Piloting a Joint Learning Initiative across CARE: Focus on Gender-Based Violence and Household Relations

REPORT

June 2015

EXECUTIVE SUMMARY

- Seven teams around the CARE world participated in a joint learning initiative to pilot a process for strengthening learning across the organization. The teams reflected on a common learning question around intra-household relationships and gender-based violence.

- 39 participants analyzed data from around 29 projects in 14 countries in South Asia, Africa, and the Middle East.

- Key recommendations for future learning initiatives include ideas for creating space for sharing and cross-learning, such as timing initiatives during off-peak months; building adequate time and prioritization into work plans; extending links between COs; using flexible, common learning platforms; building learning into existing processes; and involving partners.

- Teams also reflected on the approaches their programs are using to promote healthy intra-household relationships and non-violence, and evidence of change. Key recommendations for programming include: develop a common theory of change for GBV prevention; develop a centralized set of approaches CARE uses to address GBV; improve measurement approaches for long-term effects, social change, and failures.

Introduction

In 2013-14, CARE coordinated a learning exercise that invited teams across the globe to analyze their programming and reflect on a common question. Set against the context of the CARE Global Program Strategy and CARE's Vision 2020, which call for more interdependent ways of working and learning across CARE, there is a strong appetite for better understanding how to facilitate global learning. This initiative provides one example or case study of how to do this in a way that was coordinated and focused, but "loose" enough to allow people who participated to make the process and focus relevant to their own contexts.

This document describes and reflects on the learning process itself as a case study for broader organizational learning, and synthesizes findings on the joint, programmatic learning question.

Background: GBV and the Household – A Joint Learning Initiative

As CARE moves to more interconnected ways of working in the new CARE Global, the leadership in the Program, Partnerships and Learning (PPL)[1] department and the International Programs and Operations (IPO) department launched a joint-team learning effort to bring more inter-dependent ways of working across teams.

Objective of the learning initiative: The collaboration effort aimed to pilot processes that strengthen learning from our efforts across geographic and programmatic areas of work, as well as dig into a specific content area relevant across teams and across CARE. Underlying the initiative is the overarching question: ***How do staff sitting in 90 different countries learn and share with one another?***

The primary focus of this exercise was on joint reflection and learning within and across teams, versus on establishing a common evidence base for GBV programming across CARE. There have been other processes both within CARE (e.g., the GBV Impact Report) and externally[2] that have focused more on synthesizing the global evidence for addressing GBV.

Through a consultative process, the theme chosen for this learning initiative was gender-based violence (GBV). This thematic topic aimed to contribute to CARE's own learning and understanding of what it takes to prevent gender-based violence and promote more equitable household relations, through reflections from our programming. This learning initiative sought to shed light on strengths, gaps and new ideas for transformational change in preventing gender-based violence, as well as how to enhance our strengths as a learning organization.

KEY LEARNING QUESTION

How does change happen for influencing intra-household relationships (within and across generations) in a positive way – toward joint decision-making, open communication, respect and non-violence?

Through our programming experience:

- What approaches do we use?
- What is our evidence of change?
- Beyond our own programming, in your opinion, what are creative or innovative ways to prevent GBV and promote healthy intra-household relationships?

