



An Overview of CARE in Latin America and the Caribbean

Summary of CARE in the Region

Since its establishment in 1946, CARE has worked to improve the lives of the poorest people in all regions of the world. In 2008, CARE worked in 66 countries with support from the 12 member countries in the CARE International confederation, reaching with its programs more than 50 million people Africa, Asia, Eastern Europe, the Middle East and Latin America and the Caribbean.

In Latin America and the Caribbean, CARE has worked for over 50 years. In the past year, CARE supported more than 100 initiatives in the region with a budget of approximately \$100 million in Bolivia, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua and Peru. CARE's programs aim to increase access and reduce barriers to services that are essential to sustainable and equitable development. These services include micro credit, agriculture and natural resources, education, health, HIV/AIDS, capacity building, infrastructure and water and sanitation. Funding for CARE's work comes from a variety of sources including private and corporate donors, foundations, bilateral and multilateral donor agencies and host country government entities. In addition, communities and partners invariably contribute to program development and implementation. CARE USA provides management oversight through a Regional Management Unit based in Quito, Ecuador. In addition to the eight countries mentioned above, CARE also works in Brazil, where it was established in 2001 as a Brazilian non-governmental organization, and in Cuba, under the direct supervision of CARE Canada.

CARE's Vision

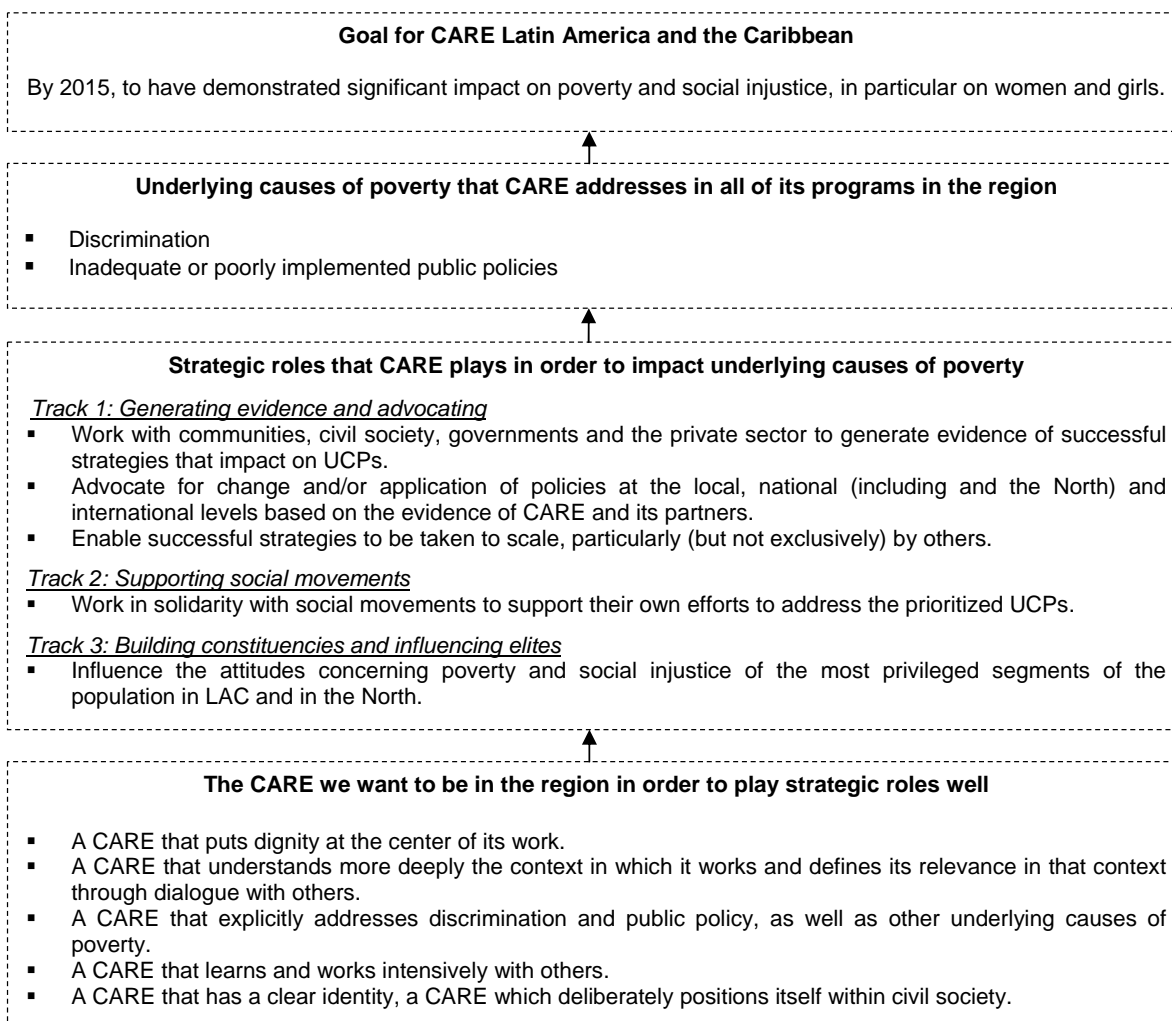
We seek a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. CARE International will be a global force and a partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakable commitment to the dignity of people.



CARE's Strategy in the Latin America and Caribbean Region

CARE's goal in the region is to have demonstrated, by 2015, significant impact on poverty and social injustice (in light of the Millennium Declaration and Millennium Development Goals), in particular on women and girls. In order to achieve this goal, CARE focuses on two key determinants of poverty in the region, that is, *discrimination* and *inadequate or poorly implemented public policies*.

