate this problem by referring community members with STI symptoms to health centers, recognizing it as an opportunity for BCC and building a sense of responsibility on the part of the patient.¹

Given the managerial complexity of the project, **managerial lessons learned** were also numerous and rich:

- **A steering committee brings high-level political support and wise counsel to bear.** In the case of Rail Link, the luminaries on the steering committee gave frank comments on project activities and proposed modifications for future work. Besides providing political support, they helped the project team understand the evolving policy context in the four countries and how Rail Link activities fit in. Steering committee meetings also provided a regular opportunity for the consortium partners,

who were spread across several countries, to touch base and fine-tune their collaboration.

- **National coordinators need decentralized decision-making authority and budget control.** Each of the national coordinators was based in the secondary city where the project was operating in his or her country. As a result, they tended to be somewhat isolated from the leadership of their own NGO, and communication constraints sometimes slowed project activities. Rail Link has thus learned that national coordinators need real decision making authority and a certain amount of autonomy over their budget.

- **National coordinators need authority to supervise all partner NGOs.** Each technical component was supervised by a different international NGO, and each consortium partner hired its own partner NGOs in each country. This initially led to a silo effect and insufficient coordination among project components. Project coordination would have probably been simpler and more effective if the lead partner in a given country supervised directly the local NGO(s) responsible for implementing activities in that country.

- **The core technical team should be housed in the same office to promote horizontal collaboration, integration, and synergies.** The original project proposal intended for the regional coordinator and the three technical advisors (one for each technical component) to be based together in Abidjan, Côte d'Ivoire². But in September 2002, two months before the Rail Link contract was signed, civil war broke out in Côte d'Ivoire and many international staff were evacuated from Abidjan. As a result, the project's technical staff were spread across several countries, further contributing to the technical silo effect (one evaluator used the term "verticalité") described above³. One effective way that the technical team decreased this verticalité was to have the three technical advisors and the regional coordinator make co-supervision trips in each of the four countries every three to four months.

● **A short project duration has deleterious consequences for retention of quality personnel.**

All three consortium members had serious problems with turnover, as staff tended to jump ship as soon as they had a prospective job offering longer-term security for them and their families. When and where possible, it may be wiser to plan less ambitious activities over a longer period of time to increase chances of staff retention and build a solid foundation for more effective project implementation and sustainability, than to have a large budget for a relatively brief period.

● **In spite of good planning and valiant efforts, financial sustainability of activities remains a major challenge.**

In particular, CBOs need more support in fundraising and income generating activities to continue their activities after the end of the project. Sustainability must be taken seriously at every step in the project cycle. Local authorities need to be cultivated over a long period of time to induce them to consider allocating meager state resources to activities that had been previously supported by a donor or an NGO. If activities are not rendered sustainable during the life of a project, chances are that CBO staff will be distracted by their own livelihood issues before they manage to generate opportunities for their CBO. This is a real challenge to sustainability efforts.

These lessons learned provide guidance on key institutional, managerial and technical elements to consider in designing HIV/AIDS prevention programs. More lessons learned and recommendations regarding NGO partnership and HIV prevention are available⁴.

Best Practice Examples

Below are a few examples of how Rail Link's lessons learned can be viewed as examples of best practices in community mobilization and HIV prevention:

Participatory self-assessments of CBO capacities to fight HIV and AIDS: Rail Link helped CBO delegates in each project site to use participatory

tools to assess the challenges facing their communities and to evaluate their individual risk with respect to STIs and HIV. As a result, CBO members were able to develop action plans to help themselves and their communities, and be trained in the competencies necessary to carry out the plans.

Holding regular follow-up meetings across CBOs to track action plan implementation:

During twice-yearly meetings, members of different CBOs shared experiences implementing their community HIV prevention action plans. These meetings fostered accountability, healthy competition and imitation among the CBOs. This spirit of organizational learning through active participation is particularly effective with largely illiterate, vulnerable and marginalized populations.