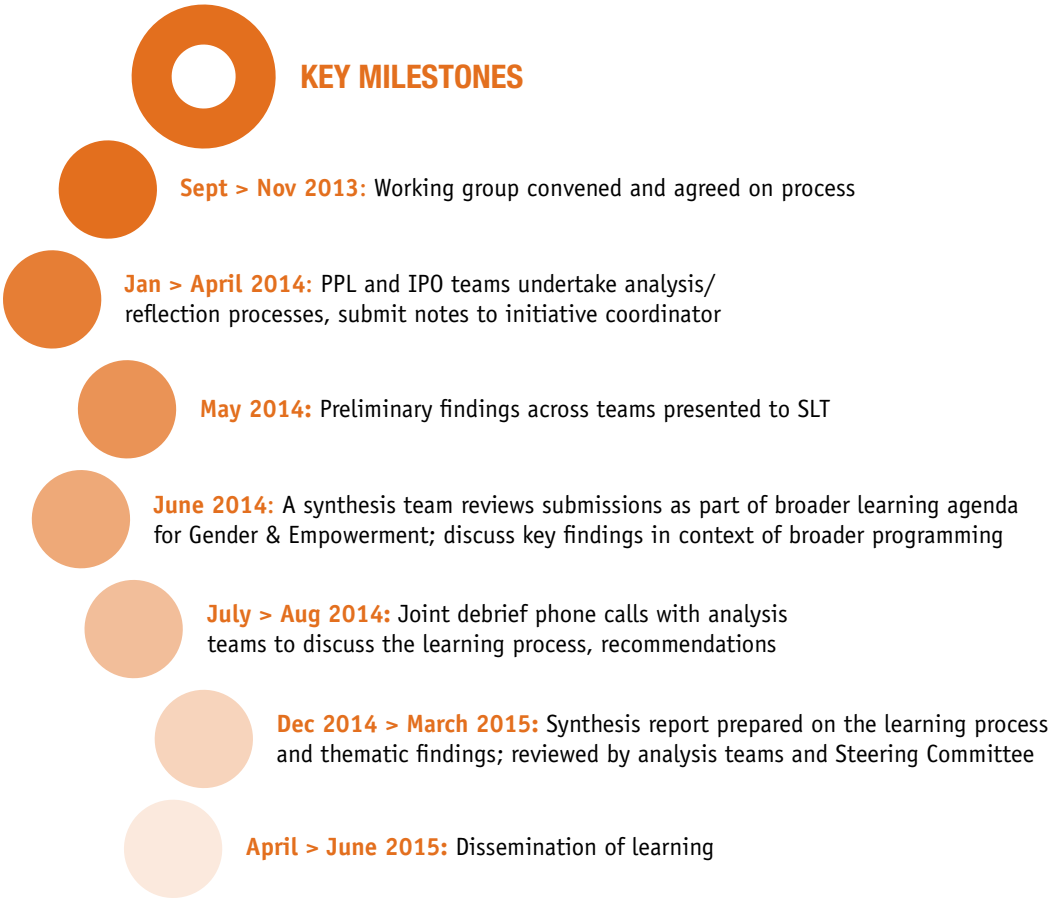
[1] Formally the Program, Partnerships, Learning and Advocacy (PPLA) department

[2] World Bank 2014 report, Interventions to Prevent or Reduce Violence against Women and Girls: A systematic review of reviews

Teams were also asked to document their reflection processes, and to provide feedback on the learning process itself and recommendations for next steps and future learning across CARE. The first part of this document focuses on these findings about the learning process itself, and the second part synthesizes findings on the GBV learning question.

Seven analysis teams from IPO and PPL volunteered to participate in the joint learning exercise, analyzing data from around 29 projects in 14 countries: Access Africa (representing data from 10 countries), Benin, Egypt, Ethiopia, Rwanda, Sri Lanka, and West Bank/Gaza. Teams ranged from 1-11 members, for a total of 39 people participating in the reflection processes.

Timeline



Reflections on the Learning Process

The analysis teams provided feedback on the learning process in two ways: in a written template provided to teams to help structure their analyses, and in a joint debrief phone call with two or three analysis teams together, and two members of the Gender and Empowerment (GE) team facilitating the debrief. The phone call provided teams the opportunity to hear from other teams about their experiences participating in the learning initiative, discuss recommendations, and pose questions to another team.

The most immediate utility of the initiative for participating teams seemed to be the opportunity to learn across teams and programs within country offices. Teams appreciated the opportunity to have the time to go through their documentation to see what is and is not working, to identify commonalities across time and projects, and learn from and compare their work with what other Country Offices (COs) are doing. Teams found the process especially useful in

bringing people together across programs and sectors within their Country Office to focus on learning together about a specific, high-impact question, and were excited to integrate this kind of joint learning process into their future work.

The analysis process brought out new understanding of program approaches and strategies as a whole, across sectors and programs, around the common topic of household harmony and non-violence. For example, while the Ethiopia team observed that they did not have many specific stand-alone GBV projects (i.e., those with an explicit focus on GBV), they appreciated how effectively their programming has integrated approaches to address different forms of GBV within other sector-based projects (e.g., health, economic development). The team recognized how their learning on this niche could contribute to the wider CARE world's learning around integrated GBV programming.

