Development Programming in Sub – Saharan Africa: The CARE Canada Experience

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Abstract

Sub-Saharan Africa is a land of awesome potential, rich in human and natural resources, yet, desperately impoverished and in need of international support. HIV/AIDS, international conflict, food insecurity and poverty have devoured human and natural capital, while all efforts to address such problems have proven unsustainable. The Canadian Government, recently pledging to provide hundreds of millions of dollars to Sub-Saharan Africa in order to show commitment to and solidarity in, the continent's struggles, requires skilled implementing agencies to partner with African nations in order to ensure that sustainable development and lasting change are realized. CARE Canada has been demonstrating expertise and commitment to working with local people and national governments throughout Africa and the entire world for over 55 years, seeking to work with those who are especially vulnerable. CARE's work in Africa has focused on three main areas of programming: ensuring access of basic social services, economic empowerment and civil society strengthening. The organization has continued to learn and grow in a diversity of ways, especially in the areas of partnership building and capacity building, setting a high standard for other organizations to follow.

Development Programming in Sub – Saharan Africa: The CARE Canada Experience

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More than anyone else, I would like to thank God for His hand in my past, present and future. He opened this door and blessed me along the way. Thank you Lord for your constant love and faithfulness.

List of Abbreviations

AMREF – African Medical Research Foundation
ASAL – Arid/Semi Arid Land
CBO – Community Based Organization
CI – CARE International
CIDA – Canadian International Development Agency
DFID – UK Department for International Development
DRC – Democratic Republic of the Congo
FGM – Female Genital Mutilation
FORD – Forum for Restoration of Democracy
GCN – Girl Child Network
GCP – Girl Child Project
GDP – Gross Domestic Product
IMF – International Monetary Fund
INGO – International Non-governmental Organization
KANU – Kenya African National Union
LRA – Lord's Resistance Army
MAP – Millennium Partnership for Africa's Recovery Programme
MoU – Memorandum of Understanding
NAI – New African Initiative
NEPAD – New Partnership for Africa's Development
NGO- Non-governmental Organization
OAU – Organization of African Unity
ODA – Overseas Development Assistance
PIA – Project Implementation Agreement
PPPR – Project/Programme Performance Report
REAP – Rural Enterprise and Agri-service Promotion Project
RUF – Revolutionary United Front
UNCRC – United Nations Convention on the Rights of Children
UNDP – United Nations Development Programme
UNEP – United Nations Environment Programme
UNHCR – United Nations High Commission for Refugees
UNICEF – United Nations Children Fund
USAID – United States Agency for International Development
USCR – United States committee for Refugees
USD – United States Dollar

Section One
Introduction

Sub-Saharan Africa is a startling beautiful, romantic and awe-striking region of the world that, while blessed with enormous beauty and a wide variety of natural resources, has been cursed with war and civil conflict, unceasing hunger due to natural disasters, and perhaps the most deadly of all, an unyielding HIV/AIDS epidemic that annually claims millions of lives. In addition, governments that are corrupt and incompetent are seeking to lead the way for change and so called development. What is to come of this wonderful continent and how can development truly be realized? The objective of my practicum was to study key developmental problems in Sub-Saharan Africa and specifically, the programmes of CARE Canada that seek to address these development problems. My practicum identifies how CARE Canada has changed its programming over a period of three years in order to adjust to lessons learned, thus making their programming more effective. This practicum specifically focused on programming within Kenya, East Africa as a case study.

A second objective of this practicum was to gain working experience with a reputable international non governmental organization (INGO), as this experience will assist me in locating suitable employment upon completion on my Masters degree. In addition, this practicum will meet specific criteria attached to my degree, thus allowing me to meet a key requirement of the Masters of International Development Studies Programme.

Rationale

CARE International is one of the world's largest and most respected non governmental organizations (NGO). Formed after World War II, CARE works in countries throughout every region of the world and is often a choice partner of both governments and the United Nations. CARE, while operating in over 70 countries, is broken down into 12 country offices that work together on development issues as a Federation. CARE Canada is one of the 12 and is located in Ottawa, Ontario. As an organization, CARE Canada is unmatched in its expertise and is often used by other organizations as an example of good development programming. Internationally, CARE national offices manage programmes through CARE country offices, which act as an appendage of specified national offices. As an example, in Sub-Saharan Africa CARE Canada works closely with Cameroon, Zambia, Zimbabwe and most importantly for this practicum report, Kenya. In addition, CARE Canada operates numerous projects in over 23 countries, many of these in Sub-Saharan Africa. CARE USA works closely with CARE Tanzania and CARE Uganda, and so forth.

As a Programme Assistant in the Overseas Programmes Unit with CARE Canada, I had the opportunity to better understand CARE Canada's past and current programming as well as the current and recent developmental needs of Sub-Saharan Africa. In addition, I was provided with an opportunity to learn a great deal about development and development planning in Sub-Saharan Africa. This learning will be able to be put into good practice upon completion of my Masters degree.

As Sub-Saharan Africa is unquestionably the least developed region of the world, and internal and external factors continue to maintain this fact, there is a great deal of study that must take place in order to gain a proper understanding of the true agents of under-developing in the continent and how best to address them. Much has been done in the last forty years of international development; however, many of the problems facing Africa today are the identical problems that have been repeatedly addressed over the last four decades. Therefore, what are the actual factors creating and maintaining these agents of under-development and how then can they be effectively addressed? Sub-Saharan Africa cannot continue to suffer as it has done since the end of colonization and donor cash dollars are quickly becoming fewer. While the way forward is not completely clear, there consists consensus that change is imperative.

Methodology

Working within CARE Canada in a very hands-on role, much of the information that I acquired to write my practicum report originated from actual work experience. As a member of the Programme Grant team, in the Overseas Programmes Unit, I was able to recognize CARE Canada's evolution over the past three years of programming, as one three year programme was ending and another three year proposal was presented to CIDA for funding consideration. I was involved in much of the new proposal revising and even in some cases, its drafting as well as drafting of the semi annual report, the Project/Programme Performance Report (PPPR) report and the annual/end of programme report for the old CARE Canada programme grant.

My daily contact and working dialogue with the Programme Grant Manager, as well as numerous other key regionally focused staff, added immense value to my research. Their insights and discussion around the direction that CARE Canada is both moving and wishes to move, added increased understanding to what lessons CARE Canada has learned and the impact of these lessons on programming.

In addition to the above, I reviewed numerous reports and proposals that were written during the three year focus period of my report and discovered somewhat, the direction that the organization has been heading. Many of these reports, as well as communications associated with them, dealt directly with projects that were and/or are continuing to be, carried out throughout Sub-Saharan Africa. My position required regular dialogue with CARE country offices, which allowed me to build relationships with CARE staff members internationally, while gaining key insights into both felt needs in the field (specifically in Africa) and cultural aspects of CARE as a Federation.

Section Two
Development Problems in Sub- Saharan Africa

Africa is a gigantic and vast continent that is home to a rich and magnificent array of languages, traditions, cultures and history. It is a land of opportunity and beauty, unparalleled in magnitude. However, Africa and specifically as it is the focus of this practicum, Sub-Saharan Africa, has not recognized a time of prosperity and pride for at least several hundred years. Sub-Saharan Africa is displayed on the evening news as a place of horror and sorrow, of pain and darkness. There remains an enormous amount of wealth and splendour inside the continent's borders; however, these are often overshadowed by an evil and sinister reality that holds the true potential of Sub-Saharan Africa back from blossoming.

This section seeks to discuss some of the key struggles that modern Africa faces, focusing on four main areas. These are the HIV/AIDS epidemic, civil conflict, food insecurity and extreme poverty. This section will not attempt to offer solutions to these problems or to suggest a priority of issues. However, it is important to point out that each of these problem areas is related. It is through poverty that people continue to be food insecure and easy prey for the HIV virus and civil conflict. At the same time, civil conflict increases the spread of HIV/AIDS as well as food insecurity, thus resulting in further poverty. In addition, the medical community notes that hunger and hunger related illnesses increase an individual's susceptibility to disease and sickness, thus increasing the chances of the spread of the HIV virus.

HIV/AIDS

HIV/AIDS first began to be recognized globally during the 1980's following the mysterious death of thousands of people worldwide. Over the past two decades the spread of HIV/AIDS has continued and the number of deaths and infections has increased dramatically. Doctors continue to struggle to find a cure and currently developed antiviral drugs remain available only for the rich who can afford their high cost. The disastrous effects of HIV/AIDS and the unavailability of drugs to treat it can be witnessed globally but, nowhere has been as badly affected as Sub Saharan Africa.

Table 1: HIV/AIDS around the World

Region	Adult Prevalence Rate
Sub-Saharan Africa	8.8%
North Africa & Middle East	0.3%
South & South East Asia	0.6%
East Asia & Pacific	0.1%
Latin America	0.6%
Caribbean	2.4%
Eastern Europe & Central Asia	0.6%
Western Europe	0.3%
North America	0.6%
Australia & New Zealand	0.1%
Total	14.4%

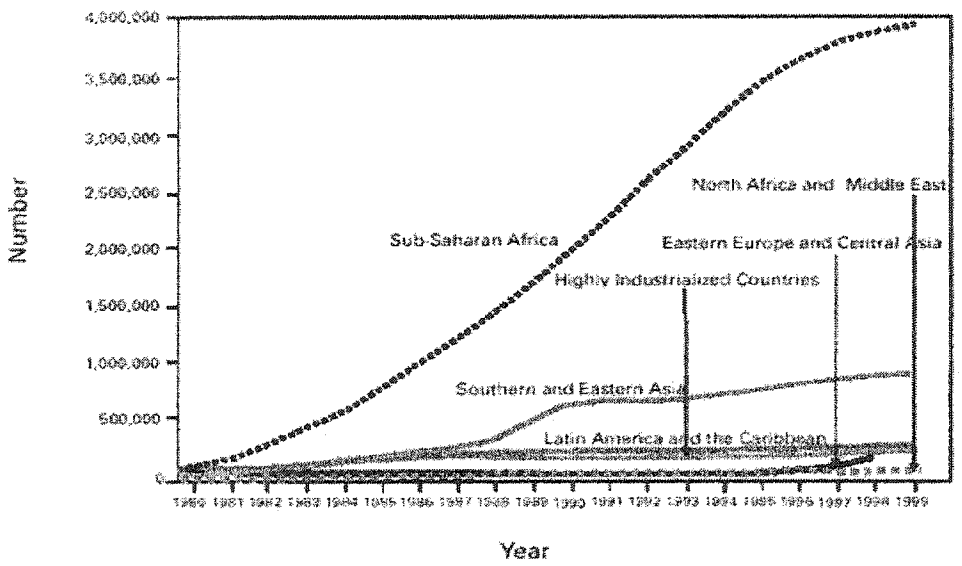
Source: UNAIDS, 2002[1]

By the end of 1999, HIV/AIDS was responsible for the death of over 18.8 million people worldwide – over 80% of these were Africans.[2] During the same year the global

[1] UNAIDS. (2002). ***Table of HIV/AIDS Around the World.*** Retrieved on April 16, 2003, from http://www.unaids.org/en/default.asp

population of those infected with the disease rose to 34.3 million people, with 24.5 million of these being from Sub Saharan Africa.[3] Over 3 million of those infected are children, thus the future of Africa is in question and the urgency in finding a cure for the disease all the more immediate.[4] Four years later in 2002, the number rose to an astounding 29.4 million in Sub Saharan Africa, following an increase of approximately 3.5 million new infections.[5] During the same year over 2.4 million Africans died, casualties of the illness.[6]

Figure 1: Estimated Number of New HIV Infections, by Region and Year – Worldwide, 1980-1999



Source: Joint United Nations Program on AIDS, 2000

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[2] UNAIDS. (1999). ***AIDS Epidemic Update: Global Summary of the HIV/AIDS Epidemic.***

[3] UNAIDS. (1999). ***AIDS Epidemic Update: Global Summary of the HIV/AIDS Epidemic.***

[4] UNAIDS. (2002). ***Fact Sheet: Sub Saharan Africa.*** UNAIDS Homepage. Retrieved on April 15, 2003, from http://www.unaids.org/en/default.asp.

[5] UNAIDS. (2002). ***Fact Sheet: Sub Saharan Africa.*** UNAIDS Homepage. Retrieved on April 15, 2003, from http://www.unaids.org/en/default.asp.

[6] UNAIDS. (2002). ***Fact Sheet: Sub Saharan Africa.*** UNAIDS Homepage. Retrieved on April 15, 2003, from http://www.unaids.org/en/default.asp.

In the region of Sub Saharan Africa most HIV/AIDS related deaths occur in two categories. These are a) children under the age of 5 years who become infected during breast feeding or in utero and b) adults between the ages of 15 – 49 years old who engage in either promiscuous or unsafe sex. As adults remain the primary infected group, a large number of children will be orphaned due to the death of their parents and the problems of poverty, illiteracy, food insecurity and conflict will continue to escalate. Currently, Sub Saharan Africa is home to over 12.1 million orphans, many of whom have lost their parents to HIV/AIDS and, if estimates are accurate, by the year 2010, the 19 countries with the highest rate of infection will have produced over 40 million orphans.[7] These numbers are astronomical and the direness of the situation demands intervention by governments and non-governmental organizations. (See Appendix Tables # 4 and # 5)

While HIV/AIDS is on the rise throughout Sub- Saharan Africa, it is most rampant in Southern Africa. Infection rates in Botswana (38.8%), Zimbabwe (33.7%), Swaziland (33.4%) and Lesotho (31%) have all exceeded expectation, rising to over 30% of the total country population.[8] In Eastern Africa the numbers are not much lower with Kenya and Uganda increasing to over 10 %.[9] Experts Tony Barnett and Alan Whiteside see the pandemic as being so destructive in some countries that it has the potential to actually

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[7] Brandt, Don & Dombo, Moses. (2001). ***HIV/AIDS and Human Development in Africa***. World Vision. Special Report.

[8] UNAIDS. (2002). ***Fact Sheet: Sub Saharan Africa***. UNAIDS Homepage. Retrieved on April 17, 2003, from http://www.unaids.org/en/default.asp.

[9] Brandt, Don & Dombo, Moses. (2001). ***HIV/AIDS and Human Development in Africa***. World Vision. Special Report.

destroy social fabric.[10] HIV/AIDS is not a personal disease but rather a sickness that affects the whole family. It impacts on the productivity of the infected and creates a stigma on the individual and all who come into regular close contact with them. In Sub Saharan Africa, where poverty is extreme, often the only form of capital that one owns is his or her labor. This may be in wage labor or in terms of actual agricultural production. If the infected individual is unable to work then the whole family suffers. In addition, there are few assets to be sold in order to buy medicine and seek medical care. Therefore, HIV/AIDS only creates further poverty and underdevelopment in households that already live in a precarious situation.

The high rate of HIV/AIDS infections may be due to several factors. Firstly, Sub-Saharan Africa is no stranger to violence and conflict, often at the hands of power hungry devious men who are not concerned with the welfare of their countrymen. During such conflicts, rape and sexual assault occur regularly, thus increasing the prevalence of the contraction of HIV/AIDS. In many situations such as in Gulu, Uganda, young girls are taken and used as sex slaves for male soldiers. Another factor is the high rate of disasters that take place resulting in the creation of refugee camps. Inside of these camps, life is removed from normal societal practices and statistics show a high rate of promiscuity and unprotected sex. Due to the lack of economic opportunities many young girls and women turn to prostitution in order to find a desired and/or required form of income. In refugee camps there is also large-scale sexual harassment and rape by both

[10] Barnett, Tony & Whiteside, Alan. (1999). ***HIV/AIDS in Africa: Implications for 'Development' and Policy***.

male inhabitants of the camp as well as by those that are responsible for protecting and caring for the displaced.

Finally, cultural and behavioral practices allow for the spread of HIV/AIDS, as many traditional practices do not take the risk of contracting the disease into consideration. Examples of such practices are wife inheritance, where the widow is inherited by her husband's brother in order to ensure that her provisions are met and that she has a place in society to belong. This practice has led to the spread of HIV/AIDS, as often the deceased husband may have died of the illness, after passing it on to his wife. Upon engaging in intercourse the brother will now contract HIV/AIDS and then go on to give it to his wife and perhaps other women unknowingly.

