



GLOBAL POVERTY:

teacher's
toolkit

Issue 3

CARE IS A NON-POLITICAL, NON-RELIGIOUS OVERSEAS AID ORGANISATION
WORKING IN 84 COUNTRIES AROUND THE WORLD TO FIGHT POVERTY AND INJUSTICE



care®

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Cover image: Timor-Leste ©Tom Greenwood/CARE

Welcome

Thank you for your interest in CARE's Global Poverty: Teacher's Toolkit. This resource will provide a way for you to teach your students about global poverty, developing countries and CARE's work supporting women, girls and their communities to overcome poverty.

Australia is a unique country; we are a multicultural nation, and unlike many other developed countries, we are almost entirely surrounded by poor nations. At CARE, we are passionate about supporting our closest neighbours to overcome poverty.

One of the poorest countries in our region - Timor-Leste - is a mere one hour flight from Australia. In this toolkit, students will learn about living in a country like Timor-Leste or on the other side of the world in a country in Africa.

Nelson Mandela once said, 'Education is the most powerful weapon you can use to change the world'. By teaching your students about the challenges in poor communities, you are helping to build momentum to overcome global poverty.

I hope you enjoy using this toolkit as we at CARE continue to strive for a world in which poverty has been overcome and women and girls – and men and boys – live in dignity and security.



Dr Julia Newton-Howes

Chief Executive

CARE Australia



Timor-Leste ©Tom Greenwood/CARE

Guidelines For Teachers

By using this toolkit, you are exposing your students to issues affecting more than one billion people around the world and inspiring them to take up the fight to eliminate poverty and social injustice.

This toolkit contains activities that are appropriate for high school students at varying year levels. Please use your discretion to choose activities suitable for your students.

THE EIGHT TOPICS COVERED IN THIS TOOLKIT ARE:

1. Global poverty
2. Women's empowerment
3. Education
4. HIV/AIDS
5. Maternal and reproductive health
6. Disability and poverty
7. Emergency response
8. Climate change

These topics cover study areas such as health and human development, social studies, geography, economics and international studies.

TO BETTER IMPLEMENT THIS EDUCATIONAL TOOLKIT, PLEASE TAKE NOTE OF THE FOLLOWING RECOMMENDATIONS:

- Read the background pages and fast facts included in this toolkit prior to teaching the class in order to gain a general understanding of each topic.
- Distribute the stories provided for the topic to your students during the class.
- Use the online resources referred to throughout the toolkit to help enhance the students' understanding of the subject area.



Chon Youen used to get at up 3am every day and spend hours collecting water. She now has a pond nearby which CARE built in partnership with her community. Chon is now the leader of the water user group in her village. She has eight children and a husband, who is proud of her. **Cambodia** ©Josh Estey/CARE



Timor-Leste ©Tom Greenwood/CARE

INTRODUCING CARE

About CARE

OUR VISION

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

HISTORY

Founded in 1945, CARE was created to send food aid and basic supplies in the form of 'CARE packages' to survivors of World War II. As the economies of the former wartime nations developed and improved, the focus of CARE's work shifted from Europe to the challenges of the developing world.

Today, CARE is a confederation of 14 national members known as CARE International - one of the world's largest independent, international emergency relief and development assistance organisations.



Austria ©CARE

CARE AUSTRALIA

CARE Australia joined the CARE International family in 1987, led by former Prime Minister Malcolm Fraser. CARE Australia's head office is in Canberra with a smaller office in Melbourne. As a member of the CARE International family, CARE Australia provides assistance to people in need regardless of their race, age and political or religious beliefs.



Malcolm Fraser ©CARE

CARE TODAY

CARE has a special focus on working with women and girls to bring lasting change to their communities. Our long-term development projects help communities break the cycle of poverty and equip women and girls with skills and resources so they can work towards a better future for themselves, their families and their entire community.



Malawi ©Josh Estey/CARE

What does CARE do?

OUR WORK

CARE works with vulnerable and marginalised communities to support long-term sustainable development projects and respond to humanitarian emergencies. CARE also supports the achievement of the United Nations Millennium Development Goals.



Newly arrived refugees from Somalia at a water point which is managed by CARE at a Dadaab refugee camp.

Kenya ©Kate Holt/CARE

SUSTAINABLE DEVELOPMENT PROJECTS

CARE's long-term development projects help communities break the cycle of poverty. CARE's projects support people to access their basic human rights and equip them with skills and resources so they can work towards a better future. CARE takes a holistic approach to development, this means our focus is not just in one area – CARE looks at communities affected by poverty as a whole and works with them to address the needs they identify.



Tanzania ©Josh Estey/CARE

HUMANITARIAN EMERGENCIES

Emergencies, whether natural or man-made, require an immediate and effective response. CARE has a team of experienced emergency professionals who assist survivors of conflict and natural disasters with immediate relief and longer-term community rehabilitation. We provide food, shelter, clean water, sanitation facilities, medical care and tools to those who need it most, and continue to help people rebuild their lives and restore their livelihoods long after a disaster has struck. CARE also works with vulnerable communities to reduce the impact of future disasters.



Haiti ©Evelyn Hockstein/CARE

Where CARE works

Countries with CARE programming in financial year 2012:

1. Afghanistan
2. Angola
3. Armenia[¥]
4. Azerbaijan[¥]
5. Bangladesh
6. Benin
7. Bolivia
8. Bosnia and Herzegovina
9. Brazil
10. Burundi
11. Cambodia
12. Cameroon
13. Chad
14. Chile[¥]
15. Côte d'Ivoire
16. Croatia
17. Cuba
18. Democratic Republic of Congo
19. Ecuador
20. Egypt
21. El Salvador
22. Ethiopia
23. Georgia
24. Ghana
25. Guatemala
26. Haiti
27. Honduras
28. India^{*}
29. Indonesia
30. Jordan
31. Kenya
32. Kosovo
33. Laos
34. Lesotho
35. Liberia
36. Macedonia
37. Madagascar
38. Malawi
39. Mali
40. Montenegro[¥]
41. Morocco
42. Mozambique
43. Myanmar
44. Nepal
45. Nicaragua
46. Niger
47. Pakistan
48. Papua New Guinea
49. Peru^{**}
50. Philippines[§]
51. Romania[¥]
52. Rwanda
53. Serbia
54. Sierra Leone
55. Somalia
56. South Africa
57. Sri Lanka
58. Sudan
59. Tanzania
60. Thailand^{***}
61. Timor-Leste
62. Togo
63. Uganda
64. Vanuatu
65. Vietnam
66. West Bank & Gaza
67. Yemen
68. Zambia
69. Zimbabwe

CARE International Members

70. Austria
71. Australia
72. Canada
73. Denmark
74. France
- 75-76. Germany-Luxembourg[◇]
77. Japan
78. Netherlands
79. Norway
- Thailand^{***}
80. United Kingdom
81. United States

CARE International Affiliate Members

- India^{*}

CARE International Secretariat:

82. Geneva, Switzerland
83. Brussels, Belgium
- New York, United States

Sub-offices:

84. Czech Republic (of CARE Austria)

[¥] Limited presence.

^{*} CARE India is an Affiliate Member of CARE International and a country with ongoing programs.

^{**} CARE Peru is in the process of becoming an Affiliate Member of CARE International.

^{***} CARE Thailand is both a member of CARE International and a country with ongoing programs.

[§] CARE works through a strategic partnership.

[◇] CARE Germany-Luxembourg has offices in both Germany and Luxembourg.



- CARE International Member
- Countries with CARE Programming in FY12
- Countries where CARE is working through partners
- CI

 CI Secretariat (Geneva, Brussels, New York)

CARE highlights

In financial year 2012, CARE worked in 84 countries, supporting 997 poverty-fighting development and humanitarian aid projects to reach more than 83 million people.

Last year, CARE:



Managed and coordinated camps for refugees and internally displaced people, reaching more than 180,000 people in three countries.



Reached over three million people with basic health services such as providing medicine and mobile health clinics during an emergency.



Improved access to education and technical training for more than 2.3 million people.



Improved food security for more than 2.5 million people by providing nutritional support and promoting sustainable agriculture.



Helped more than 900,000 poor people claim their rights and advocate for policies at local, regional and national levels to improve gender equity, motivate policy changes and address underlying causes of poverty.



Provided access for almost 10 million people to health services to protect themselves from HIV, tuberculosis and other diseases.



