CARE

History
CARE (Cooperative for Assistance and Relief Everywhere) is one of the world's largest private international relief and development organizations. CARE USA has operations in 50 countries around the world. Founded in 1945 to send emergency CARE Packages of food, clothing and medicine to Europe and Asia after World War II, CARE soon broadened its scope to help poor people around the world. CARE programs focus on disaster relief and development, including small business assistance, primary health care, nutrition, girls' education, agriculture and natural resource management, and family planning. CARE International is in more than 60 countries in Latin America, Eastern Europe, Asia, Africa and the former Soviet Union. In fiscal year 1998 CARE USA supported programs in 50 countries. More than 90 percent of CARE's expenses go toward program activities, less than 10 percent goes toward overhead. In 1998 CARE delivered $339 million in aid. CARE is supported through the generosity of more than 400,000 American individuals and some 300 U.S. corporations and foundations. In addition, supporters in Canada, Japan, Australia and Europe contribute through CARE International, a confederation of agencies from 11 nations. These private support helps CARE obtain funding sufficient to meet basic needs from governments and international organizations.

CARE Strives For:
• Basic education for children.
• Economic and social empowerment for women.
• Economic opportunities that provide opportunities for all communities.
• A stable supply of food that meets basic nutritional needs.
• Readily available clean water.
• Basic health care, including universal immunization of children against major diseases.
• Access to family planning services.
• A safe and sustainable environment.
• A role in the decisions that affect their families, communities and nations.

Over the years, CARE has adapted to meet changing human needs. It expanded into emerging nations and used U.S. surplus food to feed the hungry. In the 1960s, they pioneered primary health care programs. In the 1970s, CARE responded to massive famines in Africa and helped prevent them with an innovation called agroforestry, which integrated environmentally sound tree and land management practices with farming programs. Today, CARE has expanded its efforts to also respond to the landmine crisis and to the crises for help of the victims.

Landmines, A Human Rights Issue
Each year 26,000 people are killed by anti-personnel landmines. That translates into 70 people every day, most of them innocent men, women and children. Landmines don’t just kill; they maim and inflict terror. They are inhuman. Even when the war is over, landmines continue to inflict horror on innocents for years to come. Landmines also have a paralyzing effect in poor communities in many parts of the world. They cut off access to markets, schools, water and farmland. CARE works in 39 of the 78 countries riddled with landmines, including Angola, Afghanistan, Cambodia and Bosnia.

The Landmine Epidemic
Once-fertile fields lie abandoned, haunted by the specter of death and disfigurement. Roads are deathtraps, even for relief workers in armored vehicles. Lands where children once played sit empty, the deadly areas sometimes marked, sometimes not. For the men, women and children who contend every day with landmines, the sheer numbers of the weapons make prospects bleak.

Angola is only one of many countries suffering from this global epidemic. Currently 110 million landmines cover 64 countries, a million added every year. The weapons, irresponsible to produce or buy by anyone, are extremely difficult to detect and costly to remove. In some places, mines seem to multiply faster than people do. As a 1994 U.N. report stated, "Cambodia has more landmines than children: two for every child."

CARE’S Stand Against Landmines
In June of 1995, CARE joined the International Campaign to Ban Landmines (ICBL). This coalition of more than 400 non-governmental organizations (NGOs) takes a clear and unequivocal stand against proliferation of these weapons. CARE will address the landmine problems directly through its new Systematic Landmine Removal Program. This program, the first attempt at the global level by an NGO, will clear areas of mines and educate local populations on mine avoidance and injury prevention. The program will begin in Angola, a country facing the prospect of 15 million landmines left over from its recently ended conflict. CARE hopes to engage in similar work in Bosnia, Rwanda, Mozambique and Cambodia.