Another noted practice is Female Genital Mutilation (FGM), which removes either all or part of the clitoris. Often the tools that are used are old and perhaps contaminated with infected blood, thus causing the spread of HIV/AIDS. In addition, the practice closes off some of the vagina opening thus making intercourse painful. This may result in the vagina tearing and the creation of an open wound, thus increasing the chances of contracting the HIV virus.

Man Made Disasters through Armed Conflict

In the last 10 years the world has witnessed numerous civil wars and genocides that have left the international community wondering how man is capable of committing the atrocities that he has carried out. Sub-Saharan Africa has been witness to many of these

wars and remains the primary continent for man made armed conflict, resulting in high numbers of both dead and displaced people as well as the increase in underdevelopment and poverty. In 1996, 29 of the then 48 countries in Sub Saharan Africa were embroiled in some form of civil conflict.[11] Many of these conflicts, while perhaps simmering, are still carrying on today. By the end of 1996, these conflicts had created 6.2 million refugees and internally displaced people, 80% of who were women and children. This number represented a third of the world population of refugees and internally displaced.[12]

In recent years, conflict in Sub- Saharan Africa has changed its face slightly, in order to demonstrate an increase in regional and localized terrorism, through the kidnapping of children, in order to force them into becoming combatants and sex slaves. These conflicts are generally internal, with a high level of civilian casualties. They are started due to a strong difference in ideology between controlling governments and would be opposition leaders and are financed, by both sides, through the sale of national treasures and resources such as diamonds, gold, coltan, tin, timber, copper, cassiterite and oil.

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[11] Subbarao & Mattimore & Plangemann. (2001). ***Africa's orphans and Vulnerable Children: Issues and Good Practice Program Options***. World Bank Group. Retrieved on April 16, 2003, from http://www.worldbank.org/children/africa/projects/Conflict.pdf

[12] Subbarao & Mattimore & Plangemann. (2001). ***Africa's orphans and Vulnerable Children: Issues and Good Practice Program Options***. World Bank Group. Retrieved on April 16, 2003, from http://www.worldbank.org/children/africa/projects/Conflict.pdf

Table 2: Africa: War and Significant Lethal Violence, Bush-Clinton Administrations

Conflict State	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Algeria						c	c	c	c	c	c	d
Angola	c	c	c	c	c	c			a	a,c	c	c
Burundi			d	d	c	c	d	d	d	d	d	d
CAR								c				
Chad	c	c	d	d						a		d
Coromos											d	d
Congo (Brazzaville)									c	d	d	
CÙte d'Ivoire												d
Djibouti					c	c						
DRC (Zaire)								c	a,c	a,c	a,c	ac
Eritrea	b	b	b							a	a	a
Ethiopia	c	c	c							a	a	a
Guinea											d	d
Guinea-Bissau										c		d
Lesotho										a,d		
Liberia		c	c	c	c	d	c	c			d	d
Mali			e			d	d					
Mozambique	c	c	c									
Namibia	b									a	a	a
Niger						d	d					
Nigeria					e					e	e	e
Rwanda		c	c	c	c	c			a,d	a,d	a,d	a,d
Senegal									d	d	d	d
Sierra Leone			d	d	d	d	c	c	c	c	c	c
Somalia	c	c	c	c	c	c	c	c	d	d	d	d
South Africa	d	e	e	e	e							
Sudan	b	b	b	b	b	b	b	b	b	b	b	B
Uganda	d	d	d					d	a,d	a,d	a,d	Aad
Western Sahara	b	b	b									
Zimbabwe										a	a,e	a,e
Totals	11	12	15	10	11	11	8	9	12	19	19	22

a-interstate war
b-war for independence
c-high intensity internal conflict
d-low intensity internal conflict
e-major political or religious violence

Source: James Woods, Cohen and Woods International 2000

In 1998, the number of African States involved in severe armed conflict reduced to fourteen, however, this decrease still resulted in over half of the war related deaths world

wide, thus demonstrating the ferociousness of the remaining conflicts.[13] In 1999, the United Nations High Commission for Refugees (UNHCR) provided statistics that indicated that Sub-Saharan Africa was home to over 8 million internally displaced people and refugees, 70-80% of which were women and children. In addition, UNHCR statistics demonstrated that of all of the victims of conflict in Africa, 90% were civilian casualties.[14] While the number of countries involved in civil conflict has reduced, the tragic impact of these conflicts has escalated. This has catastrophic effects on the development of a nation and its people and must be addressed if basic development and poverty eradication is to be allowed to take place.

The U.S Department of State describes the situation as one that is able to continue due to arms transfers and trafficking of weapons, purchased through sale of valuable natural resources.[15] Many of these weapons are guns that have been left over from the Cold War and are eagerly sold off to willing buyers, as Africa is seen as the most accessible market available. By 2001, civil conflicts were on-going in Angola, Burundi, Chad, Cote d'Ivoire, DRC, Djibouti, Eritrea-Ethiopia, Guinea, Guinea-Bissau, Liberia, Nigeria-Cameroon, Republic of the Congo, Rwanda, Senegal, Sierra Leone, Somalia, Sudan, Uganda and Zimbabwe. The number has once again increased from 1999 and involves 21 countries, several of which have been on-going since the early 1990's. These

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[13] UNESCO. (1999). ***Women Organize for Peace and Non-Violence in Africa.*** A Pan-African Women's Conference on a Culture of Peace. UNESCO. Retrieved on April 13, 2003, from http://www.unesco.org/cpp/english.htm

[14] UNESCO. (1999). ***Women Organize for Peace and Non-Violence in Africa.*** A Pan-African Women's Conference on a Culture of Peace. UNESCO. Retrieved on April 13, 2003, from http://www.unesco.org/cpp/english.htm

[15] U.S. Department of State. (2001). ***Arms and Conflict in Africa.*** Fact Sheet. U.S. Department of State.

conflicts have resulted in between 7 and 8 million deaths, and more than 10 million internally displaced people and 3.5 million refugees.[16]

During the genocide in Rwanda in 1994, 800,000 people were slaughtered simply for either being a Tutsi or a Tutsi sympathizer, while the number of displaced people rose to 2 million within 100 days.[17] More than a half-million people fled their homes because of violence during the first nine months of 2001 in Central Africa and the Horn of Africa, according to analysis by the U.S. Committee for Refugees (USCR)[18] and over 250,000 people have been forced into fleeing due to extreme violence in the Democratic Republic of the Congo by October 2001.[19] The conflict in the DRC continues to carry on with increased ferocity, despite countless attempts to secure the required conditions for a cease fire agreement.

In Uganda, a country that boasts of being one of the most stable and developed in Africa, a civil war that began over ten years ago, is still alive and well. Over the last decade the conflict has claimed close to 10,000 lives and displaced over 580,000 people from their

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[16] U.S. Department of State. (2001). ***Arms and Conflict in Africa***. Fact Sheet. U.S. Department of State.

[17] Public Broadcasting System. (1999). ***The Triumph of Evil***. Retrieved October 12, 2002, from http://www.pbs.org/wgbh/pages/frontline/shows/evil/

[18] Drumtra, Jeff. (2001). ***More Than Half-Million Newly Uprooted People in Central Africa and Horn of Africa in 2001***. U.S. COMMITTEE FOR REFUGEES. Retrieved on April 15, 2003, from http://www.refugees.org/news/press_releases/2001/100301.cfm

[19] Drumtra, Jeff. (2001). ***More Than Half-Million Newly Uprooted People inCentral Africa and Horn of Africa in 2001***. U.S. COMMITTEE FOR REFUGEES. Retrieved on April 15, 2003, from http://www.refugees.org/news/press_releases/2001/100301.cfm

homes.[20] The conflict in Uganda is a particularly terrible one as the rebel group, The Lord's Resistance Army, targets children in Gulu, Northern Uganda. The group enters into villages, often under the cover of nightfall, and kidnaps small boys and girls as young as six years. They are then forced into being sex slaves and killers, advised that they themselves will be killed if they refuse. Statistics show that nearly 200,000 men, women and children have been forced from their homes at gunpoint and made to kill. Many of these children have been forced to kill their own parents as well as children who have attempted to escape.[21]

In Sierra Leone, the conflict between the Revolutionary United Front (RUF) and the government has proven to be one of the worst and most grotesque civil conflicts in the history of Africa. The violence has killed over 50,000 people and displaced a further 1 million according to the Human Rights Watch.[22] The RUF, like the LRA of Uganda, target children to use as soldiers and concubines and are equally guilty of monstrous acts and human rights abuses, and yet, the international community sat idle and allowed the atrocities to continue to occur. Fighting was supported by the Liberian government, who would have liked to see the Sierra Leonean government replaced with one that better suited its own ideology. Throughout both countries, rebels have demonstrated the tactic of entering into communities that are supposedly friendly with government forces, and

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[20] U.S. COMMITTEE FOR REFUGEES. (2001). ***Current Country Update: Uganda***. USCR. Retrieved on April 17, 2003, from http://www.refugees.org/world/countryrpt/africa/Mid_countryrpt01/uganda.htm

[21] U.S. COMMITTEE FOR REFUGEES. (2001). ***Current Country Update: Uganda***. USCR. Retrieved on April 17, 2003, from http://www.refugees.org/world/countryrpt/africa/Mid_countryrpt01/uganda.htm

[22] HRW. (2001). ***Government Human Rights Commissions in Africa: Sierra Leone***. Human Rights Watch. Retrieved on April 15, 2003, from http://www.hrw.org/reports/2001/africa/sierraleone/sierraleone.html

demanding to know whether they would prefer a "long sleeve", a "short sleeve" or no sleeve at all. By this, they are referring to the amount of appendage that will be hacked off by the rebels in order to teach the community residents a lesson. Sierra Leone and Liberia each remain, in modern times, home to hundreds of thousands of disfigured men, women and children, who have been savagely robbed of legs, arms, hands, ears, tongues and even eyes.

Sub-Saharan Africa remains an amazingly rich and diverse land, full of potential and human hope. While development work can continue to have an impact, even throughout terrible times of insecurity, it can not create the self sufficient, democratic, sustainable situation that it is mandated to do. Violence will continue to increase the spread of HIV/AIDS through rape and induced sexual intercourse, increase food insecurity as farmers, who must grow food in order to feed both their family as well as their respective country, will continue to be displaced, rob children of their youth, traumatizing them, thus affecting their personal development and, increase the destruction of rich natural resources, such as forests and wildlife, through various methods of weapons assault. Perhaps the greatest problem is the number of civilian lives that continue to be claimed, thus depleting the human resource bank of Sub-Saharan Africa. Civil conflict and violence against men, women and children must be addressed and stopped if Africa is to rise from its current unstable and insecure situation.

Food Insecurity

Hunger is one of the primary development problems facing the African continent today and nowhere in the world recognizes the tremendous rate of malnutrition and hunger related illnesses of Sub-Saharan Africa.[23] Agriculture is the foundation of most African economies, supporting over 70% of the population and contributing an average of 30% of gross domestic product.[24] When people fall ill or are devastated by man made conflict or natural disaster, this industry, this primary livelihood, is destroyed and food insecurity is allowed to set in. James Morris, Executive Director of the World Food Program, describes the hunger problem in Sub-Saharan Africa as being caused by "a lethal combination of recurring droughts, failed economic policies, civil war, and the widening impact of AIDS, which has damaged the food sector and the capacity of governments to respond to need."[25] The number of food insecure has risen to 38 million and continues to rise as drought, floods and civil wars continue to increase in occurrence.[26] That is to say, 38 million people face the fear of dying from starvation, in a continent that is rich enough in natural fertility and resources to meet all of its own food needs, while remaining with an enormous surplus to help feed the world.

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[23] USAID. (2003). ***USAID Managed Administration Initiative to End Hunger in Africa***. USAID Office of Sustainable Development. Retrieved on April 17, 2003, from http://www.afr-sd.org/Agriculture/Aginitiative.htm

[24] USAID. (2003*). **African Food Crisis***. U.S. Agency for International Development. Retrieved on April 17, 2003, from http://www.usaid.gov/about/hornofafrica

[25] Morris, James. (April 7, 2003). ***Africa's Food Crisis as a Threat to Peace and Security***. WFP. Statement to the United Nations Security Council.

[26] WFP. (2002). ***Africa Hunger Alert Campaign Begins***. World Food Programme. Retrieved on April 17, 2003, from http://www.reliefweb.int/w/rwb.nsf/6686...25789ab26185256c91006d0fac?

The region of Southern Africa has received over 620,000 tons of emergency food aid, which is feeding over 10 million people regionally, while the situation in the Horn of Africa appears increasingly grim.[27] In Ethiopia, over 11 million people currently require emergency food aid while in Eritrea, 2 out of every 3 people are food insecure and on the brink of starvation.[28] While civil conflict has added to the food insecurity of the region, it is said, according to the World Food Program, to be primarily a problem with long term and reoccurring drought that continues to create food insecurity. In the Sudan, after years of drought and civil war, it is estimated that 3.5 million people require 230,000 tones of food aid and in Uganda, 1.5 million people are living on little else than emergency food aid, as civil war in northern Uganda has forced them from their farms, perpetuating food insecurity.[29] In Zimbabwe, once the "bread basket" of Africa, 10.3 million people are in need of emergency food due to a disastrous drought that is destabilizing the region.[30] In addition, under President Robert Mugabe's racist land scheme, large areas of land that once supplied much of the food found in local Zimbabwe markets as well as employment for tens of thousands of people are no longer available.

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[27] Morris, James. (April 7, 2003). ***Africa's Food Crisis as a Threat to Peace and Security***. WFP. Statement to the United Nations Security Council.

[28] Morris, James. (April 7, 2003). ***Africa's Food Crisis as a Threat to Peace and Security***. WFP. Statement to the United Nations Security Council.

[29] FAO. (2003). ***Many Countries Throughout the World Face Food Emergencies***. Food and Agriculture Organization of the United Nations. Retrieved on April 17, 2003, from http://www.fao.org/docrep/005/ac859e/ac859e04.htm

[30] FAO. (2003). ***Many Countries Throughout the World Face Food Emergencies***. Food and Agriculture Organization of the United Nations. Retrieved on April 17, 2003, from http://www.fao.org/docrep/005/ac859e/ac859e04.htm

Worldwide, hunger is annually responsible for the death of over 6 million children under the age of five years, while hunger related diseases kill, on average, 11 million children annually.[31] The four biggest killers of children in Sub-Saharan Africa are all brought on by hunger and malnutrition. These are diarrhea, acute respiratory illness, malaria and measles. Together these diseases account for almost half of all deaths among children under the age of five in the world. According to the FAO, a vast majority of these deaths are in Sub-Saharan Africa, specifically in countries such as the Democratic Republic of the Congo (DRC) that have undergone civil war.[32] (See Table #2) Tens of millions of lives continue to be lost and destroyed needlessly. Sub-Saharan Africa will not be able to gain independence from handouts and emergency food aid until the issues related to food security are properly understood and addressed.

Poverty

The issue of poverty is probably the single most important issue causing the underdevelopment of Sub-Saharan Africa today. The development gap is growing wider between the rich and the poor countries, leaving such continents as Africa and Asia behind in development and poverty alleviation. The United National Development Programme states that 1.3 billion people live in poverty worldwide and that poverty is most widespread in Sub-Saharan Africa, where 40%[33] of the population live under the

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[31] FAO. (2002). ***The State of Food Insecurity in the World***. FAO 2002 Report.

[32] FAO. (2002). ***The State of Food Insecurity in the World***. FAO 2002 Report.

[33] Rasmussen, Roland. (2002). ***Facts and Main Issues of the Summit***. GlobalEyes. Retrieved on April 16, 2003, from http://manila.djh.dk/global/stories/storyReader$39

poverty line, earning less than $1 a day.[34] In addition, half of the continent's population has no access to safe drinking water and over 2 million infants die annually before reaching their first birthday.[35] In 1999, the recorded number of poor in Sub-Saharan Africa rose to over 300 million and has been predicted to continue to rise to an astounding 345 million by 2015.[36] According to the World Bank, Africa is still highly dependant on commodity exports as well as continuing to experience high degrees of political and economic instability, leading to its current state of poverty.