"This was a very good learning opportunity across projects to see how to address GBV and household relationships as a cross-cutting issue. Through the meta-analysis, I learned about different country offices' work as well."

Team Coordinator, CARE Ethiopia

Due to time and workload constraints on top of time already invested in their team's analysis, only two participants signed up to participate in the additional phase of the meta-analysis, which afforded the opportunity to review and discuss in more detail other teams' analyses. Similarly, time constraints also seemed to be a factor in teams' appetite for hosting webinars to share and discuss their findings more broadly.

Amid the various learning initiatives and efforts across CARE, many participants highlighted that the key success factor for engagement in this learning exercise was its flexibility. Team members joined with a diversity of interests in participating in the learning experience, ranging from those without any direct programming experience on GBV but wanting to use this opportunity to begin exploring the topic in their country context, to those with ten or more years of GBV programming experience and documentation upon which to reflect. Teams with varied backgrounds and experience levels contextualized the learning questions and adapted their own processes in ways that "met them where they were" with respect to their learning needs, encouraged broad participation, and enriched the diversity of the initiative as a whole.

For instance, CARE Benin structured their learning exercise as a context analysis with research partners to drill down into further contextualizing the learning question, identify the key triggers for how intimate partner violence breaks out within a marriage, and prioritize additional research. The team in West Bank/Gaza carried out two focus group discussions on the learning topic by aligning with available personnel time and budget in an ongoing project. Similarly, CARE Egypt's submission was a newly completed research report, which included data on household relationships and child marriage. Other teams divvied up evaluations and other documents for review among team members, and convened analysis meetings to discuss and synthesize the group's findings. Those teams that included their partner organizations in their analysis and reflection found great value in their inclusion.

WHAT MOTIVATED TEAMS TO PARTICIPATE?

Teams were most motivated to take part in the joint learning exercise for the opportunities it presented to:

- Learn from and share with other COs and teams about what works best in preventing violence in the key domain of household relationships;
- Model learning and reflection across teams, projects, and/or programs within COs, and find out in greater detail about the work carried out across different projects, across a common theme – staff members both new and old appreciated the chance to learn more about CARE's work through the lens of a specific topic and thus better understand the rationale of current programming;
- Raise the profile of GBV as an important issue in their work, provide and share evidence, and move GBV programming forward in their own contexts and across CARE;
- Practice and strengthen knowledge management and learning systems;
- Reflect on and consolidate learning on a specific topic to better understand and articulate our approach and learning to donors, partners, other CARE members, etc.

"Being new to CARE, [the learning exercise] helped me learn about CARE's work and reasoning, also for longer term staff. It helped you learn outside your own project, to see synergies across projects and time."

Team Coordinator, CARE Sri Lanka

HOW COULD PARTICIPATION IN FUTURE JOINT LEARNING EXERCISES BE FACILITATED?

Most teams felt that the overall timeline for the analysis process was sufficient for secondary data analysis (e.g., document review), but workload and prior commitments were still the biggest challenges for most teams in participating in the initiative. To address these challenges in the future, participants suggested building in time well in advance to commit to joint learning, with clear prioritization amidst other priorities, and commitment from leadership.

With regards to navigating workload, one suggestion was to do some thinking of whether there are certain times of year that tend to be less busy for CARE globally. Momentum and participation in future learning initiatives may gain better traction if they are planned within periods that are typically outside of peak busy months, such as summer.

Participants found the following specific aspects of the learning process particularly helpful:

- Having a template with questions to guide and organize analysis. Some teams further broke down or otherwise contextualized the template.
- Having a team coordinator. "Assigning one individual to manage the process proved imperative." Responsibilities include: coordinating meetings, consistently following up on the actions discussed, reviewing documents, and synthesizing the analysis.
- Using some centralized template for team inputs into review – e.g., Google doc, Excel grid – was helpful in preventing duplication of work and facilitating consolidation of group reviews.
- Getting an early start, which gave the whole team enough time to first discuss and refine the learning questions to be most relevant to their programming.
- Having a flexible/long enough timeline (e.g., one month) for individual review to accommodate each team member's competing commitments.