Helped more than 1.5 million people access safe drinking water, develop sustainable water management practices and improve hygiene practices and sanitation.



Reached more than two million people, women and men, with information and tools to promote gender equality and empower women.



Kenya ©Sabine Wilke/CARE



Papua New Guinea ©Josh Estey/CARE



Timor-Leste ©Tom Greenwood/CARE



Cambodia ©Josh Estey/CARE



Timor-Leste ©Tom Greenwood/CARE

THE MILLENNIUM DEVELOPMENT GOALS (MDGs)

The Millennium Development Goals (MDGs)

In 2000, leaders from 189 countries came together at the United Nations Headquarters and committed their nations to a global partnership to reduce extreme poverty, inequality, hunger and disease. A series of time-bound targets, with a deadline of 2015, known as the Millennium Development Goals were developed. Having signed the Millennium Development Declaration, countries like Australia and development organisations like CARE must do all they can to achieve the eight goals by 2015.



1. ERADICATE EXTREME HUNGER AND POVERTY

- Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day (revised to US\$1.25 in 2005)
- Achieve full and productive employment and decent work for all, including women and young people
- Halve, between 1990 and 2015, the proportion of people who suffer from hunger



2. ACHIEVE UNIVERSAL PRIMARY EDUCATION

- Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling



3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

- Eliminate gender disparity in all levels of education no later than 2015



4. REDUCE CHILD MORTALITY

- Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate



5. IMPROVE MATERNAL HEALTH

- Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
- Achieve universal access to reproductive health



6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

- Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
- Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases



7. ENSURE ENVIRONMENTAL SUSTAINABILITY

- Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources
- Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss
- Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
- Have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers



8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

- Address the special needs of least developed countries, landlocked countries and small island developing states
- Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
- Deal comprehensively with developing countries' debt
- In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
- In cooperation with the private sector, make available benefits of new technologies, especially information and communications

CARE AND THE MDGs

The role of non-government organisations like CARE is crucial to help accelerate progress towards the MDGs, specifically the goals closely linked to CARE's long-term work. This includes eradicating extreme poverty and hunger; promoting gender equality and empowering women; improving maternal, newborn and child health; and ensuring environmental sustainability.

In 2010 CARE participated in the MDG Summit, which reviewed progress towards achieving the MDGs by 2015. The Summit shared MDG successes noting that since 1990 there are 280 million fewer people living in extreme poverty and 40 million more children in school.¹



Kenya ©Sigfried Modola/CARE

While there have been life-changing achievements, the majority of the MDGs are not on track to meet the 2015 deadline. For example, 66 countries are likely to miss the MDG on maternal health². In order to fill the gap between the world in which we live and the world we want, CARE will continue to push the international community to:

- focus greater attention on people in extreme poverty and the most vulnerable populations
- be more gender responsive and promote gender equality and women's empowerment.

LEADING BY EXAMPLE

CARE's commitment to reaching the MDGs can be seen globally. In Africa, CARE is supporting 40,000 households as part of the Australia Africa Community Engagement Scheme (AACES), with support from AusAID. Working in Ethiopia, Malawi and Tanzania, CARE is improving the quality of life for rural women who experience regular food shortages.



Malawi ©Josh Estey/CARE

With research showing a strong link between women's empowerment and the reduction of poverty, CARE is striving towards MDG1 and MDG3 with Village Savings and Loans schemes developed to help women overcome poverty and be empowered to lead social change. Through the groups, rural women pool their savings and use the combined amount as equity to take loans which are paid back with interest. The anticipated outcomes of the project are: increased food security, increased access to equity; increased capacity through training; and improved livelihood opportunities. The secondary outcomes are the greater respect and freedom women receive from male community members, resulting in improved access to education and healthcare and more freedom of mobility and decision-making. These cascading outcomes are critical in achieving the MDGs.

In 2012, CARE improved food security for more than 2.5 million people by providing nutritional support and promoting sustainable agriculture.

¹ <http://ausaid.gov.au/keyaid/mdg.cfm>

² <http://www.guardian.co.uk/global-development/datablog/2012/jun/14/race-against-time-health-mdg>

MDG success in Malawi

Alice Ronald Phiri dreams of owning a car. 'I am fascinated by cars and I am so happy when I am riding in one that I want one of my own. I don't know how much they cost, but I will try to buy one.'

A group of women sitting around Alice nod enthusiastically and smile with encouragement. They are part of a CARE Village Savings and Loan (VS&L) group that began in 2004. Each week the women attend a meeting and contribute a small amount of their savings to a fund from which they can eventually borrow.

Had Alice, 56, said her dream out loud seven years ago, she would have been laughed at and made to feel a fool. 'I was very poor before I joined the VS&L,' explains Alice. 'I was having so much difficulty providing for my family. I could not grow enough food to feed my children and I struggled to get access to money.'



Alice is the Chair of her Village Savings and Loan group

Malawi ©Josh Estey/CARE

'People pitied us because we couldn't grow enough food to feed our five children and two grandchildren,' says Alice. She and her husband have been looking after their two grandchildren since their daughter died of HIV in 2002.

'Our life was so miserable. Year after year I could not grow enough food for my family. Often we only ate one meal a day, which was usually watered down maize porridge. We could not afford meat or fish and vegetables such as okra and pumpkin leaves were the only option,' says Alice.

Nowadays, her dreams don't seem so ridiculous. As the chairwoman of her VS&L, Alice is seen by the women in her group as an inspiration. Outside the group Alice is a shining example of how, when equipped with the proper skills and resources, women have the power to help their family and community escape poverty.

'As soon as I joined CARE's VS&L group I started to benefit. I was taught basic arithmetic and learnt about financial literacy,' says Alice.

'I am grateful that my husband supported my involvement in the group,' adds Alice. 'Knowledge is power and soon after joining the group I began to know more about money and budgeting than my husband. With his support I started to make household decisions such as what we spent our money on and when. This gave me the confidence to take my first loan.'

Alice took out a \$40 loan from the group to buy a bag of fertiliser for her plot of land, which she grew maize and tobacco on. Alice realised that for the first time in years, her maize harvest was enough to feed her family for the coming year.

'At the end of each year, we share out the money saved by the VS&L group,' explains Alice. 'By the end of the fourth year I had saved over \$110 and when it was time to share out the savings I received another \$160. I could hardly believe my eyes.'

'CARE's VS&L program has changed my life. I can honestly say that I no longer have any big problems. I am able to feed my family, drink tea with milk, earn an income from selling surplus food and send my children to secondary school,' adds Alice.

Alice hopes that her eldest son will finish his secondary education. 'I was hopeless before CARE came to our village, but now I have many hopes and dreams for the future. I want all my children to gain an education so that they don't have to rely on the land to survive. I also want to build a bigger, better house for my family and set up a shop to sell surplus food I grow from my plot of land.'



Members from a CARE-led Village Savings and Loan group at their monthly meeting.

Malawi ©Josh Estey/CARE

MALAWI'S MDG PROGRESS

As a region, sub-Saharan Africa remains furthest from meeting the MDGs, however great gains have been witnessed in Malawi. On track to meet five of the eight MDGs, Malawi has made significant progress since 1990. The under-five mortality rate fell from 209 deaths per 1,000 live births in 1990, to 111 in 2007 – placing Malawi third in terms of absolute reductions across all low and middle income countries, first in its region and second among low-income countries.

CARE is working in Malawi to help reach the three MDGs that are in doubt; achieving universal primary education, reducing gender inequality and maternal mortality.



Tanzania ©Josh Estey/CARE

GLOBAL POVERTY

Global Poverty

WHAT IS POVERTY?

Many people think of poverty as not having much money. In reality, poverty is a lot more complex. For many people in the world poverty means they have been exploited, are powerless and do not have a voice in matters directly affecting their lives and wellbeing.

Definitions of poverty often centre on what are called 'basic needs' for a human to survive. Basic needs include food, water, clothes and shelter. CARE believes that for a person to have a full and meaningful life they need freedom, healthcare and education in addition to these basic needs.

Generally speaking, there are two broadly accepted types of poverty – relative poverty and absolute poverty.

WHAT IS RELATIVE POVERTY?

Relative poverty is the kind most often experienced by Australians living in poverty. This means that a family or individual may have less money or possessions than the majority of the population, but they are still able to meet their own everyday basic needs. This might include families that have somewhere to live but cannot afford to pay all their bills or food expenses each week.

In Australia, the government and not-for-profit organisations such as the Salvation Army provide support to people experiencing relative poverty.