Poverty affects both quality and duration of life, often causing early death due to treatable illnesses and HIV/AIDS. In Sub-Saharan Africa, life expectancy declined during the 1990's from 50 to 47 years and continues to decrease as HIV/AIDS and food insecurity increase.[37] In several African countries, the life expectancy is around 30 years of age.[38] The World Bank describes the high rate of early death as being largely due to a high infant mortality rate - 91 per 1000 live births with HIV/AIDS, as the leading cause of death.[39] In addition, Sub-Saharan Africa has the lowest average primary school completion rate in the entire world and much of the necessary infrastructure has either

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[34] FAO. (2003). ***The State of Food Insecurity in the World 2003 Report***. Food and Agriculture Organization of the United Nations.

[35] UNDP. (2002). ***The Primacy of Pro-Poor Policies for Growth***. United National Development Programme. Retrieved on April 17, from http://wwwundp.org/rba/poverty.html

[36] World Bank Group. ***Sub-Saharan Africa: Millennium Development Goals***. World Bank Group. Retrieved on April 17, 2003, from http://www.developmentgoals.org/Sub-Saharan_Africa.htm

[37] World Bank Group. ***Sub-Saharan Africa: Millennium Development Goals***. World Bank Group. Retrieved on April 17, 2003, from http://www.developmentgoals.org/Sub-Saharan_Africa.htm

[38] World Bank Group. ***Sub-Saharan Africa: Millennium Development Goals***. World Bank Group. Retrieved on April 17, 2003, from http://www.developmentgoals.org/Sub-Saharan_Africa.htm

[39] World Bank Group. ***Sub-Saharan Africa: Millennium Development Goals***. World Bank Group. Retrieved on April 17, 2003, from http://www.developmentgoals.org/Sub-Saharan_Africa.htm

not been established or not maintained. Only 12% of the roads in Africa are paved and only 3% of the population has access to a telephone line or a mobile phone.[40] This makes it very difficult for people to receive emergency attention when necessary as well as find access to local markets to buy or sell food crops or to clinics for medical care.

Education is another important factor that continues the plague of poverty in Sub-Saharan Africa. Recent statistics indicate that 125 million children worldwide are not attending school, most of them girls and from Sub-Saharan Africa.[41] In Mali the average child attends school for a total of three years of his or her life, while the average Western child is in school for between fifteen and seventeen years.[42] In Africa, over half of the continent's children do not attend either primary or secondary school and of those who do, many drop out before completion. These children, according to the Guardian, are joining the large number of the world's illiterate.[43]

Education is the way forward according to many UN agencies, donor agencies and international NGOs. Illiteracy is a chief component in the poverty equation and by removing ignorance and replacing it with literacy and knowledge, poverty will be a

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[40] World Bank Group. ***Sub-Saharan Africa: Millennium Development Goals***. World Bank Group. Retrieved on April 17, 2003, from http://www.developmentgoals.org/Sub-Saharan_Africa.htm

[41] Denny, Charlotte & Brown, Paul & Radford, Tim. (August 22, 2002). ***The Shackles of Poverty***. Guardian Limited. Retrieved on April 16, 2003, from http://www.guardian.co.uk/worldsummit2002/earth/story/0,12342,777975,00.html

[42] Denny, Charlotte & Brown, Paul & Radford, Tim. (August 22, 2002). ***The Shackles of Poverty***. Guardian Limited. Retrieved on April 16, 2003, from http://www.guardian.co.uk/worldsummit2002/earth/story/0,12342,777975,00.html

[43] Denny, Charlotte & Brown, Paul & Radford, Tim. (August 22, 2002). ***The Shackles of Poverty***. Guardian Limited. Retrieved on April 16, 2003, from http://www.guardian.co.uk/worldsummit2002/earth/story/0,12342,777975,00.html

thing of the past. However, struggling African governments, strapped for cash, often reduce State spending in social areas such as health care and education, forcing both hospitals and schools to charge user fees for their services. Therefore, even the small sum required is often too much for those that are already desperately poor. It has been shown that in countries where education is free, children are eager and ready to attend lessons, often surpassing the classroom capacity. In 1996, school enrollment in Uganda doubled after the government removed school fees.[44] However, HIV/AIDS has continued to deal a severe blow to education systems in Sub-Saharan Africa as teachers are dying of the disease at alarming rates and are not able to be properly replaced. In Zambia, teachers colleges are not able to produce enough teachers annually in order to fill the gap created by those that pass away.[45]

Canadian International Development Agency (CIDA) and International Development

The Canadian government has, for quite some years, been active in development issues facing Sub-Saharan Africa, publicly professing to be committed to the eradication of poverty and despair on the "dark continent". CIDA's foreign policy statement states that "The Purpose of Canada's ODA is to support sustainable development in developing countries, in order to reduce poverty and to contribute to a more secure, equitable and

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[44] Denny, Charlotte & Brown, Paul & Radford, Tim. (August 22, 2002). ***The Shackles of Poverty***. Guardian Limited. Retrieved on April 16, 2003, from http://www.guardian.co.uk/worldsummit2002/earth/story/0,12342,777975,00.html

[45] Denny, Charlotte & Brown, Paul & Radford, Tim. (August 22, 2002). ***The Shackles of Poverty***. Guardian Limited. Retrieved on April 16, 2003, from http://www.guardian.co.uk/worldsummit2002/earth/story/0,12342,777975,00.html

prosperous world."[46] In 1995, Canada's foreign policy set out six main priorities for development programming that CIDA believed to be essential for long-term development. These were, basic human needs such as health and basic education, gender equality, infrastructure services, human rights, democracy and good governance, private sector development and environmental issues.[47] In 2000, with the launch of CIDA's Social Development Priorities: Framework for Action, came a refocus that narrowed in on programming that centered on social development. CIDA refined its focus to work within four key areas: health and nutrition, HIV/AIDS, basic education and child protection, with gender equality an integral part of all of the key areas.[48]

As a result, CIDA has committed a substantial increase in funding to each of the four areas. Recently, CIDA indicated that it would provide $305 million annually until the year 2005 for health and nutrition programs, including food security initiatives, while $270 million has been earmarked over a five year period for combating HIV/AIDS, $122 million over a five year period for child protection, specifically against armed conflict and $555 million over a period of five years for basic education. Much of this money will be used in Sub-Saharan Africa and reflects a high degree of commitment by the Canadian government to work with African leaders in the addressing of the continent's needs. In addition, the Prime Minister announced in June 2002 that the

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[46] CIDA. (1996). ***CIDA's Policy on Poverty Reducation***. CIDA Homepage. Retrieved on April 19, 2003, from http://www.acdi-cida.gc.ca/africa-e.htm

[47] CIDA. (2002). ***Canada Making a Difference in the World: A Policy Statement on Strengthening Aid Effectiveness***. CIDA, pp.13.

[48] CIDA. (2002). ***Canada Making a Difference in the World: A Policy Statement on Strengthening Aid Effectiveness***. CIDA, pp.13.

government will add an extra $100 million to its spending on basic education in Africa by 2005.[49]

CIDA and Sub-Saharan Africa

As the world begins to focus its attention on starving children in Africa, orphaned due to the spread of the AIDS virus and the reality of genocide and constant civil conflict that results in mass displacement and death, the Canadian International Development Agency seeks to lend a greater hand. In 2001, at the G8 summit in Genoa, African leaders presented, to the G8 nation heads, "a clear articulation of their commitment to positive change in the form of a plan to promote stability, reduce poverty, and end Africa's marginalization."[50] This has become known as the New Partnership for Africa's Development (NEPAD).

G8 countries, acting on the lead of Canadian Prime Minister, Jean Chrétien, formed what was to be known as, the African Action Plan. This plan details how the eight most wealthy and powerful nations in the world will work with the plan presented to them by the African leaders during the G8 summit. The plan, approved in June 2002 at a summit in Kananaskis, seeks to put into place a new partnership between the G8 countries and African nations that will result in the provision of greater financial and technical resources – both public and private – over a long term period. The Action Plan

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[49] CIDA. (2002). ***Canada Making a Difference in the World: A Policy Statement on Strengthening Aid Effectiveness***. CIDA, pp.13-14.

[50] CIDA. (2002). ***Canada Making a Difference in the World: A Policy Statement on Strengthening Aid Effectiveness***. CIDA, pp. 24.

encourages partnership between Southern nations, other donors and both the private and public sectors.

In practical measures, G8 countries have agreed that of all new development funding, at least half must be directed toward programmes in Sub-Saharan Africa and specifically, African nations that clearly support NEPAD's principles. Special focus will continue to be placed on nations that display a practical commitment to policy reform and democracy and good governance.[51] In total, Canada has allotted 6 billion dollars over a period of five years toward the development initiatives that were agreed on by the G8 leaders at Kananaskis in 2002.[52] In order to deliver these programmes, CIDA will work with a wide range of Canadian and international partners, many of which will be international non-governmental organizations (INGOs). CARE Canada has been, and will surely continue to be, one of CIDA's key partners in implementing the Agency's agreement in Sub-Saharan Africa.

New Partnership for Africa's Development (NEPAD)

NEPAD originated as a merger of the Millennium Partnership for Africa's Recovery Programme (MAP) and the Omega Plan, which was finalized on July 3, 2001. Out of the merger the New African Initiative (NAI) was born and finally given approval by the Heads of State at an OAU Summit on July 11, 2001. This in turn formed what is now

[51] CIDA. (2002). ***Canada Making a Difference in the World: A Policy Statement on Strengthening Aid Effectiveness***. CIDA, pp.25.

[52] CIDA. (2002). ***Canada Making a Difference in the World: A Policy Statement on Strengthening Aid Effectiveness***. CIDA, pp.27.

known as the New Partnership for Africa's Development (NEPAD).[53] In actual fact, the ideas and planning proposed in NEPAD originated from ideas that were drawn up separately by South African President, Thabo Mbeki, Nigerian President Obasanjo and Senegalese President Abdoulaye Wade.[54]

NEPAD is described as a holistic, comprehensive strategic framework for the socioeconomic development of Africa. It is a plan that seeks to address key social, economic and political priorities in a coherent and balanced manner, through a new partnership with both the developing and developed world. According to Angola's foreign minister, Joao Bernardo de Miranda, "NEPAD reflects the determination of African governments to resolve the problem of economic backwardness, poverty and social exclusion."[55] In other words, it is a strategic plan for moving Africa from its desperate position of poverty and human despair to a position of self-sufficiency and development.

NEPAD's goals are to promote accelerated growth and sustainable development, to eradicate widespread and severe poverty and to halt the marginalization of Africa in the globalization process.[56] Specifically, NEPAD aims for a real GDP growth rate of over 7% per annum, reduction of the people living in poverty by half by 2015, 100% primary

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[53] NEPAD. (2001). ***The New Partnership for Africa's Development: In Brief***. NEPAD Document.

[54] BBC. (September 16, 2002). ***UN Target Africa's Poverty***. BBC News. Retrieved on April 17, 2003, from http://news.bbc.co.uk/2/hi/business/2261072.stm

[55] BBC. (September 16, 2002). ***UN Target Africa's Poverty***. BBC News. Retrieved on April 17, 2003, from http://news.bbc.co.uk/2/hi/business/2261072.stm

[56] NEPAD. (2001). ***The New Partnership for Africa's Development: In Brief***. NEPAD Document.

school enrollment by 2015, elimination of gender disparities in primary and secondary enrollment by 2005, reduction of infant mortality rates by two-thirds and maternal mortality by three quarters by 2015, full access to reproductive health services by 2015 and a halt to the spread of HIV/AIDS, malaria and other major diseases by 2005.[57] These goals have been accepted by G8 leaders and, development agencies such as CIDA, have expressed a commitment to partnering with NEPAD in the meeting of its plans, goals and principles. However, as magnificent as these goals sound, are they realistic and achievable? Can they truly be met and if not, are they not simply creating more disillusionment and despair for a continent already too over burdened?

NEPAD certainly appears to be indicative of Africa's leaders' "new political will" to become more democratic and participatory in addressing of their continent's development needs. Time will tell what impact their "new" plan has on the enormous situation facing Sub-Saharan Africa and the commitments made by African governments, G8 governments such as Canada and their partners.

[57] Loxley, John. (2002). ***Imperialism and Economic Reform in Africa: What's New About the New Partnership for Africa's Development (NEPAD)***. University of Manitoba. Working Paper.

Section III
CARE Canada

Organizational History

CARE Canada was established in 1946 as part of an international network to bring emergency relief to the people of Europe following World War II. The popular phrase "care package" actually originated with the work of CARE Canada as Canadians responded to the desperate needs of post war Europe by sending "CARE packages", which were in effect, food parcels.[58] As the continent of Europe began to recover from the effects of war, CARE Canada began to focus its programmes in the continents of Asia, Africa and the Americas. CARE packages continued to be a key part of CARE Canada's thrust to help the needy, however, the contents expanded to include farm tools, school supplies and medicines. With time, the packages generally opened the way for longer term development projects designed to "promote the ability of people to help themselves."[59]

Until 1977, the development, implementation and management of all CARE overseas projects resided in CARE USA's headquarters in New York, however, that year witnessed CARE Canada formally being incorporated, after which the organization

[58] CARE Canada. (2003). ***Human Resources Policies and Procedures***. CARE Canada.

[59] CARE Canada. (2003). ***Human Resources Policies and Procedures***. CARE Canada.

became a fully autonomous agency with its own budget, programming and independent Board of Directors. [60] This was a gigantic achievement for the organization.

CARE Canada's commitment to humanitarian assistance continues to this day, and is complimented by a broad range of long term development programmes in water and community health, agro forestry and conservation, and small enterprise and income generation.[61] CARE Canada manages over a hundred million Canadian dollars every year through programme and project implementation, management and evaluation in over 23 countries around the world.[62] In 2003, CARE Canada reached its highest budget to date – that of one hundred and seventy-eight million dollars.

CARE International Federation

CARE International was formally created in 1982 by CARE USA, CARE Canada and CARE Germany. Since that time, CARE International have evolved into a Federation of 12 national members, including Australia, Austria, Canada, Denmark, Japan, France, Germany, Netherlands, Norway, Thailand, the United Kingdom and the United States.[63] Brazil will be officially joining the CARE Federation in late 2003. Each CARE has its

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[60] CARE Canada. (2003). ***Human Resources Policies and Procedures***. CARE Canada.

[61] CARE. (2002). ***About CARE Canada***. CARE Canada Homepage. Retrieved on April 22, 2003, from http://care.ca/info/abt_e.shtm

[62] CARE Canada. (2003). ***Human Resources Policies and Procedures***. CARE Canada.

[63] CARE Canada. (2003). ***Human Resources Policies and Procedures***. CARE Canada.

own voluntary national Board of Directors.[64] From Brussels, the current headquarters for CARE International, the organization coordinates the resources provided by its members, providing a united operations approach in all developing countries, ensuring that all CARE projects are coordinated and managed effectively.

In the CARE International Federation there are those members who are considered Lead Members and those that work with the Lead Members to support and manage CARE International's development initiatives. CARE International defines a Lead Member as the national member of CARE International that is designated by CARE International as having the ultimate authority for the work of CARE International in the given host country. When there are other CARE members providing financial support to a given country office, the member providing the largest portion of the life-of-project budget is to be considered the principal project partner for that particular project, yet the Lead Member maintains the authority and responsibility over the given CARE country office.

The Lead Member is responsible for advising the Country Director of the given CARE country office, who is in turn, responsible to report back to CARE International. In addition, in matters of funding, the Lead Member is responsible for liaisoning with the government bilateral donor of its respective country. However, the CARE country office is still responsible for raising funding outside of the support that originates directly from the Lead Member. In the case of CARE Canada and Kenya, CARE Canada is expected to work with CIDA in order to access funding required for projects implemented in

[64] CARE Canada. (2003). ***Human Resources Policies and Procedures***. CARE Canada.

Kenya and supported by CARE Canada. However, CARE Kenya maintains projects that are funded by other donors such as USAID and DFID, as well as a host of others. In this case, it is the responsibility of the CARE country office to negotiate contracts with other CARE International members. However, while it is seldom exercised, the Lead Member maintains the right to intervene and refuse a project if the Lead Member deems that it is in the best interest of the CARE country office to do so. If a project is refused, it is the responsibility of the CARE country office to notify the CARE International member who is proposing funding, yet, often the Lead Member is the office to actually inform the proposing member.