CBO peer educators refer STIs to health clinics:

As another means of ensuring the integrated nature of the project approach, CBO peer educators (local response component) communicated BCC messages (BCC/social marketing component) regarding STI symptoms and the danger of HIV transmission to their fellow members. If a member approached the peer educator complaining of possible STI infection, the peer educator provided her or him with a referral card for free treatment at the health clinic nearest the train station (STI prevention and treatment component).

VS&L groups as a means of reducing the economic vulnerability of at-risk groups:

During the CBO action plan workshops, CBO members put forth clear, appropriate proposals for activities to reduce their vulnerability to HIV. In practice, however, the Rail Link team found that their economic vulnerability often prevented them from participating regularly in CBO activities. As a result, the Rail Link team introduced CARE Mali's successful VS&L approach, known as Musow ka Jigiya Tonw, to help them mobilize their own resources for income generating activities. The approach itself facilitates the creation of grassroots economic opportunity while also serving as a locus for social solidarity and raising awareness on a variety of topics, including HIV prevention. It also promotes project

sustainability, as it provides the economic wherewithal for peer educators to remain motivated to implement HIV prevention activities.

Obtaining wise counsel and political support from a steering committee:

Because Rail Link operated in four countries with very different political contexts, the steering committee's twice-yearly meetings provided an opportunity to take stock of what was and was not working in each country. Bringing together the heads of the CNLSs, some with ministerial rank, the presidents of the two railroad companies, officials from the consortium partners, UNAIDS, Bristol-Myers Squibb Foundation, and a representative of PLWHA regularly to advise the project permitted the Rail Link team to "see around corners" and deal with the myriad challenges facing the project. It also facilitated operations in the four countries and ensured buy-in from key partners, such as the railroad companies. Finally, the steering committee provided a setting for senior managers of the three consortium members to touch base and quickly lift institutional roadblocks.

Conclusion

In spite of the significant constraints with which it has been confronted – most notably,

the persistence of the civil crisis in Côte d'Ivoire and the privatization of the Bamako-Dakar rail line – the Rail Link project has set an example worth following of an integrated approach to combating HIV and AIDS via synergistic partnerships. Rail Link emphasized a participatory approach in all its work, a methodology that resulted in greater sustainability of activities and buy-in on the part of local partners, including NGOs, CBOs, local elected officials, local authorities, and ministry representatives. The VS&L approach adopted by the CBOs has had some effect on their economic power and, equally important, has created social cohesion and a great context for reinforcing BCC messages.

Rail Link is a proven, viable, integrated approach to meeting the particular challenges that HIV poses to West Africa. It is a rare cross-border initiative, the only one of its kind along railroads. It is also a model of private-public-civil society collaboration. Real partnership, maximizing each actor's comparative advantage, has led to synergy and high-quality results. This model has the high potential to be replicated along other railroads or in other contexts with highly mobile populations.

Acronyms

BCC Behavioral change communication	CNLS National AIDS Control Council	PLWHA People living with HIV/AIDS	STI Sexually transmitted infection
CBO Community-based organization	FHI Family Health International	PSI Population Services International	VS&L Village savings and loan

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Production:

CARE USA HIV/AIDS Unit; Catherine Toth, writing consultant; Jason Abbott, design. Photo copyright: CARE Mali.

Footnotes

¹Those visiting clinics for STI care are considered at risk because there is direct evidence that they have engaged in unprotected sex and this is coupled with the fact that STI lesions facilitate HIV transmission.

²In fact, CARE Côte d'Ivoire, and not CARE Mali, was originally supposed to coordinate the Rail Link project.

³Another early challenge that slowed down project implementation was the privatization of the Bamako-Dakar rail axis, after which passenger traffic virtually ceased for a long period.

⁴See Davis, John Uniack, "Lessons in North-South NGO Partnership: A Case Study of the PLAN Mali STD and AIDS Awareness Programme," Woking, UK: Plan International Working Paper, October 2002.

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