WHAT IS ABSOLUTE POVERTY?

The World Bank considers a person to be living in absolute poverty if they cannot afford their basic needs like shelter, water and food. Also known as extreme poverty, this is the kind of poverty experienced by people in developing countries. Often we define people as extremely poor if they earn an amount under the international poverty line, which is about US\$1.25 per day.

In many developing countries, people living in extreme poverty do not have access to clean water, nutritious food or basic healthcare. This means they are often sick and have a low chance of survival. Furthermore, they have few possessions and face barriers to gaining an education.

Unlike in Australia, some governments in developing countries cannot afford to support all those experiencing poverty. That is why CARE's work is so important; our projects help millions of people lift themselves and their communities out of poverty every year.

WHAT DOES POVERTY LOOK LIKE IN RURAL AREAS?

In rural or remote areas, schools, healthcare and markets might be far away from where people live, with poor roads or transportation. As a result, people may be isolated and unable to access medicine, food and even clean water.

In areas like these, the degree of poverty may be so desperate that breaking a cooking pot might mean a family can no longer cook their food, and may go hungry – with no markets nearby or money to purchase a new pot, families battle to survive.



Malawi ©Tim Freccia/CARE

WHAT DOES POVERTY LOOK LIKE IN THE CITY?

More than a third of the world's urban population, or people living in cities, reside in informal settlements known as slums. Many slums have no running water, no toilets and no electricity. Usually there is high population density and children may not have the opportunity to go to school, and often have no choice but to play and bathe in unsanitary areas close to open sewers. Consequently, disease and mortality rates are high.



Kenya © Tim Freccia/CARE

FAST FACTS

- Almost half the world — more than three billion people — live on less than US\$2.50 a day.¹
- Of the world's 1.3 billion people living in extreme poverty, on less than US\$1.25 per day, 70 per cent are women and girls.
- One in eight people lack access to clean water.
- Hunger kills more people every year than AIDS, malaria and tuberculosis combined.
- In developing countries, nearly 20 per cent of girls who enrol in primary school do not complete their primary education.

ESSAY QUESTIONS

- Define 'poverty' and discuss how well the MDGs provide a plan for ending global poverty.
- Analyse the current regional trends of global poverty and provide an explanation for them by describing possible root causes of poverty.
- Evaluate whether living in poverty is a violation of universal human rights.
- Evaluate one current strategy that aims to improve the lives of those living in poverty overseas. Has this strategy been successful so far? Why/why not?

¹ <http://www.globalissues.org/article/26/poverty-facts-and-stats#src4>

A CARE story from Cambodia:

Walk In Her Shoes

Sopheap*, a 12-year-old girl living in the north east of Cambodia has mastered a range of skills you wouldn't expect of someone her age: she can cut up a branch with a machete in no time at all, she can wade across fast moving streams and can carry heavy loads on her back.



Cambodia ©Josh Estey/CARE

'Every day I need to walk to take care of the cow and go to the farm,'

--Sopheap, 12 from Cambodia

Sadly, she has learnt these skills in order to survive.

'Every day I need to walk to take care of the cow and go to the farm,' Sopheap says. The walk to the farm to collect vegetables involves leaving her village and crossing a stream, which at times can be over waist height, to reach the plot of land her family farms to grow eggplants, cashews and pumpkins. Sopheap also routinely walks into the forest to collect firewood for her family of six.

'It is difficult to find fire timber. When I go to find the timber I collect it, and cut it, and put it in a

basket and bring it home.' The walk for timber can be long and isolated, it often takes her hours to gather enough for her family.

'When I walk to the farm and to find the firewood I am so afraid. I am afraid of ghosts and of attackers.'

Getting an education is the key to help Sopheap lift herself, and her family, out of poverty – but first she needs to be relieved of the burden of walking. CARE is working with Sopheap's community to help more girls go to school, and stay there. CARE supports families to grow food near their homes and access safe water nearby, so there is no need to spend hours walking. CARE has also helped the community develop early childhood centres so that girls can go to school instead of caring for their younger siblings.

Sopheap is seizing the new opportunities education is providing her. 'I study in grade four and I like writing. I have homework and I like to do it.' When she finishes school, she wants to be a teacher.

CARE began activities in Cambodia between 1973 and 1975, distributing food, providing medical assistance and improving education. From 1975 onwards CARE worked to support the millions of Cambodian refugees who fled the Khmer Rouge and were living in camps along the Thai-Cambodian border.

In 1990, CARE returned to Cambodia, working with the United Nations to help Cambodian refugees return to their homes. Over the years, CARE has shifted its focus in Cambodia from short-term, vital relief operations, to long-term projects in health, education and rural development.

Our work in Cambodia focuses on disaster risk reduction, de-mining, food and livelihood security, health, education, HIV prevention and care, avian influenza and human rights.

*CARE is committed to being a child safe organisation. Names of children have been changed.

Global poverty activity

GLOBAL POVERTY ACTIVITY

Students will build an understanding of the challenges faced by those experiencing poverty through undertaking a research assignment comparing the standard of living in Australia to a developing country. After students' assignments are completed, a 'Developing World Fact Book' can be compiled for use as a class resource.



Sopheap studies hard to achieve her dream of one day becoming a teacher.

Cambodia ©Josh Estey/CARE

DIRECTIONS

Provide each student with a copy of the Global Poverty Assignment Sheet (page 22). Note that it is possible for a student to choose a developing country not listed, however students will have ready access to information on the countries listed on the handout through CARE's website www.care.org.au.

If necessary, provide students with handout of key terms (page 78).

Instruct students to complete the Developing World Fact Book Assignment Sheet.

Collect the fact sheets presented by the students to form a Developing World Fact Book.

TEACHER NOTE

This assignment will require more than one class. It is suggested you set part of this task for homework.

Visit CARE's YouTube channel and play the video of Sopheap's story to your students. Walk In Her Shoes – Sopheap's story at: www.youtube.com/careaus OR directly at: <http://youtu.be/bMBczbJwRec>



Global poverty assignment sheet:

Developing Country Fact Book

1. CHOOSE ONE OF THE FOLLOWING COUNTRIES:

- Afghanistan
- Cambodia
- Ethiopia
- Haiti
- Kenya
- Jordan
- Laos
- Malawi
- Myanmar
- Pakistan
- Papua New Guinea
- Timor-Leste
- Vietnam
- West Bank/Gaza

2. RESEARCH THE FOLLOWING INFORMATION FOR YOUR ASSIGNED COUNTRY:

- Basic facts about the country including population, official language, location, religions, political structure and climate
- Statistics about the poverty rates, literacy rates, GDP, major exports and imports
- Other interesting information about the country such as cultural traditions, important festivals or tourist attractions.

3. USING THE INFORMATION GAINED ABOVE, ANSWER THE FOLLOWING QUESTIONS AS PART OF THE FACT BOOK:

- How is this country different from Australia?
- What are the major problems facing people in this country?
- How could some of these problems be solved?
- Find one CARE project that occurs in this country. What does it aim to achieve?
- In your opinion, is this project making a difference to any of the problems you outlined? Why/why not?
- You will need to use your own research plus any information you get from your teacher to complete this task. Remember to include a bibliography.
- Present your information in a document to be included as part of a class Developing Country Fact Book.

RESEARCH SOURCES

- CARE Australia "Where we work":
<http://www.care.org.au/wherewework>
- AusAID Country Information:
<http://www.ausaid.gov.au/country/default.cfm>
- Department of Foreign Affairs and Trade (DFAT) Country Information:
<http://www.dfat.gov.au/geo/>
- UNICEF Country Information:
<http://www.unicef.org/infobycountry>



Malawi ©Josh Estey/CARE

WOMEN'S EMPOWERMENT

THE PROBLEM

Women are generally the most disadvantaged and impoverished members of poor communities. As the poorest of the poor and caretakers of the ill, they carry the greatest burden of poverty. In many developing countries around the world, women and girls cannot access their basic human rights. This can deny them the right to an education, healthcare, employment and above all, choices for their future.

As a result, women and girls often aren't able to participate in their community and assist with community decision-making. In some of the poorest countries in the world, women continue to be denied the right to own land, vote and make decisions about their own reproductive health.

THE SOLUTION

Research has shown that, when equipped with the proper resources, women and girls are best positioned to help lift families and entire communities out of poverty. Women tend to transfer improvements from their own lives into the lives of their children, families and communities. Increases in income, for example, typically translate into greater investment in children's education and healthcare.