Since early 1995, CARE has lost four staff members to landmines, two in Afghanistan and two in Ethiopia, as well as 425,000 in vehicles. As CARE moves to implement its new landmine education and removal program, the risks for its staff are significant. Enter Sacapa, a CARE landmine awareness instructor and a mother of five, wishes all landmines could simply be removed. "Until then," she says, "we are saving our children's and neighbors'

JOURNAL: CARE

PROFILES

Comprehensive Disabled Afghans’ Program

History
The Comprehensive Disabled Afghans’ Program (CBR) was established in 1995 as a UNDP/UNFPA interagency initiative in Afghanistan. CDP targets beneficiaries including primarily disabled persons, but also vulnerable women and children. The organization uses NGOs to implement a common Community Based Rehabilitation (CBR) project model for disabled and other vulnerable people in both rural and urban areas of Afghanistan. Through its program of NGO-Directed Disability Workshops, which bring together all international and national agencies working in the field, CDP takes a lead role in formulating disability policy and strategy in Afghanistan.

Disability as a Development Issue
Although no national survey has been done, local surveys indicate that about 3 percent of the population of Afghanistan are disabled. In a population of 20 million this means about 600,000 children, women and men. War has disabled thousands, creating amputees, blindness and paralysis; and while people disabled by the war form a highly visible proportion of the disabled population, an equally significant but much less visible group are those with sensory and multiple impairments. Many disabled people are hidden from view, especially disabled women and children; trapped by their culture and lack of services within very narrow confines at home.

While 3 percent are directly disabled, if the disabled person was the main breadwinner in the family, the whole family is adversely affected. Thus the actual proportion of the population affected by the disabled is probably higher than 10 percent.

Simultaneously, CARE staff radiated to another mine action team, which immediately proceeded to the area, blocked off the trench, and disposed of the remaining 19 landmines in that dangerous area. The 8-year-old boy bled to death from a severe head injury caused by a direct hit from the mortar fire. Even the best care would not have saved his life.

This type of incident is precisely what the European Union-funded CARE Mine Related Interventions (CAMRI) Project is working to prevent. "This was a very bad day," observed Willy Williscroft, CARE's technical advisor for the CAMRI Project, "and unfortunately, this type of incident is not an unusual occurrence here; but you can't let it affect your ability to carry on. There is too much work to be done."

CARE’s 21-person mine action team frequently works seven days a week to keep up with the demand for their skills. All staff are trained to clear and dispose of mines and explosives safely, and can be deployed in small groups. Removing all the mines and explosives in Afghanistan would be a monumental undertaking, there are an estimated 15 million landmines in Angola. The CAMRI Project is coordinating its activities with other CARE relief and rehabilitation activities to clear critical areas; pathways and roads to water sources and health posts, agricultural land, and in and around where people live. CARE also provides mine awareness training to parents and children, so that they have the information and skills necessary to identify a potential problem and seek help before disaster strikes.

Community Based Rehabilitation
Community Based Rehabilitation (CBR) is a strategy, jointly promoted by UNDE, ILO and UNESCO, that aims to ensure that disabled people can maximize their physical and mental abilities, have access to regular services and opportunities, and achieve full integration within their communities.

CBR sees disability as a rights issue, not an individual medical problem. It is a comprehensive, practical approach to achieving the rights of disabled people through, for example, prevention and rehabilitation in primary health care activities, mainstreaming of disabled children in ordinary schools and provision of economic activities for disabled adults. Disabled people, their families and communities, and the appropriate health, education, vocational and social services all combine to implement CBR.
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Since early 1995, CARE has lost four staff members to landmines, two in Afghanistan and two in Ethiopia, as well as $425,000 in vehicles. As CARE moves to implement its new landmine education and removal program, the risks for its workers will only increase. Ester Sacapa, a CARE landmine awareness instructor and a mother of five, wishes all landmines could simply be removed. “Until then,” she says, “we are saving our children’s and neighbors’ arms and legs by telling them where to walk and what to do if they see a landmine.”

This summer, a CARE mine action team was driving through the small village of Kunje in Angola’s war-torn Bie Province on their way to clear mines and other explosives from a refugee camp that is home to hundreds of people displaced by the Civil War. A policeman signaling for help suddenly stopped CARE’s team. The policeman led them to the local health post, where five young children, four boys and a little girl, lay hemmorhaging from severe wounds to the head, torso, arms and legs. The children, between the ages of eight and 11, had been playing with mortar fuses left by the Angolan army in a trench, about 20 yards from their homes. The CARE team immediately took the children to a hospital in Kuito, a poorly equipped facility by U.S. standards, but the only one within driving distance.

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