In regards to multilateral donors, the Lead Member is not able to access funding from a donor nation where there exists another CARE International member. If funding is desired, the CARE country office would be expected to contact the appropriate CARE member (e.g. CARE UK for DFID funding) in order to access funds from their donor. If funding is provided, the CARE member, in this example, CARE UK would sign a contract with the donor, DFID and the CARE country office would then act as the implementing arm of the project. The CARE country office would then sign a Memorandum of Understanding (MOU) with CARE UK. The agreement is known as a Project Implementation Agreement (PIA).

Within the CARE International system, all CARE country office Country Directors are responsible for the multi year programme direction of their respective country office. This planning is to be done in accordance with CARE International guidelines and is required to be submitted to the Lead Member for approval. Upon approval, the Lead

Member is responsible for the submission of these said plans to the CARE International Secretariat.

In general, the Lead Member maintains a great deal of responsibility as they are responsible for the assurance that the CARE country office receives required project management support, fund raising support and technical expertise as required as well as the assurance that proper monitoring and evaluation is carried out. This evaluation, in the form of reports is to be kept in case the CARE International Secretariat should request its viewing at a future date.

Country Office Staffing and Management

In accordance with CARE International guidelines all Country Directors and senior staff are personally selected by the Lead Member. However, international positions that are vacant must be advertised to all CI members and all proposed candidates (by members) will be given equal consideration by both the Lead Member and the country office.

On behalf of CARE International, the Lead Member provides overall supervision to the Country Director while ensuring that the CARE country office has appropriate human resource policies and procedures in place and that they are being implemented. In some cases, the Lead Member may act as employer for expatriate staff, while in other cases, staff may be seconded from other National CARE offices. In this case, they will remain an employee of the office that seconded them.

Financial Management

As with all other aspects of support and management, the Lead Member plays a large role in the financial support of the CARE country office and is responsible for reviewing the country office's annual budget, as well as any and all other financial matters that are appropriate such as providing approval on budgetary issues and financial planning. In a situation where a CARE member which is not the Lead Member proposes funding for a project, it is the responsibility of the CARE country office and the proposing CARE member to secure the transfer of said funds to the CARE country office. In a situation where the proposing CARE member does not provide promised funds, the Lead Member maintains the authority to end the said project.[65]

As stated above, the Lead Member is personally responsible for the approval of the CARE country office's annual budget and thus must decide whether the country office is able to meet its suggested annual budget. The budget is generally broken into two sections. The first section is a list of projects that are already confirmed and therefore, guaranteed to bring in funding. The second section is called the Pipeline and is a listing of potential funding sources and their chance of being supplied. Technically, it is through these two documents that the Lead Member decides how best to advise the CARE country office, however, in general, Country Directors of CARE country offices are expected to manage the country office's financial planning appropriately and are trusted to ensure that financial forecasting is realistic.

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[65] CARE International. (2001). ***The CARE International Code.*** CARE Handbook.

Conflict Resolution between Members

Should a conflict arise between a CARE country office and a CARE member around an area such as finances, design, programming, and/or administration, it is up to the Lead Member to monitor all such disputes. If the country office is not able to resolve the conflict, the Lead Member is responsible to intervene on their part, directly discussing the issue of dispute with the CARE member involved. In the event that the dispute can still not be resolved, the matter must be addressed by the appropriate body within CARE International. In addition, any conflict that arises between Lead Members but which can not be resolved between the conflicting members can be brought to the attention of CARE International.[66]

CARE Canada Organizational Vision

CARE Canada seeks a world of hope, tolerance and social justice, where poverty has been overcome and people live in dignity and security. The organization's vision continues that CARE Canada will be a global force and a partner of choice within a worldwide movement dedicated to ending poverty. CARE Canada will be known everywhere for their unshakable commitment to the dignity of people.[67]

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[66] CARE International. (2001). ***The CARE International Code***. CARE Handbook.

[67] CARE. (2002). ***About CARE Canada***. CARE Canada Homepage. Retrieved on April 22, 2003, from http://care.ca/info/abt_e.shtm

CARE Canada Organizational Mission

CARE Canada's mission is to serve individuals and families in the poorest communities in the world. Drawing strength from global diversity, resources and experience, CARE Canada promotes innovative solutions and are advocates for global responsibility. CARE Canada seeks to facilitate lasting change by:

- Strengthening capacity for self-help;
- Influencing policy decisions at all levels;
- Providing economic opportunity;
- Addressing discrimination in all its forms;
- Delivering relief in emergencies.

Guided by the aspirations of local communities, CARE Canada pursues its mission with both excellence and compassion, because as an organization, CARE Canada sincerely believes that the people whom they serve deserve nothing less.[68]

Organizational Make-up and Structure

CARE Canada is involved in both short term and long term development programs that seek to partner with communities in order to a achieve a common goal of improving the community's standard of living, ensuring that the needs of the most vulnerable members of society are met. Often, CARE Canada does this through responding to emergency humanitarian crisis's such as civil conflict or drought. This response is often, when possible, coordinated through a CARE country office. In addition, non emergency

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[68] CARE. (2002). ***About CARE Canada***. CARE Canada Homepage. Retrieved on April 22, 2003, from http://care.ca/info/abt_e.shtm

programming is also coordinated through country offices and managed directly by the country office in question, with the support of the designated Lead Member. As an example, in the case of Zimbabwe during the recent drought to hit Southern Africa, CARE Canada coordinated efforts directly through CARE Zimbabwe in order to ensure sustainability and appropriateness in programming. Many of the projects that CARE Zimbabwe is managing today are directly supported by CARE Canada.

CARE Canada has developed a strong reputation among international governments as well as the Canadian International Development Agency (CIDA) and the United Nations and is continually sought for advice on both technical and programming issues. CARE's reputation is based on "community-based programmes, built on community participation and solid research and design, an ability to respond quickly to raise resources, equipment, and personnel a skilled workforce with knowledge and experience of the special circumstances that prevail in states emerging from social and ethnic conflict."[69]

CARE International works throughout the world in seventy different countries and is made up of twelve different donor country offices.[70] CARE Canada is a member of the CARE International Federation and is one of the most respected members of the Federation and itself works as Lead Member in Albania, Bosnia-Herzegovina, Cameroon, Cuba, East Timor, Indonesia, Colombia, Jamaica, Kenya, Zambia and Zimbabwe. CARE Canada also operates projects in thirty-four additional countries.

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[69] CARE. (2002). ***About CARE Canada***. CARE Canada Homepage. Retrieved on April 22, 2003, from http://care.ca/info/abt_e.shtm

[70] CARE. (2002). ***About CARE Canada***. CARE Canada Homepage. Retrieved on April 22, 2003, from http://care.ca/info/abt_e.shtm

CARE Canada is staffed by a diverse group of people who stem from even more diverse backgrounds. The office is represented by a wide range of nationalities ranging from Kenyan to Pakistani and is made up of an equal number of men and women. Overseas programming is the responsibility of the Overseas Operations Unit, which is made up of approximately twenty-five employees. CARE Canada has a thriving communications and marketing team as well as a very experienced group of people working in the Finance Department. The organization is governed by a Board of Directors which requires a minimum of eight to twenty-four people at all times, but actually maintains approximately seventeen to twenty members on a regular basis. The Board is responsible for working with senior CARE Canada staff and Board appointed committees on the formation of strategic planning for the organization and is responsible for the final approval, rejection or provision of feedback on any strategic direction proposed. The approval of the Board must be provided in order for anything to be implemented as corporate policy. The Board meets four times annually and is composed of volunteer directors. CARE Canada's governance practice includes two types of committees[71]:

- Principal Committees: Executive, Finance and Audit, Program, Marketing
- Other Committees: Human resources, Government Relations, Nominations and Organization, Strategic Planning

Policy Formation

Projects and programmes that are carried out by country offices such as CARE Kenya are both designed and owned by the CARE country office in question. CARE Canada

[71] CARE Canada. (2001-2002). ***CARE Canada Board Committee Structure***. CARE Canada Guidelines.

can and often does, approach country offices, in order to advise them on issues that CARE Canada or the Canadian International Development Agency (CIDA) would like to have greater involvement in addressing, yet, the Lead Member generally allows a good deal of decision making to be made by the CARE country office in question. In the case that a CARE country office would differ with the Lead Member over specific policy formation or in the strategic direction that the country office should head, a compromise is always attempted between the two parties. However, the final decision remains with the Lead Member.

It is the responsibility of the CARE country office to formulate strategic planning, which is formed with input from the Lead Member. This planning should detail the direction that the country office wishes to move in its own development as part of the CARE International Federation as well as its developmental vision for the country under its responsibility. All operational planning is again, carried out by the CARE country office, with oversight from the Lead Member who maintains full decision making powers.

CARE Canada's Projects in Sub-Saharan Africa

CARE Canada, as with most organizations, seeks to center its work on specific areas of expertise that it believes, if done properly, will further its mission. These are basic social services, economic empowerment, civil society strengthening and disaster response. Basic social services include provision of essential health care and nutrition, safe drinking water and sanitation, literacy and basic and adult education and housing, and all other elements that are required for what CARE defines as livelihood security.

Economic empowerment refers to a household's need for income and food security. This type of project includes activities that increase food production and availability and/or household income. Civil society strengthening projects seek to ensure a genuine participation by groups or communities in the building of a strong social framework. CARE Canada seeks to empower the powerless, giving them a voice and ensuring genuine equality.

Emergency & Commodity Supply type projects are those that seek to address immediate human suffering, due to either a man made or natural disaster. These projects are short term and require a high degree of experience and immediacy. CARE Canada provides food, basic health care, temporary shelter, seeds and tools, and support for rehabilitation activities to millions of people affected by disaster (natural and man-made) every year. These projects are subject to change without notice. For a list of CARE Canada grant funded projects from 2001 to 2003 see Table #7.

Section Four
Country Case Study: Kenya

Introduction and Rationale

In a continent as diverse and unique as Africa, there are many countries that could be used as an ideal example of a nation that possesses both magnificent natural resources and yet, tremendous under development and poverty. I chose Kenya due to several key factors. First of all, CARE Canada works directly with CARE Kenya in the role of Lead Member, thus enabling me to study projects that demonstrate CARE Canada's commitment as well as historical involvement and background. CARE Canada staff are aware of the unique and fragile Kenyan situation, both at the macro and micro level and therefore, can provide vital insights into the country needs of Kenya as well as explanations for past and present choices in programming.

Secondly, Kenya has proven to be one of the most stable and successful countries within Sub-Saharan Africa and has been and should continue to be used as a model for other African countries. Regionally, East Africa knows of no other country as financially and/or humanly secure as Kenya. While there have been outbreaks of civil conflict in Kenya, compared to Uganda, Somalia and the Sudan, the impact on both civilians and the economy has been minor. According to the USAID, Kenya "is the linchpin of eastern African stability and security."[72]

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[72] USAID. (2002). ***2002 Annual Report Data for Kenya***. USAID Annual Report 2002. Retrieved on April 25, 2003, from http://www.dec.org/partners/ardb/index.cfm?fuseaction=ouPage.start&countrycd=615

Kenya possesses enormous natural resources in its diverse wildlife, open plains and rich forests, as well as its 536 km of beautiful ocean shoreline[73] and numerous lakes and rivers. Kenya also possesses extremely fertile soil from which tea and coffee are abundantly produced. Kenya is home to the United Nations Environmental Program (UNEP) as well as being one of the main bases in Africa for the United Nations Development Program (UNDP), the United Nations Children's Fund (UNICEF) and hundreds of international non governmental organizations (INGO). In addition, following twenty-four years of corrupt rule by President Daniel Arap Moi, Kenya elected a new president in December 2002, who declares his commitment to improving the living situation in Kenya and reducing both poverty and under development.

However, Kenya remains home to 209,700 refugees and, as of 2001, received food aid for over four million people.[74] HIV/AIDS is rising, especially in Western province and gender issues continue to create conflict internally, as women's groups attempt to push for a new constitution that allows for greater gender equality. Political corruption has provided Kenya with a black eye in the international donor circle and natural disasters such as droughts and floods continue to be regular occurrences. All of the above has resulted in Kenya ranking as number 146 in the most recent Human Development Index report of 2003.[75]

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[73] CIA Fact Book. (2002). ***Kenya Information***. CIA Fact Book 2002. Retrieved on April 12, 2003, from http://www.cia.gov/cia/publications/factbook/geos/ke.html

[74] WFP. (2003). ***Facts and Figures***. WFP Homepage. Retrieved on March 31, 2003, from http://www.wfp.org/index.asp?section=1

[75] Human Development Index. (2003). ***Kenya***. Retrieved on September 8, 2003, from http://www.undp.org/hdr2003/indicator/cty_f_KEN.html

Kenya provides a good example of a Sub-Saharan African country that has great potential to succeed in its search for development, yet, has remained mired in the circle of poverty and underdevelopment. Finally, since the early twentieth century Kenya has been favored by international missionary organizations, international businesses, the United Nations and international development agencies and non governmental organizations as a preferred country in which to invest available resources. As Kenya maintains a long history of outside programming and influence, it is believed that Kenya provides the ideal country case study for this practicum project.

Statistical Information

Kenya is located in Eastern Africa, directly south of Somalia and the Sudan, to the north of Tanzania and to the east of Uganda. In the eastern part of the country sits 536 km of sandy beach that attracts millions of tourists annually from all parts of the world. The capital of Kenya is Nairobi and the second largest urban location is the coastal town of Mombasa. The climate varies from tropical along the coast to arid in the interior. Kenya is characterized by wide open stretches of low plains but also maintains very fertile central highlands, a fertile plateau in the Western part of the country and is most famous for the Great Rift Valley. Its natural resources include gold, limestone, soda ash, salt barites, rubies, fluorspar, garnets, hydropower and an incredible variety of wildlife.[76]

[76] CIA Fact Book. (2002). ***Kenya Information***. CIA Fact Book 2002. Retrieved on April 12, 2003, from http://www.cia.gov/cia/publications/factbook/geos/ke.html

In 2002, the population of Kenya rose to an astounding 31, 292, 000 people;[77] 41.1% being between the years of 0-14, 56.1% being between 15-64 years and 2.8% being over 65 years old.[78] The population growth rate is 1.15%, while the death rate is 14.68 deaths out of every 1000 people in the population.[79] Many of these deaths are attributed to HIV/AIDS, as the HIV/AIDS prevalence rate is 13.5%[80] and according to UNAIDS, continuing to grow. That is to say, that an estimated seven hundred Kenyans are dying daily due to HIV/AIDS.[81]

The national languages in Kenya are Kiswahili and English, with the majority of education being provided in English. Kenya is home to over forty-five tribes as well as whites, Asians and Arabs. The Wakikuyu are the largest tribe (22%) followed by the Baluhya (14%) and the Jaluo (13%).[82] The majority of Kenyans are very religious people, with 45% claiming to be Protestant, 33% Catholic, 10% Muslim (mainly found on the coast and north eastern parts of the country) and 10% still practicing primarily traditional indigenous beliefs.[83]

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[77] WHO. (2003). ***Country Information: Kenya***. World Health Organization. Retrieved on April 25, 2003, from http://www.who.int/country/ken/en/

[78] CIA Fact Book. (2002). ***Kenya Information***. CIA Fact Book 2002. Retrieved on April 12, 2003, from http://www.cia.gov/cia/publications/factbook/geos/ke.html

[79] CIA Fact Book. (2002). ***Kenya Information***. CIA Fact Book 2002. Retrieved on April 12, 2003, from http://www.cia.gov/cia/publications/factbook/geos/ke.html

[80] CIA Fact Book. (2002). ***Kenya Information***. CIA Fact Book 2002. Retrieved on April 12, 2003, from http://www.cia.gov/cia/publications/factbook/geos/ke.html

[81] World Vision Canada. ***Kenya: Country Program***. WVC. Retrieved on April 13, 2003, from http://www.worldvision.ca/kenya.cfm

[82] ELCA. (2002). ***DGM Country Packets: Kenya***. Evangelical Lutheran Church in America. Retrieved on April 24, 2003, from http://www.elca.org/dgm//country_packet/kenya/desc.html