"Assigning one individual to manage the process proved imperative."

HOW ARE TEAMS USING THE PROCESS AND/OR FINDINGS? HOW IS IT CHANGING WHAT THEY ARE DOING?

Teams reflected on a variety of ideas about how their participation would change their work:

- Sharpen and change programming by identifying a key issue to address within a particular stage of life for program participants
- Make sure that partners are on board in learning processes, and that we are learning from their work and not necessarily just from CARE's projects
- Make space for group analysis within monthly meetings, and rotating learning questions and among different groups of staff (e.g., field staff, not just headquarters)
- Ensure good M&E tools to measure and document changes at household level
- Share main findings with partners, donors, regional meetings, quarterly Program Quality meetings
- Incorporate findings into country's GBV strategy and use to strategize future work
- Use approaches that came out of the analysis in planning and design of new projects and proposals
- Feed into policy development and networking across the region
- Use for thought leadership – convening partners, and writing articles with research partners

The organization of a joint learning exercise across COs and teams provides unique value for the broader organizational as well. A joint recommendation from participating teams was to develop a more systematic framework or set of approaches for addressing GBV in CARE's programming. This initiative piloted a learning exchange and consolidation of key approaches and evidence across geographically and sectorally diverse programming, that can serve as an important resource for the development of a CARE-wide GBV theory of change and other GBV programming guidance to aid in the implementation of the CARE GBV Strategy.

Findings on the Learning Question

Analysis teams were asked to reflect on what approaches their programs are using to promote healthy intra-household relationships and non-violence, and what evidence of change they are seeing in their programming. In addition, teams were also asked to "stretch" and share their ideas for additional creative and innovative ways to prevent GBV and promote healthy intra-household relationships. A synthesis of the teams' learning is shared below.

WHAT APPROACHES DO WE USE?

The analyses revealed a rich variety of strategies being used across the participating teams, with several trends in overarching approaches to promote healthy, non-violent household relationships:

1. **Working with couples** together on mitigating trigger points for marital conflict and disagreements. Recurrent themes across programs include: 1) self-reflection processes; 2) couples' communication skills; 3) gender, power and masculinity; 4) decision making on household finances; 5) decision making on family planning, including negotiating sex; and 6) men's alcohol use.
2. **Enhancing women's and girls' agency** through: education; economic opportunities and asset building; leadership, confidence and skills building; seeking to raise their status and voice in both community and household decision making.
3. Community-wide initiatives that seek to **change social norms across the broader community** in order to support individual and household changes. These strategies include working with religious and community leaders and other social norm gatekeepers (e.g., mothers-in-law), male and couples role models/"champions of change" and/or peer educators, community dialogues, forum theater, and broader media engagement.

These groups of approaches align with the Agency, Structure, and Relations domains of change in CARE's Women's Empowerment Framework.[3] They are also in alignment with the "ecological model" of violence, which provides a framework for understanding the complex interplay of risk factors at different levels – individual, relationship, community, and society – and helps inform strategies for violence prevention across levels.[4]

Within the above groupings, illustrative strategies from teams' analyses include:[5]

- Stand-alone Village Savings and Loans Associations (VSLAs), without additional livelihood, social or gender components apart from the basic VSLA training or business training. *(Access Africa)*
- Integrating Social Analysis and Action (SAA) into VSLA groups (working with couples) to addressing masculinity and femininity as they relate to open communication, respect and violence. This includes working on men's understanding and support of women's economic roles and empowerment. *(Rwanda, Ethiopia)*
- Engaging influential people and groups in the sexual and reproductive health and psychological wellbeing of girls. This includes mothers-in-law, religious leaders, men. *(Ethiopia)*
- Education, economic empowerment, and leadership for women and girls. *(Benin, Ethiopia)*
- Engaging men and boys and applying a "gender synchronized" approach.[6] *(Benin, Rwanda, Sri Lanka, Ethiopia)*
- Integrating strategies to address GBV within health initiatives, by building women's capacity as health and community workers. Reproductive health services were used as an entry point to working at the level of household relationships. *(West Bank/Gaza)*
- Couples counseling on matters such as interpersonal communication, conflict resolution within relationships, and gender; training couples on financial management, and facilitating wider discussions of issues of control over economic resources to help avoid related disputes. *(Sri Lanka)*

[3] WE Framework: http://pqdl.care.org/sii/Pages/Women%27s%20Empowerment%20SII%20Framework.aspx

[4] For more information, see WHO, *World Report on Violence and Health,* 2002, p. 12.

