East and Central Africa

What do we do?
CARE currently works in 11 countries in East and Central Africa (ECA), implementing long-term programs to fight poverty, respond to humanitarian emergencies, and advocate for policy change to improve the lives of the poorest populations. CARE’s long term programming seeks to achieve positive and lasting change in the lives of:

- Poor women dependent on precarious means of livelihoods (subsistence farming and pastoralism), highly vulnerable to natural disasters (e.g. recurrent droughts) and at risk of gender-based marginalization.
- Vulnerable children and youth heading households and/or living in economically poor and vulnerable households.

CARE programming focuses on rural underserved areas, and increasingly reaches vulnerable women and youth in urban settings.

How many people have we reached?
We estimate that in 2012, 26 millions people have benefited directly and indirectly from CARE programming through policy changes and/or replication of innovative approaches and ways of working. 13 million people have benefitted directly through 250 projects.

One example of indirect reach (beneficiaries) is when civil society and government institutions in Ethiopia, Rwanda and Uganda scaled up women economic empowerment innovations actively promoted by CARE. Another example is when Great Lakes States’ institutions and civil society organisations expanded their efforts to end gender based violence through advocacy initiatives catalyzed and supported by CARE’s Great Lakes Advocacy Initiative. This included nation-wide social movements of men engaged for gender justice in Burundi, Uganda and Rwanda.
Humanitarian response across ECA:

- In 2011 in response to the Horn of Africa drought, CARE implemented 26 emergency projects that improved **food security** for more than 1.6 million people.
- Through 42 projects, CARE has facilitated access to **safe drinking water** for more than five million people affected by emergencies. We do this by constructing water sources such as wells, boreholes, and water pans, improving hygiene practices and distributing hygiene kits.
- In 2012, CARE implemented 23 projects which reached more than one million people with **basic health services** including providing medicine and mobile health clinics during emergencies.
- CARE has also supported over 400,000 people through 22 projects to restore **household income** after an emergency.
- CARE reached almost 650,000 people affected by disasters by distributing basic relief items such as blankets, jerry cans, kitchen items, hygiene sets or school materials.
- In 2012 CARE worked with 120,000 people promoting **rights and providing psycho-social support** to people affected by conflict and sexual violence.

How much does it cost?

CARE’s program expenses in ECA for 2012 were about 120 million US Dollars generated through private and institutional fundraising by CARE Member Partners working together with CARE Country Offices in the region.

Development support:

- CARE and its partners helped **one million people** in ECA to improve their household income through increased access to financial and non-financial services, participation in village savings and loan associations, value chain strengthening and diversified livelihoods.
- CARE and its partners helped more **600,000 people** in ECA to access safe drinking water, develop sustainable water management practices and improve hygiene practices and sanitation options.
- CARE and its partners reached over **one million women**, men and children last year with information and services to improve health, child health and other health conditions.
- CARE and its partners worked with more than **200,000 people** helping them adapt to the effects of climate change and natural disasters.