The Kenyan economy, while being one of the strongest in Africa, has remained low in its growth rate, resting at 1% (2001). GDP per capita (Intl $) is at 1,396.[84] Much of the economy is based around agriculture (24%), industry (13%) and services (63%).[85] Over 50% of the country's population is listed to be below the poverty line while the number is suspected to be much higher. However, adult literacy is very high in Kenya, with over 82% of the population being able to read and write.[86] Kenya also maintains a very high level of unemployment, thus increasing internal tension, frustration and conflict. It is estimated that nearly 60% of Kenyans lack the income needed to meet their basic needs.[87] In addition, 51% of the population does not have access to safe drinking water, thus increasing the spread of disease and poverty.[88] Kenya remains among the poorest countries in the world, achieving 134th place out of a possible 173 countries in the 2000

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[83] CIA Fact Book. (2002). ***Kenya Information***. CIA Fact Book 2002. Retrieved on April 12, 2003, from http://www.cia.gov/cia/publications/factbook/geos/ke.html

[84] WHO. (2003). ***Country Information: Kenya***. World Health Organization. Retrieved on April 25, 2003, from http://www.who.int/country/ken/en/

[85] CIA Fact Book. (2002). ***Kenya Information***. CIA Fact Book 2002. Retrieved on April 12, 2003, from http://www.cia.gov/cia/publications/factbook/geos/ke.html

[86] CIDA. (2003). ***Kenya: Facts at a Glance***. Canadian International Development Agency. Retrieved on April 24, 2003, from http://www.acdi-cida.gc.ca/CIDAWEB/webcountry.nsf/VLUDocEn/Kenya-Factsataglance

[87] Whittington, James. (April 22, 2003). ***Kenyans Struggle to Find Work***. BBC News. Retrieved on April 27, 2003, from http://news.bbc.co.uk/1/hi/business/2946085.stm

[88] Action Aid. (2003). ***Fighting Poverty Together: Kenyan Country Information***. Action Aid. Retrieved on April 2, 2003, from http://www.actionaid.org/resources/pdfs/new_kenya.pdf

Human Development Index Rankings,[89] and dropping to 146 in the 2003 HDI rankings.[90]

Kenya's key export partners are the UK (13.5%), Tanzania (12.5%), Uganda (12%) and Germany (5.5%) while its key import partners are the UK (12%), UAE (9.8%), Japan (6.5%) and India (4.4%).[91] The exchange rate for the Kenyan Shilling against the US dollar on the day of writing is 75.432 Kenyan Shillings to every one (1) American Dollar.[92] It should be noted that the exchange rate has continued to fluctuate over the years and is currently at a rate that shows improvement from the previous 3 years.[93]

Table 3: Kenyan Shilling Exchange Rate against 1 (one) American Dollar

Years	2003	2002	2001	2000	1999	1998	1997
KSH	73.5	78.597	78.563	76.176	70.326	60.367	58.732

Source: Wikipedia: Table of Historical Exchange Rates, 2003

[89] CIDA. (2003). ***Kenya: Facts at a Glance***. Canadian International Development Agency. Retrieved on April 24, 2003, from http://www.acdi-cida.gc.ca/CIDAWEB/webcountry.nsf/VLUDocEn/Kenya-Factsataglance

[90] Human Development Index. (2003). ***Kenya***. Retrieved on September 8, 2003, from http://www.undp.org/hdr2003/indicator/cty_f_KEN.html

[91] CIA Fact Book. (2002). ***Kenya Information***. CIA Fact Book 2002. Retrieved on April 12, 2003, from http://www.cia.gov/cia/publications/factbook/geos/ke.html

[92] Central Bank of Kenya Exchange Rates. (April 24, 2003).***Forex Numbers***. Daily Nation Newspaper. Retrieved on April 27, from http://www.nationaudio.com/News/DailyNation/24042003/Business/forex.html

[93] Wikipedia. (2003). ***Table of Historical Exchange Rates***. Wikipedia. Retrieved on September 8, 2003, from http://www.wikipedia.org/wiki/Table_of_historical_exchange_rates

Historical Background

In 1498, on his way to India, Portuguese explorer Vasco da Gama decided to stop in the port side town of Mombasa in order to rest and explore what was then quite unknown territory.[94] Liking what the explorer had discovered, the Portuguese government decided to remain on the east coast of Africa and in 1593, built Fort Jesus, from which the European nation intended to rule the Kenyan coast.[95] However, as the coastal region of East Africa had been under the control of Omani Arabs before the invasion of the Portuguese, there was resulting conflict and the fort fell to the Arabs in 1698.[96] Numerous attempts were made by the Arabs to penetrate into the interior of Kenya in order to increase trade with the indigenous population, but all attempts were thwarted by the Wakamaba and the Wakikuyu, who at the time, dominated the interior trade routes.

When in 1824, the British warships HMS Barracuda and HMS Leven arrived off of the coast of Kenya, much of the coast was under the control of the Imam of Muscat and the internal routes, while used increasingly by Arabs, still under the grip of Africans. Much of the trade was in the form of ivory and slaves. The British, not wanting to become involved in local matters, were quickly called on by both the Imam as well as a family of local Arab sheikhs known as the Mazuris. Each disputed the other, claiming that they were rightfully in ownership and therefore, control of the coast of Kenya. As Britain had

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[94] Best, Nicholas. (1979). ***Happy Valley: The Story of the English in Kenya***. UK: Martin Secker & Warburg Limited, pp. 19-21.

[95] Penn University. (2001). ***Kenyan History***. Penn State University : African Studies. Retrieved on April 25, 2003, from http://www.sas.upenn.edu/African_Studies/NEH/k-hist.html

[96] Penn University. (2001). ***Kenyan History***. Penn State University : African Studies. Retrieved on April 25, 2003, from http://www.sas.upenn.edu/African_Studies/NEH/k-hist.html

a peace agreement with the Imam of Muscat, the Mazuris were promptly advised that the British would not assist them in defeating the Imam and his forces. Seeing that they had little support, the Mazuris warned the British captains that they would then take matters into their own hands. When the HMS Barracuda left port in order to get fresh supplies, the Mazuris promptly overthrew the armies and the claim to ownership of the Imam of Muscat and changed the flag flying from the rooftop of Fort Jesus. Following a short but successful campaign, the Mazuris quickly offered to end the local slave trade and give England ownership of Mombasa. The British captains quickly accepted the offer.[97]

In 1895, following an intense European scramble for Africa, the British declared Kenya to be a British protectorate and named the country British East Africa, which was soon changed to its modern title of Kenya. This was done primarily in order to secure a trade route into neighboring Uganda, which was seen to be rich in natural resources.[98]

Soon a railway was under construction in order to transport goods from Uganda to the coast of Kenya for shipping as well as needed supplies from the port into the interior of both Kenya and Uganda. However, apart from being a very expensive supply line, the railway had little other use. The question arose, "How could it be made to pay for itself?" The answer arrived soon after, with Britain deciding to encourage the migration

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[97] Best, Nicholas. (1979). ***Happy Valley: The Story of the English in Kenya***. UK: Martin Secker & Warburg Limited, pp. 19-24.

[98] Africanet. (1997). ***Kenya: Capsulate History***. Africanet. Retrieved on April 26, 2003, from http://www.africanet.com/africanet/country/kenya/history.htm

of Europeans to what was to be known as White Man's Country.[99] White settlers began to migrate to Kenya in the early 1900's and by 1907, under the lead of Lord Delemere, a Legislative Council was formed and government started.[100]

Much of the land in the highlands, both fertile and uncultivated, was grabbed up by eager European settlers who, tired of the restrictive life of Western Europe, decided to try their hand at a new life in Kenya. By the 1920's political activities began to increase among Africans, especially amongst the Wakikuyu and the Jaluo tribes.[101] This resulted in the introduction of native councils in 1925.[102] The first African nationalist movement, entitled the Kenyan African National Union (KANU) was formed in 1944 with the now legendary Jomo Kenyatta as head. One of the primary demands of the fledgling political group was the return of much of the land in the highlands of Kenya. As both the Wakikuyu and the Wakamba were farmers, the fact that much of the country's most fertile land was owned by colonials was both insulting and undermining.

Following independence, land continued to present a difficult and seemingly impossible problem for the Kenyan government. Traditionally, when a son decided to marry, he was

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[99] Huxley, Elspeth. (1980). ***Pioneers' Scrapbook: Reminiscences of Kenya 1890-1968***. UK: Evans Brothers Limited, pp. 1-2.

[100] Australian Department of Foreign Affairs and Trade. (2001). ***Country Brief: Republic of Kenya***. Australian Department of Foreign Affairs and Trade. Retrieved on April 26, 2003, from http://www.dfat.gov.au/geo/kenya/kenya_brief.html

[101] Penn University. (2001). ***Kenyan History***. Penn State University : African Studies. Retrieved on April 25, 2003, from http://www.sas.upenn.edu/African_Studies/NEH/k-hist.html

[102] Australian Department of Foreign Affairs and Trade. (2001). ***Country Brief: Republic of Kenya***. Australian Department of Foreign Affairs and Trade. Retrieved on April 26, 2003, from http://www.dfat.gov.au/geo/kenya/kenya_brief.html

given a piece of land by his father to use for farming or herding. As land was already divided into small holdings, further fragmentation only led to the ownership of very small parcels of land that could not produce enough food or income to adequately provide for school fees, clothing and other basic household needs. This has continued to lead, in turn, to discontentment and a drastic rise in societal conflict and crime. Landlessness or marginalization continues to present a serious crisis in modern day Kenya.

From 1952 until 1956, KANU, which was primarily made up of Wakikuyu, organized a violent rebellion against the colonial government and all white Kenyans.[103] The British crushed the rebellion and regained security and stability. However, the rebellion resulted in the death of tens of thousands of innocent Africans, mostly at the hands of the Mau Mau fighters.[104] Jomo Kenyatta, himself believed to be directing the rebellion, was arrested for his activities, as they were regarded as attempting to destabilize the colonial government. He was placed in prison in Maralal, the main town in the northern part of the country. A year later in 1957, African members were elected to the Legislative Council and a transitional constitution was adopted that legalized political parties and provided Africans with a large majority in the Council.[105]

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[103] Australian Department of Foreign Affairs and Trade. (2001). ***Country Brief: Republic of Kenya***. Australian Department of Foreign Affairs and Trade. Retrieved on April 26, 2003, from http://www.dfat.gov.au/geo/kenya/kenya_brief.html

[104] Best, Nicholas. (1979). ***Happy Valley: The Story of the English in Kenya***. UK: Martin Secker & Warburg Limited, pp. 181-184.

[105] Australian Department of Foreign Affairs and Trade. (2001). ***Country Brief: Republic of Kenya***. Australian Department of Foreign Affairs and Trade. Retrieved on April 26, 2003, from http://www.dfat.gov.au/geo/kenya/kenya_brief.html

In 1961, following negotiations between Britain and KANU leaders, Britain announced a general election to be held that resulted in African leaders winning a majority of Legislative Council seats. However, the elected leaders refused to form an administration until the release of Jomo Kenyatta was secured. In August 1961, due to political pressure, Kenyatta was released from prison and immediately took up leadership of KANU. In 1963, Kenya was granted its independence from British colonial rule and the country declared a republic in 1964, with Kenyatta as its first president. KANU would remain Kenya's only legal political party until 1991, when, under pressure from the International Monetary Fund (IMF), Kenya's second president, Daniel Arap Moi, passed legislation that allowed for multipartism.[106] In 1982, four years after the death of Jomo Kenyatta and the transition of power to Kenyatta's Vice President, Daniel Arap Moi, the Kenyan Air Force attempted a presidential coup but failed to achieve their goal.[107] Soon afterward, the air force was disbanded and a crack team of troops completely loyal to President Moi was formed.[108]

By 1992, two opposition parties arose, committed to change in Kenya. These were the Democratic Party, lead by Mwai Kibaki and the Forum for Restoration of Democracy (FORD) party, lead by Oginga Odinga. FORD, in early 1992, organized the nation's first ever opposition rally, gathering a large number of supporters, specifically from the Jaluo

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[106] Van Rooy, Alison. (1998). ***Civil Society and the Aid Industry***. London: Earthscan.

[107] Africanet. (1997). ***Kenya: Capsulate History***. Africanet. Retrieved on April 26, 2003, from http://www.africanet.com/africanet/country/kenya/history.htm

[108] Africanet. (1997). ***Kenya: Capsulate History***. Africanet. Retrieved on April 26, 2003, from http://www.africanet.com/africanet/country/kenya/history.htm

community, to express their grievances with the system of government that KANU had always and continued to provide. Civil unrest erupted, led largely by young Nandi tribesmen, which is a part of the Kalejin tribal group – the president's tribe. Each side blamed the other for the violence and by the end of the fighting 2,300 people were dead and 25,000 displaced.[109] Kenya has been plagued with tribalism, which runs deep into the heart of both economics and politics and has sadly continued to spread through younger generations, as tribal lines generally dictate which group holds power and opportunity throughout the country. Tribe has also generally decided which groups are denied access to economic opportunities, general and university education and key decision making positions.

Later in the year (1992), presidential elections were held and President Daniel Arap Moi retained his seat as president of the Republic of Kenya. However, the opposition, as well as international election monitors, declared the election to be widely staged and demanded a reelection. None was carried out. On January 4, 1993, Moi was sworn in for another five-year term as president. Since that time the country of Kenya, once known for its splendor and significant beauty, has declined in stature and increased in crime, poverty and basic disorder.

High levels of corruption by the police, the courts, the Federal and Provincial governments and general service providers has forced Kenya into a devastating state. Due to this desperate situation, large numbers of highly educated Kenyans have, and

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[109] Penn University. (2001). ***Kenyan History***. Penn State University : African Studies. Retrieved on April 25, 2003, from http://www.sas.upenn.edu/African_Studies/NEH/k-hist.html

continue to, migrate to other more prosperous nations such as Canada, England, Australia and the United States. This phenomenon is known as the brain drain and has been a serious concern for Kenyan intellectuals and government officials who are increasingly concerned that all of the educated youth who are traveling abroad for studies and work, will decide not to return to benefit Kenya, but rather choose to remain abroad, thus threatening the productivity of Kenya in the near future.

In 2000, under local pressure from the general population, as well as the Kenyan elite and the international community, President Moi agreed to spearhead the creation of a new national constitution. A committee was formed and chaired by Professor Yash Pal Ghai, a leading academic, fresh from teaching at Harvard University. However, while the President outwardly declared the need for a new constitution, he allowed his government and the nation's courts to continually block progress on its formation.[110] One of the key problems that the nation of Kenya sought to address through a new constitution was the number of times that an elected official could remain in the country's highest office - that of President. President Moi had been in the seat since 1978 and the nation was eager for a fresh start, as it was well believed that KANU had destroyed Kenya through its corruption and mismanagement.

In 2001, Daniel Arap Moi announced that he would not seek to run for reelection but that he would like to remain involved in the country's future. In addition, he was desperate for his party KANU to remain in the ruling position. However, following the

[110] Kenyaweb. (2001). ***Constitutional Debate***. Kenyaweb. Retrieved on April 18, 2003, from http://www.kenyaweb.com/politics/more_constitution.html

country's most recent elections in December 2002, KANU was defeated and Mwai Kibaki's Democratic Party elected. Mwai Kibaki is now Kenya's third president and hopes are high in Kenya that all of the years of corruption and mismanagement will soon be a sad memory of the past as better leadership assists Kenya to develop and reduce the state of poverty and suffering that has so plagued the nation.

Development Problems in Kenya

In July 2000, an IMF strategy paper indicated that over half of the national population of Kenya is living in either relative or extreme poverty conditions.[111] Women constitute the majority of these numbers and three-quarters of the fifty percent live in rural areas.[112] In urban areas, poverty affected forty-nine percent of the population and the number of poor in both rural and urban areas has continued to grow significantly since 2000.[113] These numbers indicate that over 15 million people are living in desperate poverty, with food insecurity being the number one concern.[114] In 1997, following a government of Kenya conducted survey on poverty, it was realized that 63% of the poorest people in Kenya were located in Nyanza province, the traditional home of the Jaluo tribe, while 62% were located within the Coast Province and 31% of the nation's poorest, within the Central Province.[115] This is important to note as the Central Province is traditionally

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[111] IMF. (2000). ***Kenya: Interim Poverty Reduction Strategy Paper 2000-2003***. IMF.

[112] IMF. (2000). ***Kenya: Interim Poverty Reduction Strategy Paper 2000-2003***. IMF.