[5] References to specific teams in the strategies below are not meant to be exhaustive, but rather are based only on a sample of strategies that teams included in their written analysis summaries. Thus, other participating teams may have experience implementing similar strategies as well. The teams listed just offer an initial source for those who would like more information on specific programming experiences.

[6] For more information on gender synchronized approaches, see IGWG, Synchronizing Gender Strategies: A cooperative model for improving reproductive health and transforming gender relations, 2010.

- Creation of community platforms for discussion, and interactions in community spaces to change norms that could influence household relations. Such platforms include community theater, dialogues, conversations, forums, radio and TV programs, and other meetings. *(Sri Lanka, Ethiopia)*
- Focus on harmony within intergenerational relationships, through positive parenting and fatherhood trainings (including challenging masculinity), and promoting youth empowerment and dignity, such as through participation in community activities to improve their status, capabilities, and relationships with their siblings and parents and their ability to negotiate on household matters. *(Sri Lanka)*

Common trends that emerged across approaches included interest in better addressing the intergenerational transmission in future work; engaging men and boys; use of SAA methodology to effect social change in communities; and curiosity for and experimentation with various "entry points" for integrating strategies or content aimed at preventing violence within households (e.g., VSLA groups).

WHAT IS OUR EVIDENCE OF CHANGE?

Evidence of change was largely based on qualitative and quantitative data, and testimonies from program participants on changes in their own and others' attitudes and behaviors. Overall changes include:

- Trend towards **more equitable household decision-making,** with more joint discussion about assets, economics, and children *(Ethiopia, Sri Lanka)*
- Some teams noted more **sharing of household work** *(Ethiopia, Sri Lanka)*
- After project activities focused on men's behavior and attitudes, and couples' communication, men and women report men are **more tolerant, less violent** towards children and spouses *(Rwanda)*
- Although prevalent across all contexts, there is **no change over time on the rate of GBV among VSLA members in stand-alone projects;** therefore, we can't support the assumption that VSLA alone reduces the incidence of GBV *(Access Africa)*
- **Decline in physical violence** against women due to increased partner intimacy, improved communication, and more equitable gender roles *(Ethiopia)*

- **Improved communication,** joint decision making, and harmony, with some couples reporting increased sexual satisfaction as a result of these changes *(Rwanda, Ethiopia, Sri Lanka)*
- Men reporting reducing their **alcohol** consumption *(Rwanda);* less quarrels and violence stemming from alcohol-related abuse *(Sri Lanka)*
- Change in attitudes and value for women's skills in business, leadership and negotiation *(Ethiopia)*
- Local **norms** that govern gender relations are being influenced – for instance, women starting to dine together with their husbands *(Ethiopia)*

As listed above, one of the key takeaways from the joint learning exercise was the finding from secondary data analysis from the Access Africa team, that VSLA programming alone was not enough to influence changes in the level of intimate partner violence (IPV). At the same time, we gained additional insight from other participating countries, such as Ethiopia and Rwanda, who used VSLA as an entry point for integrating complementary training for members and their spouses together on social and health issues using SAA.[7] Such training involves joint reflection on sexuality, dialogue and skills building around key power-laden topics. In these cases, both teams reported that engaging the spouses of VSLA members seemed to help improve couples' relations.

Improved communication between spouses was seen as a key factor to better relationships with less violence, with several conversation topics in particular trending across teams, including joint household decision making around financial matters and family planning, negotiation of sex, and men's alcohol use. In the Benin team's analysis, IPV hinges on how spouses react on these three points: 1) their expectations about the future, 2) their methods of communication, and 3) how they make decisions and resolve disagreements.

BEYOND OUR OWN PROGRAMMING, IN YOUR OPINION, WHAT ARE CREATIVE OR INNOVATIVE WAYS TO PREVENT GBV AND PROMOTE HEALTHY INTRA-HOUSEHOLD RELATIONSHIPS?