When women or girls are empowered to create change, they generally share this knowledge to help others in the community.

For example, educating girls has cascading benefits because an educated woman is:

- less likely to die in childbirth
- more likely to have healthy babies
- more likely to send her children to school, and
- better able to protect her children and herself from HIV/AIDS, trafficking and sexual exploitation.

The same rule applies to women in other areas of development such as healthcare, water, food production and economic development.

Overcoming the barriers that have held women back in developing countries is the most important step to fighting global poverty. In the past decade, more women than men have fallen into extreme poverty. Empowering women is the foundation for improving relationships between men and women

so they can work together to overcome poverty in their communities. As more women and girls are empowered, especially in developing nations, and their social standing increases, the power relations between men and women can be better balanced.

CARE'S WORK WITH WOMEN AND GIRLS

For international development agencies like CARE, working with women and girls makes good investment sense. CARE's decades of poverty-fighting work, research, analysis and project implementation have demonstrated that poverty and women's disempowerment go hand-in-hand. Consequently, the societies that are the worst-off are those where women and girls are held back.

However, empowered women and girls who have the ability and freedom to identify and choose their actions and life course will act in ways that lift themselves, their families and communities out of poverty. To ensure this happens, CARE involves women and girls, as well as men and boys, in community decision-making and the projects CARE implements.

'Development can be neither sustainable nor inclusive if it does not free women and girls from carrying heavy buckets of water every day'

Lakshmi Puri, UN Women



Tanzania ©Evelyn Hockstein/CARE



Cecilia Chilonga is a Community Facilitator and Village Savings and Loan member in Sungeni village.

Malawi ©Tim Freccia/CARE

FAST FACTS

- Of the world's poorest people, 70 per cent are women and girls.
- One in seven girls living in developing countries will marry before their 15th birthday.
- On average women and children in developing countries travel 10-15 kilometres and spend eight or more hours per day collecting water, carrying up to 15 litres per trip.
- Women produce between 60 and 80 per cent of the food in most developing countries and are responsible for half of the world's food production, yet their key role as food producers and providers, and their critical contribution to household food security, is only recently becoming recognised.

ESSAY QUESTIONS

- Explain why educating girls is vital in helping whole communities overcome poverty.
- Discuss why the empowerment of women is an effective strategy to end global poverty. Use two examples to support your essay.
- Evaluate one project that aims to empower women and/or girls. Discuss what aspects of this project make it successful.
- Why is working with female heads of households an effective way to implement aid programs in developing countries?
- Millennium Development Goal 3, 'Promote gender equality and empower women', is crucial to helping reach all eight MDGs. Discuss.

A CARE story from Tanzania: Escaping poverty to care for her newborn



Hamida and her child.

Tanzania ©Josh Estey/CARE

Tanzania is a nation of immense beauty, of vast savannah plains and wide open spaces.

Yet for 25-year-old Hamida Zuberi there is little room to move. Weighed down by the struggles of her life and the demands of parenthood, Hamida is stuck in a cycle of poverty. Six months ago, Hamida gave birth to her first child. While this was a time of celebration for Hamida and her family, being a single mother means Hamida's life just got a whole lot harder.

She lives in a small hut with her five siblings and parents. While the large family size means that the baby is well cared for, the financial pressures are immense.

Hamida is often out of the house, working in her neighbour's fields to earn a living. Unfortunately her income is minimal, as piece work earns her only 3,000 shillings a day (AUD\$1.90). Because she can only work two to three times a week, her income is barely able to support her and her child.

Depending on what is available, the family only eats two to three times a day. Their diet, consisting primarily of porridge for breakfast and cornmeal and cassava leaves for dinner, is prepared with unsafe water. The unsafe water regularly makes them sick; diarrhoea and stomach problems are common in the family.

They cannot afford protein such as meat or fish, which are reserved only for special occasions.

‘My family doesn’t have enough food,’ Hamida says. ‘If I had enough money I would buy food for them.’

‘My brothers and sisters go to school without breakfast. Sometimes they get food at lunchtime, and sometimes they don’t,’ she says. ‘When they don’t eat, they become dull and weak.’

But living in poverty means healthy food is not the only thing beyond their reach. Malaria medication, which costs 5,000 shillings (AUD\$3.18) due to a lack of supply, is also too expensive.

The Zuberi family has never been part of a development project. But this is all about to change.

The Women’s Empowerment: Improving Resilience, Income and Food Security (WE-RISE) program is a CARE project in Tanzania working to combat poverty and food insecurity in the Mtwara Region, where poverty is exacerbated by inconsistent weather conditions and gender inequality.

WE-RISE is particularly focused on assisting women like Hamida who, as a ‘single’ mother, is more vulnerable to food insecurity and extreme poverty.

Through Village Savings and Loans Associations (VSLAs) – local microfinance institutions that lend money and facilitate savings for vulnerable households – CARE will help empower Hamida, providing her with the financial and educational kick-start she so urgently needs.

So far, Hamida has been saving 1,500 shillings (AUD\$1) a week. But as her education and training with VSLAs continues to increase, so too will her capacity to support herself and her child.

‘Through this project I want to try and get some assistance to get more education to make my life better,’ Hamida says, smiling.

CARE began working in Tanzania in April 1994, in response to the crisis in Rwanda and the subsequent influx of refugees into the Kagera Region of north-western Tanzania. Over the next 15 years CARE Tanzania developed innovative education, health, microfinance, and environmental programs across most regions of the country.

CARE Tanzania is now implementing programs to address the needs of three groups: poor and vulnerable people, especially women and girls, dependent on natural resources in areas with severe environmental restrictions, and women and girls in rural areas.



Tanzania ©Josh Estey/CARE

Women's empowerment activity

OVERVIEW OF LEARNING ACTIVITIES

This activity aims to promote the role of women and girls in creating change, and how they can help their community overcome poverty. Through abstract thinking, students can appreciate the importance of women and girls and understand that empowering women through education and investment can help communities and save lives.

DIRECTIONS

1. Screen The Girl Effect videos
www.thegirleffect.org
2. Divide students into groups of five and provide them with poster paper, arts and crafts stationary such as coloured pencils, paint, highlighters, etc.
3. Ask each group to write down how girls living in extreme poverty can help make the world a better place. Ask the groups to share their responses with each other.
4. Instruct students to write what they think empowerment means, how women can be empowered and why it is important that they are empowered in this way.
5. Provide them with magazines and newspapers and ask them to cut out empowered women and stick them onto the poster.
6. Photocopy the picture below of what an empowered woman looks like, and ask the students to compare the women they have chosen for their posters to the woman in the picture.

TEACHER NOTE

Encourage students to consider the following:

- Why would the community benefit from women's empowerment?
- Why is educating women important?
- What are the health benefits of women's empowerment?

What does an empowered woman look like?





Timor-Leste ©Tom Greenwood/CARE

EDUCATION

Education

In 2000, the United Nations recognised the important role education plays in the fight against poverty by including it in the Millennium Development Goals. The implications of illiteracy, especially for women, can be devastating and is a huge contributing factor to poverty. It is well documented that educating women and girls provides the single highest return on investment in the developing world.

Without at least a primary education, children are at an increased risk of HIV infection during their lives and are more likely to be taken advantage of. This is especially the case for girls who are often forced to take low-paying jobs or are subjected to child labour.



Timor-Leste ©Tom Greenwood/CARE

BARRIERS TO SCHOOL ATTENDANCE

In order to boost primary education levels, especially in developing countries, it is important to identify the children most at risk of missing out on school. Children kept out of school are often those from minority ethnic groups, those living in remote areas, living in extreme poverty or affected by HIV/AIDS.

Barriers to education are compounded when children live in rural or remote areas of the country. It is much easier to set up and maintain a school in urban areas where supplies such as teaching materials are cheaper and more readily available. In remote areas, where there is very little transportation, the distances students have to walk to get to school may prevent school attendance.

It is not unusual for girls to be discriminated against by their male schoolmates or by male teachers. In some areas schools may not have separate, or in some cases any, bathroom facilities for female students.

OPPORTUNITY COSTS

A significant barrier to school attendance, especially for girls, is the 'opportunity cost'. Opportunity cost can be explained by what is given up when making a decision – for example, if an Australian student chooses to buy lunch at the canteen every day for three months with their savings, they might have to 'give up' the iPod they've been wanting for a year.

