## Philanthropic Support In Action

**To meet today’s complex needs, CARE continues to deliver lifesaving humanitarian assistance while also adapting and scaling up our sustainable development programs across 102 countries.** We know this approach works because we see the impact every day. Last year, CARE worked in 102 countries with 1,495 projects that directly reached more than 100 million people (71% women and girls), and indirectly improved the lives of nearly 160 million more people through policy changes and replication of successful programs by partners and governments. Our focus on promoting gender equality – and developing the skills of women smallholder farmers, unbanked women and frontline healthcare workers – has helped elevate the status of marginalized women, empowering them to become more valued partners and contributors to family and community success. By 2030, we aim to help 50 million people experience greater gender equality. To maximize the impact of our programs, we work with and though partners to scale up effective solutions and reduce poverty through policy change. Below are examples of how our work is making an impact.

## A picture containing person, indoor Description automatically generatedAddressing urgent needs in ultra-challenging situations. The humanitarian situation in Afghanistan continues to deteriorate, with the ongoing crisis made far worse by insufficient rain and crop failures. About 24 million people there need humanitarian assistance, and 3.4 million people are displaced. Of the 700,000 people forced from their homes since August 2021, 80% are women and children. CARE is scaling up a comprehensive response to help displaced families and other vulnerable Afghans. We are providing emergency multi-purpose cash assistance, cash for work, medical supplies, mobile health teams, food and agriculture support, household and hygiene essentials, and supplies to help cope with winter weather.

## Improving vaccination rates – from second-worst to second-best vaccination rate in the country. In June 2021, the government of Bangladesh requested CARE’s support to step up COVID-19 vaccination efforts in southwestern Khulna district, which had the second-lowest immunization rate in the country – only 7%. Just three months later, the vaccination rate in Khulna had increased to 36%, with more than 1 million vaccine doses administered to marginalized people, elevating the district to the second-highest vaccination rate in the country, after Dhaka, the capital. The entire vaccine registration system is online in Bangladesh, so CARE’s response team focused on reaching people who were illiterate or lacked access to smartphones to register. We hosted community education sessions so people got the information they needed to trust vaccines, and organized door-to-door visits to further reduce vaccine hesitancy and increase registration. CARE trained 650 government health workers and inspectors to strengthen vaccine deployment and to make sure the system works, and oriented 900 volunteers to support vaccine registration and community awareness. Vaccine support is an important part of CARE’s overall efforts to help 50 million people fulfill their right to health by 2030.

* **Meeting the needs of refugees and migrants.** An estimated 7.7 million people need humanitarian assistance in **Colombia**, a country reeling from the economic impact of COVID-19, an increase in armed conflict, natural disasters and the effects of climate change – all while struggling to absorb a large influx of refugees. About 554,000 Venezuelans have received temporary protected status in Colombia (allowing them to remain up to 10 years, with permission to work and access social services), while another 2 million are in the process of regularization. The situation places extreme stress on women, girls and other vulnerable populations. In addition to assisting with food and other basic needs – including through cash and vouchers – CARE has focused our response on sexual and reproductive health, protection for vulnerable individuals, and prevention of gender-based violence. To foster social cohesion, we aim to include 30% host community members in every intervention targeted at refugees.
* **Enabling poor families to have (and grow) more food.** In **Syria**, CARE worked with 1,438 farmers to grow 1,800 metric tons more wheat – enough to feed nearly 26,500 people for an entire year. In **Malawi**, through the *Titukulane* activity (meaning “let’s develop together”), we invested early to build micro-dams in coastal communities that saved 1,199 hectares (nearly 3,000 acres) of crops for 2,174 families when Cyclone Ana flooded all the nearby farmland in January 2022. By 2030, we aim to enable 75 million people, the majority of them women and girls, to fulfill their right to adequate food, water and nutrition.
* **Innovating for the future.** CARE has the world’s largest pipeline of promising social enterprises that can yield broader and more sustainable results than humanitarian aid alone. We see the potential to impact up to 235 million lives by 2030 through the expansion of several viable social businesses emerging from our current programs that provide jobs, income and vital services, and help communities overcome COVID-19 and other challenges. These include enterprises like *Live Well* in **Zambia**, an impact-driven social business that promotes healthy behaviors, provides access to health products such as anti-diarrhea kits and mosquito nets to rural families, and supports livelihoods in underserved communities, through a network of 2,285 trained community health entrepreneurs. *Live Well* aims to triple the number of sales agents by 2024, providing the opportunity for year-round, community-driven employment, as opposed to struggling to find seasonal farm work. Within the first six months of COVID-19, *Live Well* distributed more than 90,000 items that helped protect against the virus, including soap, chlorine, masks, gloves and hand sanitizer.