The most consistent idea across teams was to integrate gender equality into school curricula. Other ideas not already listed above under *approaches* include: fostering alternative aspirations for girls beyond marriage,[8] pre-marital counseling,

[7] The Sexual, Reproductive, and Maternal Health Rights team recently carried out a mapping of all SAA and SAA-like approaches, available here: http://familyplanning.care2share.wikispaces.net/Gender%2C+Sexuality+and+Rights

[8] In the case of Ethiopia, girls themselves are practicing female genital cutting secretly in order to qualify for marriage.

calculating the cost of violence against women and girls, strengthening employment opportunities, and utilizing a social norms approach to exploit people's misperceptions about their peers' actual behaviors or attitudes (i.e., if non-conforming with harmful norms).

ADDITIONAL OBSERVATIONS FROM THE ANALYSES:

There were some additional pieces of learning that the reviewers found surprising or notable. Some of these observations and findings include:

Women often uphold gender norms that allow for GBV, especially mothers-in-law. This trend presented itself in several teams' analyses. In Sri Lanka, research on men's attitudes and behaviors revealed the pattern of older women supporting men being allowed to beat their wives. West Bank/Gaza highlighted that mothers-in-law, along with their sons, have the power to determine the number of children, and express son preference. In Benin's analysis, mothers-in-law were identified among the perpetrators of violence against their daughters-in-law. The role of mothers-in-law in upholding norms related to GBV is widely practiced in Ethiopia as well.

GBV seems to have seasonal variations, and often escalates at the time when there is the most money available. In Ethiopia, their research showed that the occurrence of early marriage, as well as rape and abductions, increased during harvest time, particularly if there is a good harvest when men gain additional financial resources.

There was not much data on approaches to address inter-generational aspects of GBV. Most of our programming focuses on couples and individuals, and not much on trying to change the way generations interact with each other. There is some component of the couples' communication work that focuses on decisions around children, as well as ideas to integrate gender equality elements into school curricula. Among participating teams, there seemed to be a growing acknowledgment of the important of addressing intergenerational linkages and entry points for preventing violence, including interrupting the intergenerational transmission of violence.[9]

Negative/discriminatory social norms are very enduring, especially in highly patriarchal societies. We need to elaborate a long-term, comprehensive agenda, with interlinked actions within communities. (Benin)

There seems to be a trend of community backlash against men who publicly talked about sharing power more equally at the household level. In some places this also includes the fear that youth and adults have of backlash from their families and peers if they change their behavior and attitudes around GBV.

In West Bank/Gaza, men's focus groups credited a rise in **honor killings** as stemming more from **economic disputes** than from issues of "honor" per se. They credited increased levels of IPV to tensions over rapidly changing gender roles.

CARE Ethiopia's team noted that psychological wellness is largely neglected in programs. Their analysis revealed that while physical forms of intimate partner violence had declined, levels of **psychological violence remained unchanged.**

[9] For a review of evidence and strategies on this topic, see CARE's report, "Addressing the Intergenerational Transmission of GBV: Focus on Education Settings"

Recommendations

RECOMMENDATIONS FOR NEXT STEPS AND FUTURE LEARNING INITIATIVES:

- Plan timeline for learning initiatives around periods that tend to be less busy for CARE globally. This would require some solicitation of input around when these periods might be across CARE, but likely this would include summer months.

- **Extend links between COs to learn from experiences; increase opportunities for broader cross-learning.** Building on this learning process, for instance, a country office or region could have a learning meeting in which the topic is to look at and reflect upon other CO teams' analyses.

- **Build continued and systematic learning into existing processes.** Several teams shared plans for and suggested ways to build this kind of joint analysis exercise into standing meetings, such as monthly program meetings or quarterly Program Quality meetings or regional meetings, to help mitigate challenges of coordinating people's availability.

- **Involve research institutions in learning and analysis to better integrate research and programming.** Similarly, make sure that partners are on board in learning processes, and that we are learning from their work and not necessarily just from CARE's projects.

- **Deepen how we document learning by better capturing negative changes that result from our programming.**

- **Create spaces for sharing across teams that are flexible and not burdensome.** Recommendations include a workshop, training, or some other common platform to bring analysis teams together to look at outcomes of analyses, and discuss solutions in a systematic way. The emphasis is on the need for a common learning platform in order to jointly discuss and decide on approaches and scale these up.