[113] IMF. (2000). ***Kenya: Interim Poverty Reduction Strategy Paper 2000-2003***. IMF.

[114] IMF. (2000). ***Kenya: Interim Poverty Reduction Strategy Paper 2000-2003***. IMF.

[115] IMF. (2000). ***Kenya: Interim Poverty Reduction Strategy Paper 2000-2003***. IMF.

home to the Wakikuyu, the tribal group of Kenya's first president, Jomo Kenyatta. The Wakikuyu are also the largest ethnic population in Kenya and quite powerful politically and economically.

Characteristics of the poor remain similar throughout the world with landlessness, illiteracy and chronic hunger and malnutrition as the main attributes. In Kenya, these are primarily farmers, pastoralists in arid/semi arid (ASAL) areas, agricultural laborers, casual laborers, unskilled and semi skilled laborers, female headed households, the physically handicapped, HIV/AIDS orphans and street children.[116] Often the poor have large families and do not practice any form of birth control.

Kenya is home to several hundred international NGOs as well as an astounding twenty-three thousand women's organizations[117] and one thousand, four hundred and forty-one local NGOs, all seeking to address these issues of poverty and poverty related problems.[118] INGOs describe the Kenyan situation as being bleak. In describing the situation they stated that illiteracy among poor people is very high, children are greatly malnourished and the lack of clean water and sanitation facilities leads to widespread disease and infection. There is also gravely inadequate education and health care services and the rural roads are all but non-existent, thus harming transportation and

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[116] IMF. (2000). ***Kenya: Interim Poverty Reduction Strategy Paper 2000-2003***. IMF.

[117] Commonwealth Foundation. (1995). ***Non-governmental Organizations: Guidelines for Good policy and Practice***. Commonwealth Foundation. London, pp. 8.

[118] Mbote-Kameri, Patricia. (2002). ***The Operational Environment and Constraints for NGOs in Kenya: Strategies for Good Policy and Practice***. International Environmental Law Research Centre. pp. 1.

market access.[119] As a country, Kenya is constantly faced with the threat of drought and its repercussions. Large numbers of poor rural residents are migrating to Nairobi and other urban areas in search of work and are forced into either living in despicable urban slums or on the street. In addition, marginalization of such poor groups is seen to be increasing.[120] The number of homeless children in Kenya is estimated at 500,000.[121] Kenya is said to be the third worst country in the world, in regards to the disparity in income distribution.[122]

HIV/AIDS is claiming over seven hundred people a day in Kenya[123] and appears to be on the increase with, according to a 2001 report by the National AIDS Control Council and the Ministry of Health, 2.2 million Kenyans living with HIV/AIDS and over 1.5 million having already died of the disease.[124] This has resulted in a dramatic increase in the number of orphans in Kenya, raising the number significantly to over 900,000.

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[119] Action Aid. (2003). ***Kenya: Country Profile***. Action Aid. Retrieved on April 12, 2003, from http://www.actionaid.org/resources/pdfs/new_kenya.pdf

[120] Oxfam. (2003). ***Oxfam in Kenya***. Oxfam. Retrieved on April 12, 2003, from http://www.oxfam.org.uk/atwork/where/africa/kenya.htm

[121] Save the Children Canada. ***Kenya: Country Program***. Save the Children Canada. Retrieved on April 13, 2003, from http://www.savethechildren.ca/en/whatwedo/kenya.html

[122] Oxfam. (2003). ***Oxfam in Kenya***. Oxfam. Retrieved on April 12, 2003, from http://www.oxfam.org.uk/atwork/where/africa/kenya.htm

[123] World Vision Canada. ***Kenya: Country Program***. WVC. Retrieved on April 13, 2003, from http://www.worldvision.ca/kenya.cfm

[124] FHI. (2001). ***Orphans and Other Children Made Vulnerable by HIV/AIDS***. Family Health International. Retrieved on April 28, 2003, from http://www.fhi.org/en/aids/conferences/ovckenya/ovckenya1.html

According to UNICEF the number is expected to rise to 1.5 million by 2005.[125] These orphans have no one to care for them and thus end up becoming either street children or are placed in children's homes or medical facilities.[126]

Cultural Problems that Lead to Under Development

Related to the issue of HIV/AIDS is Female Genital Mutilation (FGM). This is the process where a portion, or the entire clitoris, is removed as part of a traditional ritual signifying the end of childhood. In many communities, a woman is not ready to marry until she has undergone FGM. In Kenya, it is estimated that 50% of girls have undergone FGM, with most of these coming from the rural areas.[127] The practice is performed in unhygienic conditions that often result in infections or the spread of disease. In addition, this practice has been blamed for the spread of HIV/AIDS to young girls.

In Kenya, certain tribes such as the Jaluo and the Wakikuyu traditionally practice the custom of wife inheritance. This is done in order to ensure that the brother's wife and family are cared for and are kept as a part of the husband's family line. On the surface the practice has some strong benefits as it ensures that vulnerable members of society do

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[125] FHI. (2001). ***Orphans and Other Children Made Vulnerable by HIV/AIDS***. Family Health International. Retrieved on April 28, 2003, from http://www.fhi.org/en/aids/conferences/ovckenya/ovckenya1.html

[126] Tear Fund. (2002). ***Kenya: Country Program***. Tear Fund. Retrieved on April 12, 2003, from http://www.tearfund.org/uploads/documents/Kenya(1).pdf

[127] Save the Children Canada. ***Kenya: Country Program***. Save the Children Canada. Retrieved on April 13, 2003, from http://www.savethechildren.ca/en/whatwedo/kenya.html

not fall to the wayside and that family support structures are maintained. However, with the occurrence of HIV/AIDS and the fact that many of those that are deceased have died of the disease and have more often than not, left the wife infected, the brother-in-law who is now inheriting the woman, is likely to catch the disease and give it to his own wife or wives, thus continuing the epidemic. In addition, often the woman has little choice in the matter and is thus marginalized and forced to accept a life that, for many, offers few opportunities for personal development.

Witchcraft continues to pose a serious threat to public health in Kenya, as people in both urban and rural areas continue to practice their beliefs in traditional healing. It is not uncommon for a well educated urbanite to visit a doctor or a nurse in order to seek assistance with an illness. Upon leaving the medical practitioner, the individual will then travel to see a traditional healer. Many have been the case of said individuals not purchasing the prescription drugs provided by the doctor, but rather simply following the prescribed remedy of the traditional healer. This often results in greater illness or unfortunately, death. While it is true that modern science has a lot that it can learn from traditional healers, it continues to be a risky cultural practice to ignore modern medicine in the hopes that witchcraft and herbal healing will work to bring recovery. Often, when people do decide to visit a doctor, is it sadly too late.

Early childhood marriage for girls is also a serious problem within Kenya, as it removes the right and freedom of the girl child to choose her own future, forcing her to engage in sexual intercourse and marriage with someone who she does not love, in order for her parents, and generally more so the father, to collect a dowry (bride price). This practice

is most common among pastoral tribes such as the Massai and Turkana as well as among many of the coastal tribes. It is especially common among the Giriama. By being forced into early marriage the girl child is expected to manage a home and give birth to children while she is yet herself a child. In many cultures, a girl is prepared for marriage following the commencement of her menstrual cycle. This demonstrates that she is able to bear children and thus, is a woman. A direct result of early marriage is that girls are not able to continue on with their education and are thus trapped in a circle of poverty and often, servitude, depending on her husband for her very existence. The girl child is in fact, in many Kenyan cultures, a second class citizen who is seen as being a "bad" investment. Parents often invest their resources into sons as it is believed that when a girl marries, she will go off to benefit the family of the husband and thus, not add any financial benefit to her own parents and home. However, a son will always return to his family with his wife and will therefore add benefit to their home.

There is much to be done if Kenya is to begin its journey out of poverty and underdevelopment. Progress can be made, as it has been since the 1940s, on the reduction of the symptoms of under development, however, development can not begin until the required political will is present and the appropriate systems put into place. With a new President at the helm of Kenya's leadership and increased international support, it is hopeful that sustainable and impacting change will begin to be realized and that the nation of Kenya will eradicate the vicious cycle of poverty and under development that has retained its hold over the nation.

CARE Canada Funded Projects and Programmes in Kenya

CARE Canada, as the Lead Member in Kenya, has naturally had a long history of programming within the East African nation and continues to actively work with CARE Kenya on a number of developmental projects. Projects in Kenya are divided into three forms of funding: projects that are short term and generated from private or one-time donor funding, grant projects that last a period of three years, often with the possibility of renewal and finally, programmes that are designated as deserving of emergency funds. These are meant to be short term projects that address the immediate needs of very vulnerable groups such as the Somali refugees in Dadaab Camp in northern Kenya.

The Girl Child Project

Over the last three years of programming in Kenya, CARE Canada has largely focused its work on two grant related projects. These are the Girl Child project and the Girl Child Network. The Girl Child project was proposed by CARE Kenya and funded by CIDA in 1997 and received an additional three years of funding in 2001. The project maintains three specific objectives: to promote effective methodologies and improve the quality of programming in the girl child sector, to strengthen the capacity of NGOs in the girl child sector and Girl Child Network members to implement effective girl child programming and to increase the impact of child rights awareness on the part of agencies in the sector.[128]

[128] CARE Canada. (2002). ***Annual Financial and Narrative Report to CIDA***. CARE Canada.

In 2001, the Kenyan government passed a law known as the Children's Act. This legislation recognized the inherent right of children to be both protected from exploitation and treated with equality as well as to receive basic education. The Act underlines Kenya's attempt to put into implementation the United Nations Convention on the Rights of Children (UNCRC).

The Girl Child project works with numerous partner organizations from both civil society and non-governmental organizations and is non biased in the gender of its participants. The project addresses the challenges that the Act faces in Kenya today, as large numbers of people, both those exploited and exploiting, do not know or understand the Act and its direct implications on them and their nation. In an attempt to implement the Act, the government of Kenya established forty-three children's courts nation wide, with magistrates undergoing a specially formulated induction programme. CARE Canada, through the Girl Child project, aims to support the Kenyan government and the Kenyan organizations and people who are involved in enforcing the 2001 Children's Act, while ensuring the protection and rights of children and specifically, the girl child.

The project has reached the end of its second three year period and has been included by CARE Canada in a new proposal, submitted to CIDA, in an attempt to find funding for an additional three years of operation. To date, the project has had remarkable success in creating general awareness of the Children's Act and specifically, the plight of the girl child in Kenya. Thousands of women and girls are now experiencing greater gender equality and sensitivity. These same women and girls are gaining opportunities for education and employment that prior to the project, they would never have been able to

achieve. According to reports, along with this achievement comes a heightened sense of pride and self worth that is important for all human being.

The Girl Child Network Project

The Girl Child Network (GCN), while directly involved with the Girl Child project, focuses largely on the girl child of Kenya and her unequal status in society. The goal of the project is to increase access to opportunities for the girl child in Kenya by improving programming in the girl child sector.[129] The project seeks to do this by advocating and promoting the rights of the girl child and acting as a proactive pressure group in safeguarding the rights of the girl child, providing a forum for information exchange among its members and the wider community, strengthening its members capacity to implement girl child friendly programmes and undertaking research activities on girl child issues.

Like the Girl Child project, the Girl Child Network (GCN) project was first funded in 1998 by a CIDA grant that expires in 2003. The project has also been included in the submission to CIDA requesting funding for a new three-year period. The GCN has grown as a network from twenty partner organizations to well over two hundred and fifty members and continues to thrive as a leader in the sector of gender equality in Kenya.[130] The Network is guided by a defined Executive Committee which is made up

[129] CARE Canada. (2002). ***Annual Financial and Narrative Report to CIDA***. CARE Canada.

[130] CARE Canada. (2002). ***Annual Financial and Narrative Report to CIDA***. CARE Canada.

of six organizations. These are the Limuru Girl Center, Save the Children Canada, Save the Children UK, Child Life Trust, African Medical Research Foundation (AMREF) and SNV – Kenya.[131] CARE Kenya was originally a member of the Executive Committee up to approximately 2000, however, ceased to be a member in order to ensure that a conflict of interest did not develop. Yet, CARE Kenya remains an ex-officio member of the GCN Executive Committee.

The project has been able to properly attain and sustain an autonomous Girl Child Network and enjoys the support of the Kenyan government and international donors. The GCN project has successfully been able to build the capacity of numerous partner organizations in the area of girl child programming as well as successfully encouraging organizations to include girl child programming into their regular programmes. This capacity building includes advocacy training and rights awareness. Much of this has included making partner organizations more aware of the Children's Act and the UNCRC. In addition, the project has worked with organizations in order to build their capacity in the areas of organizational management, fundraising and networking.

According to various project reports, the work of CARE Canada and CARE Kenya has resulted in the rights of the girl child in Kenya being greatly strengthened through the Girl Child project and the Girl Child Network project. She now has a greater voice in order to demand equality and justice. An example of the impact that has arisen from these projects may be the children's Help Desks which have been established throughout

[131] CARE Canada. (2002). ***Annual Financial and Narrative Report to CIDA***. CARE Canada.

Nairobi. The objective of these desks is to provide a viable means for children to reach out and report abuse and personal threats to their well being such as forced female genital mutilation (FGM), forced early marriage or actual physical abuse. Prior to the project, children, and especially the girl child, were without a voice. However, three years into the project the rate of children seeking help and speaking out has drastically increased. The help desks report that when the project first began there were an average of 120 cases of abuse being reported monthly while by the end of the three year project, the number has increased from between 420 and 1512 reports per month.[132]

The Rural Enterprise and Agri-service Promotion Project (REAP)

CARE Canada, while seeking to address issues of gender equality in Kenya, is also very involved in projects that seek to increase livelihood security in general. The Rural Enterprise and Agriservice Promotion project (REAP) finished its funding in 2003 and has not been included in the new Programme Grant submission to CIDA, but has had a substantial impact in the lives of small holder farmers throughout Kenya.

The goal of the project was to increase the household income and livelihood security of smallholder farmers, by enabling them to participate in contract outgrower and marketing opportunities for horticulture produce on beneficial terms.[133] In other words, to assist smallholder farmers to have greater market access in order to ensure that they

[132] CARE Kenya. (2003). ***End of Project Report for CARE Canada***.

[133] CARE Canada. (2002). ***Annual Financial and Narrative Report to CIDA***. CARE Canada.

are able to earn a sufficient income for their labor and efforts. As the 2002 Annual Programme Report states, with 53% of the Kenyan population living on less than $1 USD per day and 75% of the nation still dependant on agricultural production for their survival, it is only logical that most poverty reduction strategies are aimed towards agriculture.[134]

The project sought to increase the amount of crops produced and sold, in order to increase the smallholder farmer's income. This it was able to do with farmers harvesting, as an example, 3000 kilos per acre of baby corn. This harvest was an unexpected increase and was able to be sold for twice the amount that the farmers had earned on their own, prior to the implementation of the REAP project.[135] In addition, the price offered to farmers who participated in the project was generally much higher than the price offered to other non-participating farmers. It is believed that the produce grown by participating farmers was of a much higher quality and was in a reliable supply.[136] The farmers learned that by working in functional groups, they could both have their capacity as farmers and managers built as well as increasing their income substantially.

Child Protection Research Project

The Child Protection Research Project began approximately in 2002 and can be summarized as seeking to improve the welfare of children in Kenya by enhancing

[134] CARE Canada. (2002). ***Annual Financial and Narrative Report to CIDA***. CARE Canada.

[135] CARE Canada. (2002). ***Annual Financial and Narrative Report to CIDA***. CARE Canada.

[136] CARE Canada. (2002). ***Annual Financial and Narrative Report to CIDA***. CARE Canada.

opportunities for the development of their full potential. Special focus goes to the most vulnerable children in Kenyan society, of which the girl child is deemed the most marginalized and victimized. The project is in effect a study which seeks to better understand the factors that lead to the under development of the girl child, thus seeking to best understand how to address these factors. Special focus is placed on physical and sexual abuse and exploitation as well as the level of awareness of children and their principal care givers regarding children's rights. In addition, the study seeks to determine the capacity of national protection agencies to actually enforce implementation of child protection policies.