In two rural districts in **Bangladesh,** where families have little access to quality healthcare services, CARE developed a public-private partnership to identify, train and support a network of 410 skilled health entrepreneurs. These entrepreneurs fill a critical need by providing frontline maternal, newborn and child health services, family planning options and essential health goods in remote communities. They are accredited as skilled birth attendants by the Bangladesh Nursing Council after six months of training and go through further instruction on nutrition, family planning, non-communicable diseases and social entrepreneurship. Each woman health entrepreneur covers about 7,500 people and is supported by 10 community health volunteers who help generate local awareness for services. On average, health entrepreneurs earn $20 per delivery, paid by the families. This compares with the $50-$100 cost an expectant mother would pay to travel and receive services at the nearest hospital, a minimum of 10-15 miles away. As a result, delivery by a skilled attendant increased from 13% to 37% in target communities; newborn deaths dropped by 21%; and deaths of children under 5 were cut nearly in half (46%). Moreover, in the first three months of the pandemic, health entrepreneurs identified and referred 406 COVID-19 cases and conducted counseling sessions for nearly 60,000 people on handwashing, using facemasks and social distancing.



*Nurun Nahar was forced to marry at 14 and soon got pregnant. Her husband left her to support their daughter on her own. After observing the need for skilled health workers in her remote area, Nurun trained to become a health entrepreneur and has since delivered 30% of the babies in her area.*

* **Helping people persevere through the pandemic.** CARE’s innovative **Village Savings and Loan Association (VSLA)** approach empowers groups of 20-30 people (80% women) with training and tools to save money, take out loans, start small businesses and form networks. As we entered 2020, CARE was on track toward our goal of reaching 50 million more women and girls with VSLAs by 2030. However, the onset of COVID-19 and its catastrophic impact became the impetus for a major change in direction. VSLAs have taken on a central role in CARE’s COVID-19 response, supporting communities, sharing important health messages and refocusing finances to adapt to the crisis. CARE takes our lead from women across the globe as they define their own needs, priorities and ideas for navigating the pandemic. Despite unprecedented challenges:
  + We doubled the pace of creating new VSLA groups, adding 1 million new members in 2020 alone.
  + **A group of people sitting on the ground

    Description automatically generated with medium confidence**67% of VSLAs are using social funds to help vulnerable members response to COVID, mostly by buying food and hygiene products.
  + 56% of VSLA groups have continued to save during the pandemic, and 54% of groups are still providing loans to members.
  + In **Rwanda**, we engaged VSLA members in couples dialogues and community activism, resulting in a 55% decline in domestic violence and a 20% increase in incomes.
  + In **Ethiopia**, VSLA members achieved an 80% increase in food security and 84% increase in incomes.
* Two people looking at a body of water

  Description automatically generated with low confidence**Adapting to the impact of rapid glacier melt.** **Peru** is home to 71% of the world’s tropical glaciers, which are critical to providing freshwater and sustaining millions of people. With climate change, approximately 43% of Peru’s glaciers have melted since 1970, and the highly unstable glacial lakes they leave behind constitute a growing threat to families in the valleys below when an earthquake triggers a flash flood. Over the past decade, CARE, the Peruvian government and the University of Zurich have worked together on the *Glaciares+* project to monitor glaciers and manage 200 associated new lakes used for drinking water and agriculture, and created evacuation maps and the first-ever real-time flood early warning system in South America for vulnerable communities located downstream. The project also worked with Peruvian research institutions to locate possible future glacial lakes as well as estimate the potential socio-economic loss associated with glacial retreat and water loss due to climate change – another first for Peru. We piloted adaptation projects to demonstrate the costs and benefits that can be used to design projects for public investment in other vulnerable communities faced with similar challenges. The model includes water management to ensure sustained access to potable water, water capture and irrigation systems, agricultural and food production systems, and livestock management. The first national adaptation models benefited nearly 70,000 people with reduced risk of water insecurity and climate shocks. The results provided a solid foundation to facilitate community-based adaptation approaches that can be scaled up in different ecosystems and contribute to the development of climate change public policies. This is just one example of how CARE aims to help 25 million poor and marginalized people strengthen their resilience and adapt to the effects of climate change by 2030.
* **Restoring education.** Flexible funding allows CARE to share knowledge and innovation across countries. CARE originated the *SOAR* program in India in 1999 to help out-of-school adolescent girls get a fifth-grade education in just 11 months while also developing leadership and life skills designed to help them integrate into formal government schools or to pursue a vocation. Over the years, 95% of out-of-school girls who completed CARE’s accelerated learning program transitioned to formal schools. Refining the program for different contexts, we have expanded SOAR coverage in India, Malawi, Nepal, Somalia, Zambia and Zimbabwe, working with communities to mitigate COVID-19 learning losses that threaten students’ ability to safely return to and stay in school. To date, CARE’s education and empowerment work, including the SOAR program, has reached 4.1 million adolescents. In **Zambia**, for example, we achieved significant positive impact for 34,844 young children and adolescents across 20 communities during the first three years of implementation. With a focus on achieving scale and sustainability, CARE partnered with Zambia’s Ministry of Education to create the first-of-its-kind curriculum Raising Stars to support parents in enriching their children’s learning and development at home as well as worked to develop another first-of-its-kind curriculum in the country for out-of-school adolescents. Phase II of SOAR in Zambia recently commenced and expands our direct reach in two new districts. Building on this momentum, the Zambian government announced plans to recruit 30,000 teachers, build 120 schools, increase grants to schools and remove exam fees, which will provide relief to poor households that cannot afford the cost. The proposed government education expenditure in 2022 represents a 31% increase over the 2021 allocation. Overall, SOAR has helped change mindsets around education, increasing the value that parents place on learning and enrollment of children and adolescents in school.