In order to address these two underlying causes of poverty, CARE has prioritized the following strategies in all of its programs in the region: advocating, supporting social movements and building constituencies/influencing elites. In order to implement these strategies well, CARE has also developed a statement of the organization it wants to be in Latin America and the Caribbean.



Examples of Results of CARE's Programs in the Region

In Latin America and the Caribbean, CARE implements health, education, democracy and governance, economic development, food security, natural resources and environment, water and sanitation, and emergency response programs. Below we list examples of the type, scope and results of some current or recent programs in some of these sectors.

In **education**, programs to combat the worst forms of child labor are underway in Central America, Ecuador and Bolivia. In community education programs, like the *PROHACE* project in Honduras, which benefits 11,972 girls and boys, some of the most important results are community participation in support of a quality education in schools; empowerment of local authorities; change in attitude of the teachers in regard to parents and colleagues; improved practices by teachers, parents, students and authorities within and outside the classroom; reduction in child labor in students who attend school; improved teacher performance; and recognition from the government.



In **health**, CARE Peru's work has reduced maternal mortality by half in Ayacucho, one of the poorest regions in the country, and leveraged our field experience to promote broader change at the national level. In January 2007, Ministry of Health officials, World Bank representatives and CARE Peru staff came together to develop standard guidelines and protocols for obstetric and neonatal emergencies, based largely on those developed by CARE Peru's project. They are now used throughout the country. In Ecuador, CARE worked together with John Hopkins University to design and pilot a new National Health Insurance Plan which built, among other things, on the experience of successful initiatives implemented by CARE. This example shows how field-tested demonstration models can be used for national-level influence. In Nicaragua, and in collaboration with the Ministry of Health, local hospitals, private clinics and an extensive network of community health volunteers, CARE was able to implement strategies that helped reduce maternal and child mortality by 15 percent. To maintain its leadership role in maternal and child health activities, CARE Nicaragua is currently developing new program designs to improve the nutritional status of 15,000 children under five and 2,500 pregnant women in poor communities by 2011.



In **HIV/AIDS**, CARE serves as the principle recipient for the Global Fund programs in Peru and Ecuador, and implements additional programs in Honduras, Haiti, and Ecuador as well. Through these programs, the capacity of a large variety of state and non state actors as well as persons living with HIV/AIDS is strengthened, to improve prevention, expand and strengthen voluntary counseling and testing, promote sound workplace policies and improve care and access to social services and micro credit for people living with HIV/AIDS.



In **water and sanitation**, in the past five years more than 500,000 families benefited from water systems and latrines in more than 3000 communities in which CARE worked. A process has been developed for the management of sustainable water and sanitation models by community organizations and municipalities. Hundreds of community water associations have been trained and organized to operate and maintain the water systems. Post implementation assessments have shown the effectiveness of this approach in terms of sustainability and cost recovery.



In **agriculture**, more than 76,600 rural families improved their land use practices through community organization, technical assistance, agricultural investments and credit. More than \$7 million additional income has been generated through the sale of products via the use of market chains.

In **environmental conservation**, CARE initiatives protected more than 100,000 hectares of land with reforestation and/or native species. In Ecuador, CARE worked with the indigenous population to obtain legal title to 235,000 hectares of ancestral lands. Local non-governmental organizations were strengthened technically and administratively for suitable forest management.

Over the past five years, **governance and democracy** building and strengthening programs have been implemented in Bolivia, Ecuador, Guatemala, Haiti, Honduras and Peru. Tools and methods have been developed to promote civil society participation and municipal strengthening, educational materials on laws and human rights, and a curriculum for citizenship training for at-risk youth.



CARE responds to all major **emergencies** in the countries in which it works in the region. Most recently, CARE responded in Haiti to the devastating effects of hurricanes in 2008. A total of 230,000 people benefitted from food distributions coordinated by CARE. In addition, CARE has developed Disaster Risk Reduction initiatives in all countries where it works in the region.

Principles that Guide CARE's Work

In order to fulfill CARE's vision, all programs should conform to the following Programming Principles:

- Promote empowerment. We stand in solidarity with poor and marginalized people, and support their efforts to take control of their own lives and fulfill their rights, responsibilities and aspirations. We ensure that key participants and organizations representing affected people are partners in the design, implementation, monitoring and evaluation of our programs.
- Work with partners. We work with others to maximize the impact of our programs, building alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and/or who have responsibility to fulfill rights and reduce poverty through policy change and enforcement.
- Ensure accountability and promote responsibility. We seek ways to be held accountable to poor and marginalized people whose rights are denied. We identify individuals and institutions with an obligation toward poor and marginalized people, and support and encourage their efforts to fulfill their responsibilities.
- Address discrimination. In our programs and offices we address discrimination and the denial of rights based on sex, race, nationality, ethnicity, class, religion, age, physical ability, caste, opinion or sexual orientation.
- Promote the non-violent resolution of conflicts. We promote just and non-violent means for preventing and resolving conflicts at all levels, noting that such conflicts contribute to poverty and the denial of rights.
- Seek sustainable results. As we address underlying causes of poverty and rights denial, we develop and use approaches that ensure our programs result in lasting and fundamental improvements in the lives of the poor and marginalized with whom we work.

In addition to evaluating the effectiveness and impact of its projects, and the degree to which these contribute to the achievement of the Millennium Development Goals, CARE also has begun to assess on a regular basis progress in regard to the extent to which we are successful in incorporating the programming principles in our work.

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