HIV/AIDS Programming

HIV/AIDS, while not as large a national threat in Kenya as in other nations, continues to pose a serious concern for the Kenyan government and the international non governmental organizations (INGO) working within its borders. CARE Canada has been involved in HIV/AIDS programming for several years in Kenya and includes HIV/AIDS as a component in several of their projects. This includes the GCN and the Girl Child projects, as women and girls are seen to be highly vulnerable to the spread of the disease through rape, unprotected forced sex with infected partners and prostitution. Each of these is deemed a result of the desperate economic situation that many girl children and women face in Kenya. CARE Canada has not carried out any projects within the past three years that are directly focused on addressing the victims of HIV/AIDS. However, all of the projects have sought to include the most vulnerable in Kenyan society. More

often than not, these include HIV/AIDS orphans or victims that are personally too ill to work or care for themselves and/or their families.

CARE Canada Projects: Fitting within the Strategic Programming of CARE Kenya

As indicated earlier, all projects supported by Lead Members and other supporting members should fit into the overall strategic planning of the CARE country office. When a project proposal is submitted to the Lead Member, it is expected by the Lead Member, that the project will fit into the medium or larger strategic planning of the CARE country office, in order to ensure the continuity of this said plan.

CARE Canada's projects in Kenya have been, and continue to be, centered on the support of people. CARE Canada, in participation with CARE Kenya, seeks to strengthen both individuals and groups in order to ensure that they are able to identify and meet their own basic needs, while growing in their capacity to assist others in need of support and capacity building. CARE Kenya's strategic plan outlines four key directions that the organization wishes to head. They are as follows:

1) Participation in the Kenyan policy area to ensure that the poor become more socially and economically active
2) Building skills and capacities to increase household income levels
3) Confronting three of the primary factors impacting poor communities: HIV/AIDS, education and emergency preparedness
4) Increasing local ownership of projects and strengthening its roots in Kenyan society[137]

[137] CARE Kenya. (2003). ***CARE Kenya Project Profiles***. CARE Kenya. Brochure.

The Girl Child Project, the Girl Child Network Project and the Child Protection Research Project are all seeking to address the plight of the girl child as one of the vulnerable members of Kenyan society. This falls in line with CARE Kenya's Strategic Plan – Strategic Objective # 3 which identifies the development of human resource in terms of improving access to education and tackling the problem of HIV/AIDS as a means of addressing poverty. The girl child is a victim of both the lack of access to basic education and HIV/AIDS, both of which have a strong impact on human resource development. In other words, the girl child has been identified as one of the most vulnerable members of Kenyan society and CARE Kenya, through the above three projects, is using her as a vehicle to addressing the problem of poverty.[138]

The REAP project fits within CARE Kenya's Strategic Plan under Objective #2 - "the promotion of economic empowerment" in order to assist rural households to address their livelihood security needs. The REAP project fits within the CARE Kenya strategy as it increases the income of rural farmers through a market driven horticultural approach.

[138] E-mail correspondence with CARE Kenya on the Strategic direction of the organization and how the projects supported by CARE Canada fit into this direction.

Section Five
Lessons Learned: Difficulties and Successes

As with any successful international NGO, CARE has not been stagnant, pushing through without change. There have been numerous changes in the area of programming that CARE Canada has made and continues to make. These include areas of practical involvement such as increased partnership with community-based organizations (CBO) and other civil society organizations as well as areas of monitoring and evaluation such as the manner in which reports are generated. This section is a look at some of the different ways that CARE Canada has evolved and adjusted to the lessons that it has learned and perhaps is undoubtedly still learning.

Partnerships and Building Networks

Bottom -Up Development

To begin this section it is important to indicate that CARE Canada strives to be a learning organization - an organization that is seeking to progress and provide the best programs possible in all of its geographical project locations and three primary areas of programming. Civil society has begun to be a central focus for the work of CARE Canada and its partners in the CARE Federation. CARE Canada has recognized that partnering with grassroots groups (CBOs) adds strong value to projects as it enhances ownership and thus sustainability, while even more importantly, working to address the felt needs of the community partners - the community residents themselves, and not the

wishes and desires of outside entities such as the donor or the implementing agent. In reviewing many of the reports from projects that commenced and reached completion within the three year focus of my research, it has been a common theme throughout the reports, that projects must increase their communication with local partners/beneficiaries and work to design projects and programs around agreed upon felt needs and not around outside influences, using a Top Down Approach.

At times this becomes difficult for large international organizations such as CARE as the local community is not the only stakeholder in the development equation. The donor is responsible to its tax payers for the way in which it uses their tax money and the implementing agency, in this case CARE Canada, is responsible to its Board of Directors and the donor, as well as to the CARE country office. It is often difficult and at times even impossible, to merge the agenda's of each of the stakeholders together.

However, the formation of projects that are sensitive to the needs of all involved can become a greater reality by CARE country offices discussing possible identified community needs with target communities prior to the actual drafting and submission of a project proposal to CARE Canada. CARE Canada must actively encourage CARE country offices to consult the target communities and/or beneficiaries in order to ensure complete community ownership and involvement in the project. Then, projects will demonstrate a greater Bottom up Approach to development.

Increased Communication at All Levels

It has been expressed by CARE Canada staff, that often partnerships are formed without a clear understanding from the parties involved, of what form of partnership is required, and what the partnership will actually mean for all of the stakeholders. For CARE Canada, partnership has increasingly taken on a sense of responsibility that has been overlooked in past years of programming. Due to inflexible donor demands, as well as an often set established timeline, international NGOs such as CARE, often are not able to allow projects and programming to take the time they may require in order to ensure success. The result is, at times, low capacity and little impact and sustainability. CARE has been learning that it is important to first work through the parameters of the partnership, including the stakeholders' roles and responsibilities. This can only happen once the core competencies of each of the primary stakeholders are recognized and appropriately used, to decide the way forward. In other words, what knowledge and capacities already exist within the target community that can be used to benefit the project? What skills and expertise does the NGO possess and in which ways can other stakeholders such as the donor assist in order to ensure project success?

With all forms of partnership, control is lost to varying degrees, which is very difficult for international NGOs as they are in the precarious position of middleman – attempting to work within the donor's agenda, while still heeding the ideas and desired direction of the stakeholders on the ground. Often, this results in smaller partners, especially the community and indigenous NGOs, loosing their voice, as the larger NGO attempts to guide the project as it sees fit, rather than allowing forces on the ground or in the

community to guide the programme or project as per their agreed upon roles. This always demands compromise and patience among all involved in the partnership.

Building on Established Foundations

CARE has recognized that when possible, it is best to partner with already established community based organizations. Often, international NGOs seek to establish and build the capacity of local community organizations, but when possible, CARE has learned that it is always best to work with groups that are already in existence. This reduces much of the time that is necessary when assisting in the formation of such groups and allows the NGO to partner with a motivated and already determined group or organization that simply requires some support and guidance; guidance and technical support that CARE Canada has proven itself capable of delivering. In addition, more often than not, established groups are generally already accepted by the community and have a better chance of continuity upon completion of the project and CARE's direct involvement. In the case of a health project in Tanzania, upon completion of the project, the Ministry of Health chose to use the same performing groups that were strengthened and used by the project, to create continued community awareness in the areas of basic health and nutrition and specifically, HIV/AIDS. These groups and/or community organizations have gained sufficient capacity to work efficiently and effectively in the building of capacity of others.

Ensure True Community Involvement and Ownership

In a recent report, detailing a two-year project that was funded by CIDA, the writer detailed the successes of the project and its direct impact on the health and nutritional status of households in the target communities of Tanzania. However, as with all growing organizations, there are always lessons to learn and the project in question approached these setbacks maturely and made clear reference to the above-mentioned need of involving the beneficiary/partner community more. The project, a health and nutrition project focused on capacity building and attempted to address basic health and hygiene practices and gender equality issues. The result? The partner communities did not take ownership of the project and after only two years it fell apart, to many people's sincere disappointment. However, in hindsight it was recognized that CARE did not involve the beneficiaries sufficiently in the decision making process and only brought them into the picture, following the actual design and funding of the project. The result was one of disappointment and frustration for all involved, as CARE Tanzania had felt that the project design was adequate to meet the needs of the target beneficiaries. When the project failed to generate community interest or involvement at the level that was expected and required, the outcome fell far short of the expected and the donor decided against future funding of the project.

In hindsight, the project manager reported to CARE Canada that the project did not attract the ownership that it worked to obtain due to low community morale and involvement. The target community was not interested in gender issues and therefore, offered little involvement and support. Project recommendations indicated that future

projects managed by CARE Tanzania would have to begin with community involvement at a level where the beneficiary partners will be able to advise implementing organizations, such as CARE, on what they feel are their most urgent developmental needs. While this is not yet the case with every CARE field office in Sub-Saharan Africa, it is increasingly becoming a reality.

In an additional example, a project in Southern Africa was attempting to provide training for a group of rural farmers. The training sessions required the participants to travel to the training site in the morning and return later in the day. It was thought that perhaps it was best to provide transportation fare in order to support the costs assumed by the beneficiaries. However, soon it was discovered that the transport costs were being distributed in an inappropriate manner, and that while some were actually able to pocket some of the provided money, as their transport costs were cheaper (they lived close to the training area), others were forced to supplement what they were given, as they lived further away. It was understood that local knowledge was not consulted prior to designing the above action plan and the result was that resources were not distributed properly. Local knowledge should always be consulted, not simply within the project design, but rather, local knowledge should also be reflected in management and implementation systems. This will ensure that the target community feels more actively involved in the project, thus leading to a heightened sense of pride and ownership.

However, many INGOs attempt to tread lightly, careful to ask the partner community what they feel their needs may be. While this is important, CARE has learned that it is

more effective to dialogue with all partners involved, including the community, clearly outlining expectations of all involved.

As an international NGO dealing largely with donor agency funding, CARE is held by specific funding parameters, often bound by contractual obligations that restrict where CARE can place funding. CARE has learned that it is vital to advise partners what it can do as an NGO and what it cannot do. Thus, community and partner expectations are not based in misconception and later on, following disappointment, mistrust and disillusionment. As an example, if the community knows that CARE can provide funding for a specific sector or two, then the community is able to decide where they see their largest need and a project partnership can be accurately and effectively designed with all parties fully aware of what needs to be done, what the agreed upon impact is to be and what responsibilities and role each stakeholder possesses. Again, enhanced communication at all levels and phases of the project is required.

Government Support for Project/Programme Work

The importance in obtaining government support for a project is another lesson that has been well learned over its years of programming in Sub Saharan Africa. If the government is not behind the project, it will more often than not fail to meet its objectives, as government support is paramount to success in many of the development and emergency projects and programmes that CARE Canada maintains throughout Africa. There have been instances when projects may revolve around some form of structural change that directly impacts government policy, both at the local and national

level. While some organizations attempt to tackle government policy in an adversarial role, CARE has learned to use a diplomatic approach that attracts partnership and ownership by both the direct partner beneficiaries and the local and national governments, thereby indirectly influencing policy.

Yet, in efforts to ensure systematic change in areas that stakeholders identify as important, CARE Canada has also advanced into partnering with civil society organizations that are seeking to push for changes to felt negative government policies that continue to marginalize many, while benefiting the few. CARE Canada's projects in Malawi, Thailand, Kenya, Uganda and Guatemala directly address the rights of immigrants, women, children, peasant farmers and migrant workers. These are a direct confrontation towards disenfranchising government policies. CARE Canada is working towards forging stronger partnerships with such civil society organizations and seeks to strengthen them in order to ensure that they are able to continue to effect positive change, following the completion of project funds. However, all advocacy work must be approached in a non-confrontational and unthreatening manner. If the government is not behind a project or structural change, it is bound to fail.[139]

Time Allocation

Often organizations budget their time inappropriately, and, as many CARE Canada projects have discovered, time needs to be allotted generously, allowing for government

[139] It is important to note that CARE Canada remains one of the few NGOs actually to seek to partner with local and national governments throughout the world. Many organizations are intimidated and thus fearful of such partnerships.

delay and beaucratic red tape to be addressed. If this time is not expected, projects often find themselves behind schedule in both the activity timeline and budget spending. Community development must be allowed to run at its own pace, thus ensuring that each of the development partners and beneficiaries are moving at their required speed. As the world erupts with further internal conflicts and violence escalates around the globe, organizations like CARE Canada will seek to work to bring an ease to the suffering of the vulnerable.

While CARE Canada has experienced time constraints in numerous countries, the Popular Theatre Project in Palestine offers a good example of projects that are faced with constraints to their programming, yet are still able to realize sustainable impact. The project was funded by the Programme Grant within the last three years and recently submitted their end of project final report. The project expressed concern that the work envisioned was not able to be accomplished to the degree in which the project had anticipated. This was due largely to internal conflict, insecurity and unexpected curfews. This is not to indicate that the project was without genuine impact. The Popular Theatre project was able to present a message of hope, while providing a voice to over 35,800 vulnerable Palestinians who gained a greater sense of self worth and esteem while becoming more positive and productive members of Palestinian society.[140]

If we are aware of possible constraints to time then we can, and must, plan accordingly in order to ensure that development takes its natural course and is allowed to mature, regardless of outside agendas. However, project delivery often requires a large amount

[140] CARE West Bank. (2003). ***Popular Theatre Project, Final Project Report***. CARE West Bank.

of money and other resources, which are not always feasible, especially when measured against the possible output from the project. Donors are not generally willing to invest limited resources into projects that are expected to have low level output but require a large sum of investment. For many donors, a greater "voice" or a sign of "hope" is not generally deemed measurable and does not therefore, deserve the allocation of time and resources. In other words, many of the problems associated with time are a direct cause of donor dynamics, of which NGOs, like CARE, have little control. In addition, the project or programme strategies that are formulated may find the desired impact in the short run but in the long run, fail to be maintained and the targeted results thus not achieved.

Capacity Building as a Goal

Use Local Experts

In the past, many projects have sought the expertise of government technical personnel who are located in urban and often, non-convenient locations. The time and cost involved ensuring that government personnel are able to get to the project in order to provide assistance is neither economical nor practical. If village or provincial level government staff are involved and encouraged to take ownership of the project, past experience has shown that the result is often a very positive one. Local (provincial or village level) government must be supported in its role within the said community and awareness must be generated in areas where the government may lack capacity. This being said, more often than not, the local government has a strong understanding of the

reality on the ground and simply requires the encouragement and support (capacity building/transport etc) of an outside force such as CARE. Often, due to lack of needed finances, such government staff generally lack the morale to effectively do their job. If an organization such as CARE seeks to work with them, the investment may prove to be both sustainable and beneficial to all involved.

CARE Canada as an Enabler

In regards to each of the above issues and lessons learned, CARE Canada sees its role as being that of an enabler. The organization seeks to assist groups, organizations, households and individuals to build their capacity, in order to find more productivity, be they a farmers' group, a womens' group, a savings and credit group or an individual rural farmer. Their livelihood depends on many factors and they must have the capacity and ability to surpass obstacles that threaten this livelihood. In other words, in many ways, with the exception of emergency relief programmes, CARE Canada has ceased to be merely a "doing" organization and has sought to become more of an "enabling" organization.

Capacity Building Takes Time

Capacity building is a time commitment that has been mishandled by international organizations across the globe. CARE has been recognizing that quick training sessions and some awareness creation is not enough. Capacity building is a gigantic investment that must be given adequate time to take root. Human transformation is a deep and

important process that requires patience and commitment. Often INGOs offer neither of these, but rather seek to provide a quick injection of expertise and then exit, expecting that the result will be sustainability. Often the result is little change and a waste of time and financial resources. CARE has learned that true partnership (with CBOs and communities) is one that demands patience and understanding; insights and understanding of the group(s) that are providing partnership. CARE has found that with a longer time commitment, CBOs have been able to learn, adapt to and adopt positive practices that have resulted in longer-term positive impacts and in some cases economic and structural change. Development cannot be rushed and cannot succeed on the timetable on international donors. Therefore, longer-term partnership is required in many cases where partnership with community-based organizations is sought.