While costs of things such as school fees, books and uniforms make schooling too expensive for many families in developing countries, opportunity costs also have a big impact on attendance. In developing countries, many families depend on children, especially girls, to help around the house. For example, girls are expected to look after younger brothers and sisters, fetch water and firewood and prepare food. Boys may be expected to help with herding animals. Often, the loss of support and income for families when a girl attends school is seen as too high.

In contrast, boys do not usually have the same jobs and responsibilities as girls, so the opportunity costs of them attending school are lower. Boys may also be seen to be more likely to get a job and earn an income. Because of this, in many schools, male students outnumber females.

WHEN GIRLS GO TO SCHOOL

Though the barriers to global primary education are challenging, the benefits that even a basic education can provide women and girls show how crucial education is in the fight against poverty. Education can help break the poverty cycle. As primary education rates increase, so do individual and family incomes, as well as national gross domestic product. Studies even suggest that each additional year of education adds as much as 20 per cent to a person's income. CARE knows that educating girls has a ripple effect: educated women are less likely to die in childbirth; more likely to have healthy babies, more likely to send their children to school, and are better able to protect their children and themselves from HIV/AIDS, trafficking and sexual exploitation.

FAST FACTS

- In 2008, there were 67 million primary school age children out of school, most of them were girls.¹
- One in five girls in developing countries who enrol in primary school never finish.²
- Of the 796 million people who can't read and write, nearly two-thirds are women.³
- For every year of education, wages increase by a worldwide average of 10 per cent.
- Girls are more likely to go without schooling than boys — in the Middle East and North Africa, girls are three times more likely than boys to be denied education.



Vietnam ©Josh Estey/CARE

ESSAY QUESTIONS

- Discuss the benefits of educating girls, not only for the status of women, but also for the well-being of a community.
- Summarise the global trends of educating girls as indicated in current statistics, and analyse the social barriers keeping girls out of school.
- Why is MDG2 'Achieve Universal Primary Education' vital in helping to reach the other seven MDGs?

1 http://www.un.org/en/ecosoc/julyhls/pdf11/education_for_all_facts_and_figures.pdf
2 USAID fact sheet
3 http://www.un.org/en/ecosoc/julyhls/pdf11/education_for_all_facts_and_figures.pdf

A CARE story from Kenya:

On the front bench - refugee girls improving their futures

It's a typical day at the CARE-managed Illeys Primary School at Dagahaley refugee camp in Dadaab, Kenya. Fifty parents are lined up outside the gates, desperate to enrol their children. They're drawn not just by the prospect of an education, but by the daily meal CARE provides in partnership with the World Food Program.

The student body is swelling astronomically with the children of new refugees, mostly fleeing drought and hunger in Somalia.



Kenya ©Rick Perera/CARE

This modest compound of cement-block classrooms, designed for 1,500 students, packs in more than 4,000 children in two daily shifts. Spillover classes are housed in tents, bright voices echoing in song and recitation through the sandy courtyard.

'Every child who wants to come to school here is welcome, though of course it's a strain,' says Principal Ahmed Hassan in his cluttered office, where a whiteboard overflows with statistics about his ever growing student population.

Illeys school is close to the influx area for refugees, and most of the new youngsters filling the school have recently arrived from Somalia with their families. In one of the tents, Farah Ali Abdi gives a basic English lesson. The class encompasses children ranging from 4 to 15-years old, all of them struggling to catch up enough to enrol in regular primary grades. 'The cup is on the table!' they shout gleefully in English – more or less in unison.

Most teachers here, like Farah, are refugees themselves, hired and trained by CARE. They work with patience and skill, but with as many as 130 children in one classroom it is impossible to give all of them the attention they need. The five primary schools managed by CARE in Dagahaley camp are massively overburdened with more than 15,000 students. To cope with the influx, and help those who lag behind catch up to their peers, CARE operates special accelerated learning centres during school vacation. Yet, far too many refugee children receive no education: more than six out of ten children in the Dadaab camps do not attend school at all.



Kenya ©Rick Perera/CARE

Girls face special roadblocks in the quest to learn. Only 39 per cent of students at the camp schools are girls. By tradition, girls are expected to take on the bulk of chores at home. 'If a family has two girls and two boys, they will send the boys and one girl to school and keep the other girl home to work,' says Principal Hassan. 'Even the girls who attend will have little time to do homework – unlike their brothers.' Puberty brings an additional challenge. Girls may miss class for a week every month during their period, out of fear of embarrassment – and many drop out entirely. A girl is traditionally considered ready for marriage at the age of 14, when girls reach this age dropout rates tend to soar.

CARE's work to improve educational opportunity starts at the grassroots. Staff hold community orientations and go door-to-door in the camp's residential blocks, advising families about the benefits of learning. Teachers live among the refugees, constantly reinforcing those messages. CARE helps adolescent girls stay in school, distributing sanitary napkins and training communities in how to dispose of them safely.



Kenya ©Sabine Wilke/CARE

Over time, teachers say, families see the benefits their neighbours reap when daughters become educated, get jobs and help support their parents. Bit by bit, the old attitudes are changing.

Aaysia,*, age 17, has an exceptionally eager face, but her ambition is not unusual among the students here. She loves learning and wants to become a lawyer and help refugees like her family. 'My parents see what I'm achieving and they believe that my future life will be better,' she says in confident

English. 'My mother did not go to school because there was no possibility of that in Somalia. Nowadays the world has changed very much. Even my brothers say it's good that girls go to school.'

Indeed, some of the most effective advocates for girls' education in Dadaab are men. One of them is Shukri Ali Khalif, a tall, skinny 29-year-old who joined CARE's Gender and Development team in 2007. Previously, he says he had no idea of the difficulties girls face or why they are more likely to drop out. Today, he is an enthusiastic spokesman for their equal access to school. 'I facilitate mentoring groups for girls, and encourage them to speak out in class and ask questions, instead of sitting on the back bench and letting boys take the lead.'

And how do the boys feel about all this? Shukri – who was himself a refugee boy not so long ago – grins, 'They feel great!'

CARE has been working in Kenya since 1968 with three main areas of focus: HIV/AIDS; economic empowerment; and emergency and refugee operations. Since the influx of refugees into Dadaab Refugee Camp in 2011, CARE has scaled up refugee camp support and is the lead NGO providing education at Dadaab Refugee Camp.

*CARE is committed to being a child safe organisation. Names of children have been changed.



Kenya ©Niki Clark/CARE

Education activity

This activity has students explore the barriers to education that children in developing countries face. By comparing the differences between what they see in their own school to what children in developing countries experience, students will better recognise the value of education in Australia compared with developing countries. There is no 'right answer' in this activity.



Papua New Guinea ©Dave Tacon/CARE

DIRECTIONS

Direct all students to read the CARE story: On the front bench - refugee girls improving their futures (page 32).

Ask students to create a chart (refer to page 35) comparing the differences between their own educational experience and the experiences that students in other countries may have.

Afterwards, ask students to discuss the benefits of their schooling and how this compares to the challenges their global peers face, especially girls.

DISCUSSION TOPICS

- Describe what you think school life is like for primary school children in a developing country, for example, Kenya, Cambodia or Laos.
- Would these students have the same access to, and same type of education, as you?
- How are educational experiences different for girls compared to boys?
- How does living in urban versus rural areas in developing countries affect the type and amount of education students receive?
- What are the benefits of being educated?

Education Chart - Example

MY SCHOOL EXPERIENCE	SCHOOL EXPERIENCE IN A DEVELOPING COUNTRY
<p>Name:</p> <p>Age:</p> <p>Gender:</p> <p>City:</p>	<p>Name:</p> <p>Age:</p> <p>Gender:</p> <p>City:</p>
<p>TEACHERS</p> <ul style="list-style-type: none"> • Three teachers with university degrees • Special education support and a school counsellor. 	<ul style="list-style-type: none"> • One teacher who has not finished high school
<p>INFRASTRUCTURE</p> <ul style="list-style-type: none"> • Desks and chairs for all students • Air conditioning, fans and heating • Disabled access for students • Electricity 	<ul style="list-style-type: none"> • One desk and one chair for the teacher • Students on the floor • No electricity
<p>TECHNOLOGY</p> <ul style="list-style-type: none"> • Multiple desktop computers • Laptops • DVD player • TV and speakers • Blackboard and electronic smartboards 	<ul style="list-style-type: none"> • No electrical equipment, no power • One blackboard with chalk
<p>SANITATION</p> <ul style="list-style-type: none"> • Access to clean toilets for males and females • Water fountains and sprinklers • Soap and sink 	<ul style="list-style-type: none"> • Single toilet pit, one kilometre from nearest drinking water supply

Table for Students

MY SCHOOL EXPERIENCE	SCHOOL EXPERIENCE IN A DEVELOPING COUNTRY
<p>Name:</p> <p>Age:</p> <p>Gender:</p> <p>City:</p>	<p>Name:</p> <p>Age:</p> <p>Gender:</p> <p>City:</p>
TEACHERS	
INFRASTRUCTURE	
TECHNOLOGY	
SANITATION	

A person is seen from the back, wearing a red t-shirt and a light-colored baseball cap. The t-shirt has white text printed on it. The background is a blurred green, suggesting an outdoor setting.