- Learning and sharing takes time – **build adequate time and prioritization for reflection and cross-learning into annual and individual work plans.**

RECOMMENDATIONS FOR PROGRAMMING:

- **Develop a common theory of change** to help enable learning in relation to GBV prevention between programs and between countries and regions.

- **Develop a more systematic framework or set of approaches for addressing GBV in CARE's programming.**

- **Monitor and measure what is *not* working as well as what is working.** The Ethiopia team noted that many of their evaluations and assessments did not try to look at the approaches that are not promising or working as expected. In the future, the team will aim to capture more information on failures as well as successes to better understand what is and is not contributing to impact. Similarly, **monitor unintended harm at the household level** (e.g., girls taken out of school to do household chores when their mothers take up more activities outside the home).

- **Use gender synchronized approaches**[10] for engaging males at household level to complement activities aimed at empowering women and girls.

- **Improve measurement approaches to understand long-term effects of our programming.** Link to partners and other organizations who are tracking long-term changes over time – e.g., change in community norms, intergenerational change. Programming generally tracks change over periods of time that are less than five years. There is a need to expand our expertise and tools to track the sustainability of changes and how changes in the household affect children in the longer term.

- **We need tools for tracking and measuring social change.** We need to be able to measure the qualitative parameters regarding social change, to know how to catch the beginning of change while observing the impact groups – from one individual to the whole household, to the family and to the whole community.

[10] For more information on gender synchronized approaches, see IGGWG, Synchronizing Gender Strategies: A cooperative model for improving reproductive health and transforming gender relations, 2010.

Annex 1: Participant List

* team coordinator
† also participated in synthesis team / meta-analysis
(partner organizations)

Access Africa

Karim Abdoul Coulibaly*

CARE Benin

Bonaventure Nzavugambonyimana*
Madinatou Ahounou
Saka Bello
Aqueline Behanzin Dosseh
Evelyne Ezin
Gisele Ida Gnele
Marie-Odile Attanasso *(Abomey-Calavi University/Benin)*
Denis Amoussou Yeye *(Abomey-Calavi University/Benin)*
Joseph Honvoun *(Parakou University/Benin)*
Rock Adido *(Parakou University/Benin)*
Clément Padonou *(retired)*

CARE Egypt

Zeinab Heada*

CARE Ethiopia

Betelhem Ephrem*†
Assefa Amenu
Rebecca Demissie
Semhal Getachew
Aynie Habtamu
Tefera Mekonnen
Feven Tassew
Esther Watts†

CARE Rwanda

Olive Uwamariya*
Jeannette Nduwamariya
Theophile Twahirwa
Sidonie Uwimpuhwe
Inge Vreeke
Silas Ngayaboshya *(RWAMREC)*

CARE Sri Lanka

Mihiri Warnasuriya*
Hashitha Abeywardene
Vindhya Fernando
Aliya Firozvi
Ashika Gunasena
Zainab Ibrahim
Jayanthi Kuru-Utumpala
Thiviya Rajakrishnan
Sivalingam Sasikumar

CARE West Bank/Gaza

Fida Shafi*
Nivine Sandouka
Fatima Wahaidy

Steering Committee

Doris Bartel*†
Leigh Stefanik*†
Cecily Bryant
Christel Bultman
Nick Osbourne
David Ray
Thomas Reynolds
Garth Van't Hull
Inge Vreeke

Annex 2: Background Resources

- IPO-PPL Learning Initiative Guidance Note
- Team analysis summaries

Available on Minerva: http://minerva.care.ca/livelink1/livelink.exe/properties/4690261

www.care.org

Headquarters

CARE USA
151 Ellis Street, NE
Atlanta, GA 30303-2440
USA
T) 404-681-2552
F) 404-589-2650
genderandempowerment@care.org

CARE Washington DC
1825 I Street, NW, Suite 301
Washington, DC 20006
USA
T) 202-595-2800
F) 202-296-8695
genderandempowerment@care.org

Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. Last year CARE worked in 87 countries and reached 82 million people around the world. To learn more, visit www.care.org.

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