Supporting Growth and Planning

There has been a belief that empowerment is enough, and that following community empowerment, through awareness creation or training sessions, it is time for international organizations to move out of the community. CARE Canada staff have argued that this in fact is merely the beginning. It is the responsibility of the partnering NGO to ensure that groups or individuals have a vision, a plan so to speak, that will enable them to move ahead. An example may be a food security project that builds the community's capacity in areas such as crop storage and crop production while supporting the formation of farmers' groups and access to services, yet, is lacking the vision of a credible business plan for moving forward, professionally and wisely. Beneficiaries must not merely take ownership but the direction of their lives. As an

example, traditionally in development, it would be common for a seeds and tools project to work with a community or households, building their capacity in areas such as crop production and storage while working to assist the beneficiaries in the formation of a community seedbank. With the seedbank in place, the NGO then moves on to a new project. CARE Canada is learning that is more important to encourage a community to actively and intelligently plan for the future. In the case of a seedbank, a business plan would now be encouraged in order to demonstrate that the community has a strategic plan for growth and that the project output will continue to increase.

Use of Creative Tools

Often, how the message is delivered is as important as the message itself. Many of CARE Canada's partners have been using tools that are community focused, such as puppets, drama or music. The Popular Theatre project in Palestine uses dramatic theatre in order to disseminate positive messages to the vulnerable and marginalized in that country while the HUJAKWAMA project in Tanzania has found great success delivering capacity building in the area of health and nutrition through puppet shows and community theatre groups. CARE has discovered that traditional methods of capacity building and training do not always find the expected impact and that, if a message is to be received, tools must be community focused and culturally acceptable. The usage of local knowledge is helpful in planning on the best method to bring across the intended message.

In addition, CARE has developed smart tools that have proven very useful. Examples of these are vulnerability assessment tools, climate change assessment tools and household security assessment tools. These tools have been refined over years of project implementation and have been fine tuned according to lessons learned while carrying out development projects and programs.

Staff Capacity

CARE Canada believes that through ensuring that country field staff possesses required capacity, the organization has taken the first step in ensuring that this said capacity building is able to be carried out. However, in the recent past, CARE staff, as with all international organizations, has not always been completely competent to deliver the project or programme for which CARE was working. This has resulted in the failure of projects and the continuity of poverty and marginalization within beneficiary communities. Within recent years CARE Canada has taken broad steps to work with the organization's staff, building their personal and professional capacity, prior to commencing community development projects.

Conclusion

Sub-Saharan Africa is a land filled with opportunity and potential for true sustainable development but is held back due to a variety of tragic reasons that seem to be resilient in their attack on the people of this region. Development agencies and organizations like CARE Canada are doing their best to attempt to work with the people of Sub-Saharan Africa to address these developmental problems but much is out of the international community's hands. Many of the problems that have been discussed in this report can only be adequately confronted by the national and local governments governing these effected nations and the people themselves, who so desperately suffer from terrible diseases, repressive rebel groups and government regimes, food insecurity and the unending scourge of poverty. Change must come from within before development and growth can be realized. Then and only then, can government bodies such as the Canadian International Development Agency and organizations such as CARE actually partner with nations, communities, households and even individuals to ensure a lasting impact and sustainable development that addresses the true and felt needs of those so much in need. That being said, unbalanced international trade, unaddressable debt and marginalization are also a sad reality.

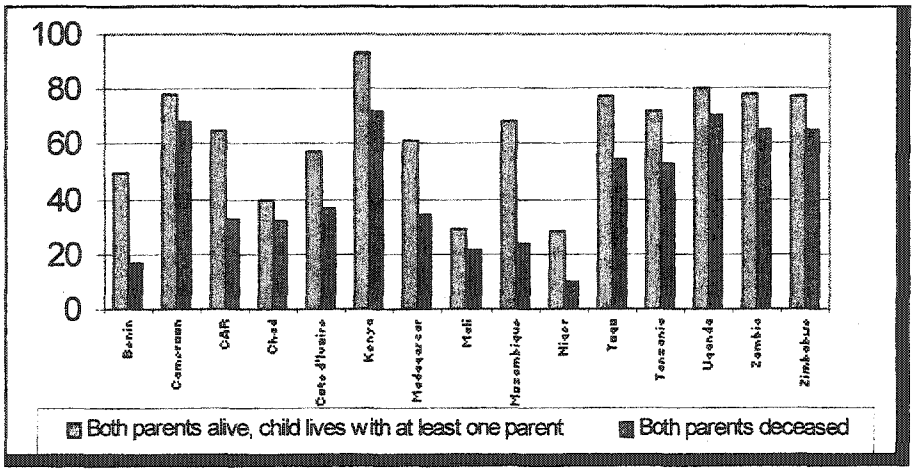
Powerful Western transnational corporations and governments have been accused of intentionally maintaining the cycle of poverty in Africa, in order to continue their own immense generation of wealth. It has been argued that there is a limited supply of natural resources to be claimed and Western powers, aware of this, do not wish for developing nations to realize their goal of poverty alleviation, as this will only provide additional

competition for these resources and world markets. It is time that power and money take second place to the physical, emotional and spiritual needs of human beings – regardless of their race, sex, ethnicity or geographical location.

In recent years CARE Canada has been increasingly involved in the area of civil society strengthening, having recognized the need for societal change, especially at the government level. CARE has witnessed amazing results in Kenya, Guatemala and else where but still realize that as an organization they have a long way to go in their understanding of how best to partner with civil society in an effective manner, while not side lining the government. I would argue that international organizations are making a great impact on the micro level, strengthening community groups and households, building the capacity needed to live life to its abundance and creating the awareness needed to cease destructive practices. However, on a macro scale, will the projects and programs that require tens of millions of dollars annually actually take root and foster change in the larger problematic picture that faces Sub-Saharan Africa? It is the belief of the author that without change to national policies that are harmful to members of Sub-Saharan societies, true sustainable development can not be realized and all of the problems that plague Africa will not merely continue but will escalate, thus forcing the international community to beg the question, of whether organizations like CARE are actually making an effective and sustainable difference.

However, as organizations like CARE International seek to work for the support of the needy and vulnerable, learning from past programming, and building on to a brighter future, the impact will certainly continue to be seen throughout Sub-Saharan Africa.

Table 4: Who is in School? Percentage of Orphaned and Unorphaned Children (Aged 10-14) in School.



Source: AIDS-Induced Orphanhood as a Systematic Shock: Magnitude, Impacts and Program Interventions in Africa[1]

Table 5: Cumulative Number of HIV-negative Children Who have Lost their Mother or Both Parents to AIDS prior to Age 15, as of the End of 1999.

Sub-Saharan Africa	12,100,000
South and Southeast Asia	850,000
Latin America	110,000
Caribbean	85,000
North America	70,000
North Africa & Middle East	15,000
East Asia and Pacific	5,600
Eastern Europe & Central Asia	500
Australia and New Zealand	less than 500
TOTAL	13,236,100

Source: UNAIDS 2000c.

Table 6: FOOD AVAILABILITY, DIET DIVERSIFICATION, POVERTY, HEALTH , CHILD NUTRITIONAL STATUS in developing countries and countries in transition, classified by category of prevalence of undernourishment

CATEGORY OF PREVALENCE of undernourishment in total population 1998-2000; region and country	FOOD AVAILABILITY AND DIET DIVERSIFICATION		POVERTY	HEALTH		CHILD NUTRITIONAL STATUS
	Dietary energy supply (DES)	Share of non-starchy food in total DES	People living on less than US$1 per day	Life expectancy at birth	Under-five mortality rate	Underweight children under five years of age
	1998-2000		1990s (last survey)	2000		1990-2000 (last survey)
	kcal/day per person	%	%	years	per 1 000 births	%
Less than 2.5% undernourished						
ASIA AND THE PACIFIC						
Hong Kong SAR of China	3 100	70	na	80	na	Na
Malaysia	2 930	56	na	73	9	18
Rep. Of Korea	3 060	49	-	73	5	Na
LATIN AMERICA AND THE CARIBBEAN						
Argentina	3 180	66	na	74	21	Na
NEAR EAST AND NORTH AFRICA						
Libyan Arab Jamahiriya	3 300	53	na	71	20	5
Tunisia	3 360	48	-	72	28	4
Turkey	3 390	47	2	70	45	8
United Arab Emirates	3 180	65	na	75	9	14
COUNTRIES IN TRANSITION						
Belarus	3 050	53	-	68	20	Na
Czech Rep.	3 170	69	-	75	5	1
Estonia	3 250	53	-	71	21	na
Hungary	3 420	70	-	71	9	na
Poland	3 370	58	-	73	10	na
Romania	3 280	47	3	70	22	6
Slovakia	3 100	65	-	73	9	na
Slovenia	3 080	61	-	75	5	na
2.5 to 4% undernourished						
LATIN AMERICA AND THE CARIBBEAN						
Chile	2 850	57	-	76	12	1
Uruguay	2 850	63	-	74	17	5
NEAR EAST AND NORTH AFRICA						
Egypt	3 320	34	3	67	43	12
Kuwait	3 130	62	na	77	10	10
Lebanon	3 160	62	na	70	32	3
Saudi Arabia	2 840	51	na	73	29	14
Syrian Arab Rep.	3 050	52	na	70	29	13
COUNTRIES IN TRANSITION						
Lithuania	3 010	47	-	73	21	Na
TFYR of Macedonia	2 960	58	na	73	26	6
5 to 19% undernourished						
ASIA AND THE PACIFIC						
China*	3 030	39	19	70	40	10
Indonesia	2 900	29	8	66	48	26
Myanmar	2 820	24	na	56	110	36
Nepal	2 380	21	38	59	100	47

Pakistan	2 460	47	31	63	110	38
Thailand	2 480	49	-	69	29	19
Viet Nam	2 540	26	na	69	39	33
LATIN AMERICA AND THE CARIBBEAN						
Brazil	2 960	65	12	68	38	6
Colombia	2 570	60	20	72	30	7
Costa Rica	2 780	62	13	77	12	5
Cuba	2 560	60	na	76	9	4
Ecuador	2 680	62	20	70	32	15
El Salvador	2 460	46	21	70	40	12
Guyana	2 550	48	na	63	74	12
Jamaica	2 680	59	3	75	20	4
Mexico	3 150	53	16	73	30	8
Panama	2 410	62	14	75	26	7
Paraguay	2 540	57	20	70	31	5
Peru	2 600	46	16	69	50	8
Suriname	2 630	57	na	70	33	Na
Trinidad and Tobago	2 720	61	12	73	20	Na
NEAR EAST AND NORTH AFRICA						
Algeria	2 960	39	-	71	65	6
Iran, Islamic Rep. of	2 910	39	na	69	44	11
Jordan	2 720	47	-	72	34	5
Morocco	3 010	36	-	67	46	9
SUB-SAHARAN AFRICA						
Benin	2 570	26	na	53	154	29
Côte d'Ivoire	2 590	33	12	46	173	21
Gabon	2 550	55	na	53	90	Na
Ghana	2 650	28	45	57	102	25
Mauritania	2 660	45	29	52	183	23
Mauritius	2 970	54	na	72	20	16
Namibia	2 600	27	35	47	69	26
Nigeria	2 840	35	70	47	184	27
Swaziland	2 570	52	na	46	142	na
COUNTRIES IN TRANSITION						
Albania	2 750	52	na	74	31	14
Bosnia and Herzegovina	2 810	42	na	73	18	4
Bulgaria	2 640	63	-	72	16	na
Croatia	2 480	62	-	73	9	1
Georgia	2 440	38	-	73	29	3
Kazakhstan	2 720	41	-	65	75	4
Kyrgyzstan	2 830	34	na	67	63	11
Latvia	2 880	58	-	70	21	na
Rep. Of Moldova	2 730	48	11	68	33	3
Russian Fed.	2 900	52	7	65	22	3
Turkmenistan	2 720	37	12	66	70	na
Ukraine	2 830	49	3	68	21	3
Uzbekistan	2 370	42	3	70	67	19
Yugoslavia, Fed. Rep. of **	2 750	68	na	72	20	2
20 to 34% undernourished						
ASIA AND THE PACIFIC						
Dem. People's Rep. of Korea	2 170	32	na	61	30	60
India	2 430	38	44	63	96	47
Lao People's Dem. Rep.	2 240	21	26	54	105	40

Papua New Guinea	2 180	44	na	59	112	na
Philippines	2 360	44	na	69	40	28
Sri Lanka	2 360	44	7	73	19	33
LATIN AMERICA AND THE CARIBBEAN						
Bolivia	2 210	51	14	63	80	10
Dominican Rep.	2 310	67	3	67	48	5
Guatemala	2 160	47	10	65	59	24
Honduras	2 390	54	24	66	40	25
Nicaragua	2 240	49	na	69	45	12
Venezuela	2 280	60	23	73	23	5
NEAR EAST AND NORTH AFRICA						
Iraq	2 150	34	na	61	130	16
Yemen	2 040	33	16	56	117	46
SUB-SAHARAN AFRICA						
Botswana	2 240	50	na	39	101	13
Burkina Faso	2 320	25	61	44	198	34
Cameroon	2 270	41	33	50	154	21
Chad	2 180	40	na	48	198	28
Congo	2 170	36	na	51	108	14
Gambia	2 400	45	59	53	128	17
Guinea	2 240	41	na	46	175	23
Lesotho	2 300	19	43	44	133	16
Malawi	2 160	24	na	39	188	25
Mali	2 400	28	73	42	233	43
Senegal	2 260	40	26	52	139	18
Sudan	2 360	43	na	56	108	17
Togo	2 370	21	na	49	142	25
Uganda	2 330	56	na	42	127	26
COUNTRIES IN TRANSITION						
Azerbaijan	2 330	33	-	72	105	17
35% OR MORE UNDERNOURISHED						
ASIA AND THE PACIFIC						
Bangladesh	2 100	16	29	61	82	48
Cambodia	1 990	22	na	54	135	46
Mongolia	2 020	56	14	67	78	13
LATIN AMERICA AND THE CARIBBEAN						
Haiti	2 040	46	na	53	125	28
NEAR EAST AND NORTH AFRICA						
Afghanistan	1 630	27	na	43	257	48
SUB-SAHARAN AFRICA						
Angola	1 890	33	na	47	295	na
Burundi	1 620	51	na	42	190	45
Central African Rep.	1 950	44	67	43	180	24
Dem. Rep. of the Congo	1 590	23	na	46	207	34
Eritrea	1 710	22	na	52	114	44
Ethiopia	1 880	19	31	42	174	47
Kenya	1 960	41	27	47	120	23
Liberia	2 140	38	na	47	235	na
Madagascar	2 010	25	49	55	139	33
Mozambique	1 910	23	38	42	200	26
Niger	2 100	28	61	46	270	40
Rwanda	2 020	52	na	40	187	29
Sierra Leone	1 980	36	57	39	316	27

Somalia	1 600	65	na	48	225	26
United Rep. of Tanzania	1 920	30	20	44	165	29
Zambia	1 900	21	64	38	202	25
Zimbabwe	2 110	38	36	40	117	13
COUNTRIES IN TRANSITION						
Armenia	2 040	36	8	74	30	3
Tajikistan	1 790	31	na	69	73	na

Source: FAO, State of Food Insecurity in the World 2002 Report

Table 7: CARE CANADA - PROGRAMME AGREEMENT FY 01 - 03

PROJECT LIST

#	Country	Project	*Sector*
1	Cameroon	HIV/AIDS and STDs Prevention Among Truckers and Other Vulnerable Populations	1
2	Canada	HIV + Photo Exhibit	PE
3	Costa Rica et.al	Tools for Development	2
4	Cuba	Integrated Program	2
5	Guatemala		
6	Ghana	Food Security in Northeastern Corridor	2
7	Global	Capacity Building in Program and Program Mngmt	3
8	Global	Environment Review	3
9	Global	Sector Study/Impact Assessment	3
10	Global	Civil Society Engagement Fund	3
11	India	Area Approach for Nurturing Child's Holistic Development and Learning	1
12	Jordan	Reform of Livestock and Rangeland Management	2
13	Kenya	Girl Child Project	3
14	Kenya	Girl Child Network	3
15	Malawi	Civil Society Basic Education Support Project	3
16	Mali	Our School Belongs to Everyone	1
17	Nepal	Participation of Women Enabling Their Real Representation	3
18	Tanzania	Community Services Improvement (HUJAKWAMA)	1
19	Tanzania	Ongeza Ongeza	3
20	West Bank/Gaza	Popular Theatre in Palestine	3
21	Honduras	Project for Exporting Coffee	2
22	Zambia	Partnership for Capacity Building in Education	1
23	Zimbabwe	Business Development Services	2

Sectors:
(1) Basic Social Services
(2) Economic Empowerment
(3) Civil Society Strengthening

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