"GET TESTED & BE TREATED"
THAT IS YOUR RIGHT!

World AIDS Day
1st December, 2010

Papua New Guinea ©Josh Estey/CARE

HIV / AIDS

Background on HIV/AIDS

Human Immunodeficiency Virus (HIV) is an illness that can lead to Acquired Immunodeficiency Syndrome (AIDS), a condition where the immune system begins to fail, leading to life-threatening infections. The four main ways people contract HIV are from unsafe sex, contaminated needles, breast milk, and transmission from an infected mother to her baby at birth.

Since the discovery of HIV/AIDS in 1981, the virus has quickly spread to become a global epidemic. According to the United Nations, the illness has infected over 60 million people and killed nearly 30 million. Globally, there are more than 700,000 children under the age of 15 living with HIV, most of whom were infected at birth. About half of these children do not live past their second birthday.

Gender inequalities prevent an effective response to HIV. The UN says that 'HIV is the leading cause of death among women of reproductive age, and more than a quarter (26%) of all new global HIV infections are among young women aged 15-24.'¹

HIV is particularly prevalent in developing countries. Not only are the costs of treatment for HIV infection very high, but the indirect costs such as travelling large distances for treatment and lost wages due to time off work, puts life-saving antiretroviral (ARV) drugs outside the reach of too many people.



¹ http://www.who.int/mediacentre/news/releases/2011/hivtreatment_20110603/en/index.html

PREVENTION

Due to low literacy and education rates, people in developing countries often do not have adequate knowledge to prevent contracting the virus. Additionally, cultural norms often prohibit public discussion of sexual matters and HIV education. As a result, myths about HIV and its spread are common in many communities. This has led to social stigma, many of which stem from the idea that individuals have done something wrong, and that the infection is their punishment.



Mozambique ©CARE

These stigmas present a great challenge to HIV prevention, especially among women who are routinely isolated from their homes and communities and may lose their jobs, lose their friendships or have their children taken away. The fear of these consequences often means many women hide their illness, don't get tested or treated for HIV.

Like many of the other issues facing developing communities such as poverty and discrimination, the empowerment of women can play a huge role in addressing issues associated with HIV/AIDS.

ADDRESSING HIV/AIDS

Education is the key to HIV prevention. Until every community member, male and female, is aware of the spread, prevention and treatment of HIV, no HIV-focused program can hope to succeed. This includes addressing social stigma and myths through HIV education, and improving testing and diagnosis to ensure community members, especially women, are able to get tested and treated for HIV without fear of social exclusion, discrimination or other repercussions.

Integral to minimising the dangerous increase in women's infection rates, as well as overall infection rates, is the need to alter power relations between men and women. Women need to be educated and empowered about their rights and how they can protect themselves from HIV infection.

FAST FACTS

- There are over 6,800 new HIV infections and nearly 4,600 HIV-related deaths every day.
- The United Nations estimates there are 34 million people living with HIV. Sixty-nine per cent are from Sub-Saharan Africa.
- An estimated 6.8 million people in need of antiretroviral therapy do not have access to this treatment.
- In 2011, there were an estimated 2.5 million people who became newly infected with HIV.

ESSAY QUESTIONS – HIV/AIDS

- Analyse the social barriers in two countries that may be limiting efforts to stop the spread of HIV/AIDS.
- Refer to MDG6 and evaluate the efforts to date to reduce the transmission of HIV/AIDS.
- Discuss the connection between the HIV/AIDS epidemic and global poverty, and discuss possible solutions to stop the spread of the virus.
- Discuss how the experiences of a person living with HIV/AIDS in a developed country like Australia may differ from the experience of a person living with HIV in a developing country. How might these differences impact upon their quality of life and that of their family and communities?

A CARE story from Malawi:

Life is a struggle for Alinesi



Malawi ©Josh Estey/CARE

Alinesi wakes before dawn. She washes her face in the dark, picks up her hoe and sets out for the plot of land beyond the mud hut, where her four children lay sound asleep. She returns home a few hours later to prepare maize porridge for breakfast and sees the children off to school.

In the early morning sun, she plucks pumpkin leaves, wild spinach and okra from the red earth and then makes several trips to the water bore, each 30 minutes long, to collect water for her family. She skips lunch so that the children will have dinner. All afternoon she works in her plot of land, toiling and weeding the soil in an effort to grow more food. As dusk approaches she sets down her farming tools and moves inside to light a fire and prepare dinner for her hungry family.

Alinesi's 35-year-old body aches and she has a pounding headache. They are signs that she's getting sick, but Alinesi is used to feeling this way – she has HIV. So does her husband who is currently living with his second wife.

'My life is a struggle. It is so hard to find the strength to carry on sometimes,' says Alinesi. 'It's almost impossible to raise enough money to buy fertiliser, to grow food and to feed my family,' she adds.

Women make up 70 per cent of the farming work force in Malawi, but they have limited access and control over land. The high cost of agricultural resources, such as seeds and fertiliser, prevents them from improving their productivity or growing high-value crops.

The antiretroviral drugs that help Alinesi stay healthy are free, but the clinic is 100 kilometres away, which means getting there is costly. 'If I can't afford the trip I go without, but my immunity suffers. If I get sick with a cold or stomach upset it takes me up to three weeks to get better,' says Alinesi.

Out of a population of 16.7 million, almost one million people in Malawi are living with HIV and around 60 per cent are women like Alinesi. HIV/AIDS is the leading cause of death amongst adults in Malawi, and is a major cause of the country's low life expectancy of just 54.2 years.

To make matters worse, Malawi has one doctor per 50,000 people – one of the lowest levels in the world, meaning there is simply not enough trained staff available to support people living with HIV. This was the case for Alinesi and her husband who had two children, aged four and 18 months, die from HIV. Alinesi says their deaths rocked the family and her marriage.



Malawi ©Josh Estey/CARE

'I was very sad when I lost two of my children to HIV. I felt afraid, because I had been given something so special and then it was taken away from me, I lost it. I wish I could have done more to save their lives,' says Alinesi.

Because she couldn't have any more children, her husband took on another wife. He now divides his time between the two families, meaning Alinesi often cares for her children alone.

'At first I was very angry, but as time went by I accepted my situation and now I am focused on living positively,' says Alinesi.

With help from CARE, Alinesi has joined a Village Savings and Loans group with 11 other HIV positive women. The group and several others like it in her district are part of five-year Women's Empowerment through Improved Resilience, Income and Food Security program (WE-RISE).



Malawi ©Josh Estey/CARE

WE-RISE works with marginalised women farmers like Alinesi to help them improve their farming practices to grow more food and better manage environmental shocks like drought, and connects them with markets to sell their produce at fair prices. Alinesi is optimistic that this program can significantly improve her life. If she can access a loan, for instance, she will be able to afford to grow more crops and feed her family.

'My first loan will go towards buying fertiliser for my land,' says Alinesi. 'I am looking forward to learning new farming techniques and information on what different crops I should be planting to help me grow enough food throughout the year.'

Malawi is one of the most densely populated countries in Africa with a population of over 16.7 million people, 80 per cent of whom are living in rural areas. CARE began working in Malawi in 1998 to increase opportunities for poor families to earn an income and ensure that communities have a reliable supply of food.

Watch Alinesi's story at www.gobare.org.au.

WE-RISE is a five year program supported by the Australian Government through AusAID.

HIV/AIDS activity

DIRECTIONS

Direct all students to stand at the front of the classroom. Ask one in five students to hold a sticky note (for example, if you have a classroom with 25 students, ask five students to volunteer). Ask these students to stand apart from the rest of the students.

Now, tell the class they represent the entire population of Zimbabwe. Ask them if they can guess what segment of the population the students with sticky notes represent.

Answer: These students represent the percentage of people in Zimbabwe who are living with HIV.

Discussion

- Ask students if this seems like a high percentage or not.
- Have students calculate what it would be like if their entire school represented Zimbabwe:
- What percentage of their school would be infected? (Example: If the school has 2,000 students, 400 would be infected.)
- Does this seem low, average, high or extremely high?
- Can students come up with any disease/social stigma/issue that currently affects 20 percent of their class or school?

DIRECTIONS

Regroup the students and take back the sticky notes from all but one student. Explain that this student roughly reflects the less than one per cent of people infected with HIV in India.

Discussion

- Which country had the bigger problem with HIV/AIDS?
- Are there more people in Zimbabwe living with HIV than in India?

Tell students the population of Zimbabwe is roughly 13.2 million and the population of India is roughly 1.2 billion and have students calculate the number of people in each country living with HIV.

Answer:

Zimbabwe: 13,182,908 people / 14.3 per cent with HIV = 1,885,155 individuals infected with HIV

India: Approximately, 1,220,800,000 people/0.3 per cent with HIV = 3,662,401 individuals infected with HIV

Discussion

- Are you surprised by the statistics of HIV/AIDS in India and Zimbabwe?
- Which country, India or Zimbabwe, do you think is worse off and why?
- What impact do you think this has on public healthcare needs?



Ethiopia ©Josh Estey/CARE

MATERNAL AND REPRODUCTIVE HEALTH

Maternal and Reproductive Health

Worldwide, an estimated 800 women die every day from complications during pregnancy and childbirth, and millions more are left with life-altering disabilities. In some countries, one out of every seven women dies during pregnancy or childbirth.



Kenya ©Evelyn Hockstein/CARE

MATERNAL HEALTH

Women in developing countries die at alarming rates from pregnancy-related complications such as uncontrollable bleeding and infection. This risk is highest for women who have many pregnancies in quick succession. Almost all of these deaths or disabilities are preventable with adequate provision of sexual and reproductive health information and services. For example in Timor-Leste, where women have an average of close to six children in their lifetime and maternal health services are absent or inadequate, a mother is 45 times more likely to die during childbirth than a woman who delivers her baby in Australia.

When a mother dies in a poor community there is a huge impact on her family and the greater community. Her children are less likely to go to school, get immunised against diseases or eat well, and newborn babies without mothers are up to 10 times more likely to die before their second birthday¹. When a mother is disabled by childbirth injuries, she is less likely to earn an income, participate in her community or raise healthy children.

That's why healthcare - including contraceptive services - for women before pregnancy, during pregnancy, throughout the birth and after their baby is born is crucial to help whole communities overcome poverty and be healthy.



Timor-Leste ©Josh Estey/CARE

¹ <http://www.care.org.au/Document.Doc?id=346>



Nepal ©Stephanie C. Roberts/CARE

REPRODUCTIVE HEALTH

When given the choice, women in developing countries tend to have smaller families. Smaller families mean there is more food for each family member, children are more likely to be educated and healthcare becomes more affordable. Put simply, reproductive health choices are an important part of ending poverty. These choices include the freedom to decide if, when and how often a woman would like to have a child.

This means looking holistically at reproductive health. For men it means being able to practice safe sex through the use of contraception such as condoms, or gaining access to longer-term contraceptive methods such as vasectomies. Men also play a crucial role in the reproductive health of women; in some parts of the world men continue to dictate the reproductive health choices of their wives and partners. It is important men have access to information about family planning methods and education so they can support and encourage the health choices of women in their communities.

For women, freedom to control their own fertility is paramount in reducing poverty. Fertility control empowers women. It provides greater opportunities to work and learn, elevating the position of women in their communities and promoting gender-balanced decision-making.

Everyone has the right to reproductive health.² Realising this right builds the basis for strong communities, healthy relationships and happy families. With access to reproductive health choices, poverty can be overcome ensuring every child is wanted, every birth is safe and every woman and girl is treated with dignity and respect.

YOUNG PEOPLE

Young people (someone aged between 10-24 years of age) have special education and reproductive health needs. Many of them are already sexually active, but often lack access to information about sex, reproductive health and relationships. Consequently, they can be highly vulnerable to unintended pregnancy and Sexually Transmitted Infections (STIs).

Many young people cannot access the information and care they need for their reproductive health. For example, in some countries, sexual and reproductive health services are only available to people who are married. Sexually active unmarried people, many of whom are young, simply cannot get the information and services they need. In many countries all over the world, young people cannot access these health services due to cultural, financial, geographical and social barriers.

It is really important to ensure young people have access to services and information regarding sexual and reproductive health. Marie Stopes International works with young people throughout the world to provide sex education, contraceptives, confidential sexual health counselling, peer-to-peer education and clinics designed to meet the specific needs of young people.

² <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/443/58/PDF/N1144358.pdf?OpenElement>

A story from Timor-Leste:

Midwives on motorbikes

In the developing world a fully qualified doctor is extremely precious, and in Timor-Leste there are simply not enough to ensure mothers can deliver their babies safely. Beyond access to a doctor, isolation compounds sexual and reproductive health risks and women are often forced to give birth at home without medical support, unable to make the long journeys or afford the costs involved in visiting a hospital.

With women in Timor-Leste having an average of six children in their lifetime, health services for pregnant women are crucial. Without them the consequences can be tragic.

That's why Marie Stopes International introduced 'Mobile Midwives', a network of qualified midwives who travel to remote communities to provide mothers with the healthcare they need.

Fernanda is a Marie Stopes International mobile midwife. Every day she helps women from remote communities with healthcare, family planning advice and sexual education. Often travelling by foot, car, boat or motorbike, the job of mobile midwives is to provide essential, often life-saving health and family planning services to women and men who would otherwise have no knowledge or access to them.

'There was a lady...she started bleeding. She was four months pregnant with her thirteenth child. She had lost a lot of blood and was only semi-conscious,' says Fernanda. The woman had been pushed in a cart by her husband to the closest health facility. When they finally made it, there was no doctor to treat her, sadly she miscarried the pregnancy.

Fortunately, Fernanda had just arrived at the health centre on an outreach session. 'We were able to provide emergency treatment and afterwards a family planning consultation. They felt twelve children was enough and wanted to start using family planning methods,' she said. The couple decided to use an Intra-Uterine Device (IUD); a simple, long-lasting contraceptive device. Thanks to Fernanda this mother's life was saved, and the couple returned home without the uncertainty of another dangerous pregnancy.

Mobile midwives like Fernanda work in remote villages in Timor-Leste, several hours from the capital of Dili. They strive to provide reproductive health choices to the poorest families in remote areas by meeting with women in village halls, huts, churches and even tents to ensure the most isolated communities are reached. In this way, midwives like Fernanda are improving maternal health and helping to achieve MDG5 in Timor-Leste.

Fernanda is just one of many mobile midwives who are providing isolated women with health choices for the first time in their lives. The impact is striking. When women can plan their families there is a decrease in unwanted pregnancies and unsafe abortion. Healthy women become active members of a healthy community, and with access to reproductive health choices they are catalysts for change in the whole community.



Fernanda explains family planning methods in Timor-Leste. **Timor-Leste**
©Susan Schulman/MSIA

In 2006 Marie Stopes started working in Timor-Leste. Their work focuses on reaching geographically isolated, impoverished communities. Through a continued collaboration with the Ministry of Health of Timor-Leste, Marie Stopes coordinates community health activities and provides over 20,000 people with sexual and reproductive health information at health promotion sessions each year.

MARIE STOPES INTERNATIONAL

Marie Stopes International is an organisation providing life-saving sexual and reproductive health choices to women and men around the world. By helping people access family planning services, contraception, education and healthcare, they are helping communities to make informed choices about their reproductive health. Their projects focus on giving women the freedom of choice over their fertility, protecting communities from STIs, improving maternal health and ensuring greater and more equitable access to reproductive health services for women and men, girls and boys.



Fernanda advises a young mother at an outreach session in Timor-Leste.

Timor-Leste ©Susan Schulman/MSIA

FAST FACTS

- There are 215 million women in the world who want to use family planning but cannot access it. If they could, hundreds of thousands of lives would be saved¹.
- Unsafe sex is the second most important risk factor for disability and death in the world's poorest communities².
- Between one quarter and one half of girls in developing countries become mothers before their 18th birthday³.

ESSAY QUESTIONS

- Why is access to sexual and reproductive health services central to poverty reduction?
- What are some of the most common barriers to contraceptive use in developing countries and how can these be overcome?
- Why do so many young people around the world experience difficulty accessing appropriate sexual and reproductive health services and information? What solutions can you identify?

In 2012, CARE reached almost 50 million women, men and children with information and services to improve maternal health.

¹ <http://www.unfpa.org/public/home/mothers/pid/4382>

² http://www.who.int/reproductivehealth/publications/general/lancet_1.pdf

³ http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/investing_young_2010.pdf

A story from Papua New Guinea:

A safer start to life

Having a baby is something most women around the world will experience at least once in their lives. Here in Australia, having a child is often a joyous experience, and one which involves a high level of healthcare to keep mother and baby safe.

If we look just north of our border to Papua New Guinea, however, the experience of becoming a mother can be very different. The joy can be lost in complications and the threat posed to mother and baby when medical care is unavailable.

'I gave birth to my youngest baby here, in this coffee garden right near this log. I haven't ever had help to have my babies,' said Wendy, a mother of six.



Wendy with her one-year-old boy in the field where she gave birth to him.

Papua New Guinea ©Josh Estey/CARE

With one of the worst maternal health indicators in the entire Asia-Pacific region, Papua New Guinea loses an alarming number of mothers and babies every single year. A lack of adequate medical care due to their remoteness and a shortage of effective health services means mothers are at serious risk of death and disability during pregnancy and childbirth, and their babies are at a high risk of dying too.

In Andakombi, a remote village in the Eastern Highlands of Papua New Guinea, too many mothers have stories of complicated pregnancies gone wrong, giving birth to children in their homes, in fields, or on the way to the health centre as they walk on foot, heavily pregnant, to try and make it to medical care in time.

Nuli Ram has been working as a traditional midwife for over ten years and has seen many complicated pregnancies go wrong. 'Before...there were problems. There was one lady from our village, she and the two twins died while she was giving birth... And my sister-in-law gave birth but had complications and her baby died too.'

But things are changing for mothers and babies in Andakombi, as CARE's Village Birth Attendant (VBA) program is training people to save lives. As part of CARE's Integrated Community Development Project, CARE has trained 14 people from the hamlets located in and around Andakombi in basic maternal health.



Nuli Ram, who has trained as a Village Birth Attendant, with her husband and son.

Papua New Guinea ©Josh Estey/CARE

Tima is one woman who has undergone the training and has since helped five women in her village give birth. 'Before, mothers didn't go to the clinic and some babies died, so I decided to volunteer to become a Village Birth Attendant,' says Tima.

The VBAs receive training in birth delivery, monitoring and advising pregnant mothers, referring complicated pregnancies to the health centre, and family planning. The training is both theoretical and practical, with volunteers spending a week in the main hospital in Goroka, to gain practical experience in the skills they learn.

The improvements are being felt all over the valley. Goma, another VBA, tells the story of a woman who was experiencing complications in her pregnancy and had heard of CARE's VBAs. She walked from a village two ridges away to seek their help. With her baby well overdue, Goma and Tima were able to help her deliver her baby safely, and refer her on to the health centre for further care.

Nuli Ram has many stories like this from her work as a traditional midwife in the community for over a decade. Last year she underwent formal training to strengthen the skills she already had.

'Some of the things I already knew before I became a VBA but some I learned at the training and I was really happy about that,' says Nuli. 'Now I also talk to the mothers and say that they must eat a proper diet, not just kakau (sweet potato). I tell them that they have to bathe every day, keep clean,' she says.

While there are still many challenges for mothers and babies born in Andakombi, having access to trained support to help them through pregnancy and childbirth is a big step in the right direction to improving the previously dismal maternal health figures in the village.

The challenge now is to extend programs like this much further in Papua New Guinea, so even more mothers can benefit from safer childbirth, and babies are given a better start to life.

CARE has worked in Papua New Guinea since 1989, implementing long-term solutions and responding to emergencies including the El Nino drought and frost in 1997, the Aitape tsunami in 1998, the Manam Island volcanic eruption in 2004 and floods in the Oro province in 2007.

CARE has a lasting commitment to Papua New Guinea, now employing over 40 staff in the country. Since the establishment of a CARE office in Goroka in 2006, we have improved the quality of life of more than 13,000 people in 20 villages by addressing the challenges identified and prioritised by the communities themselves.

Maternal and reproductive health activity

Maternal and reproductive health is a hotly debated topic. In this activity, students will partake in a class debate concerning maternal and reproductive health issues discussed in this chapter.

Students will use their skills to work as a team to form a logical, fact-based debate. The class debate will help build students' knowledge of maternal and reproductive health, while strengthening group problem-solving and oral presentation skills.

DIRECTIONS

1. Select one of the following three debate topics for you class, or make up your own:
 - Men should have a say in the reproductive choices of their wives or partners.
 - MDG5 is the most important MDG goal and it will lead to the achievement of all other MDGs.
 - Women can contribute more to their families and communities when they have control of their own fertility.
2. Divide the class into two teams. Each team will have three speakers with the remainder of the team acting as researchers and writers.
3. Allocate which team will argue for and against the selected topic.
4. Ask each group to research two main arguments for their debate and allow adequate class time for students to research their debate topic. One member of each group will act as the spokesperson who will introduce the argument and provide the final rebuttal at the debate's close, the other two speakers will each focus on one argument.

DEBATE DAY

5. Invite another class or teacher to be the adjudicator.
6. Each group will have ten minutes to present their argument. A suggested format is as follows:
 - Spokesperson introduces the forthcoming arguments (2 minutes)
 - Speaker one proposes their argument (3 minutes)
 - Speaker two proposes their argument (3 minutes)
 - Spokesperson closes and summarises their team's position (2 minutes).
7. The adjudicators determine who wins the debate based on the strength of research, use of facts and conviction of argument.

TEACHER NOTE

Remind students that a debate doesn't necessarily show your opinion, instead it shows well-founded arguments. The adjudicators are to base their decision on the strength of the argument and presentation skills, not on personal agreement or disagreement with the position espoused.



Cambodia ©Josh Estey/CARE

DISABILITY and POVERTY

Disability and Poverty

More than one billion people live with some form of disability, with nearly 200 million experiencing considerable difficulties in everyday life. Across the world, people with disabilities have poorer health outcomes, lower education achievement, less economic participation and higher rates of poverty than people without disabilities – if they live in a poor community these challenges are further exacerbated.

ENDING THE CYCLE OF POVERTY AND DISABILITY

People with disabilities form the largest minority group in the world, comprising one in five people living in poverty in developing countries. Sadly, disabilities and poverty reinforce and perpetuate one another – generally people with a disability are among the poorest of the poor as a result of having limited access to healthcare and education, and conversely people living in poverty are more at risk of acquiring a disability as a result of malnutrition, poor healthcare and dangerous living conditions.



Cambodia ©Josh Estey/CARE

With appropriate support and adaptive devices, people with disabilities can live active lives and contribute to their community. However, they are often prevented from doing so by barriers, such as stigma and negative attitudes and inaccessible buildings, transport and communication.

These barriers are created when societies fail to recognise the rights, needs and potential of people with disabilities and deny people with disabilities the appropriate support they need. Consequently, it is imperative that poverty alleviation activities include and are accessible to people with disabilities and make efforts to break down prejudices concerning disability.



Afghanistan ©Phil Borges/CARE

THE MOST VULNERABLE

Women and girls with disabilities, along with the elderly, are most vulnerable to poverty. They also face multiple layers of stigma and discrimination. In Australia, when we think of disability we often associate it with the elderly. However, there are up to 150 million children with disabilities in the world; in developing countries many of these children are likely to remain illiterate, untrained and become unemployed because of inadequate access to health services, society and schools.

DISABILITY AND THE MDGs

There is worldwide acknowledgement that the MDGs cannot be achieved if people with disabilities are ignored. Including people with disabilities in development projects, recognising their potential, valuing and respecting their contributions and perspectives, honouring their dignity and effectively responding to their needs is crucial.

Disability should never be an obstacle to success. To achieve long-lasting, vastly better development prospects it is crucial that people with disabilities are empowered and the barriers which prevent them participating in their communities are removed to ensure access to quality education, employment and having their voices heard.

CBM

CBM is an international development organisation committed to improving the quality of life of people with disabilities in the poorest countries of the world. Through their global projects, CBM have learned that people with impairments or injuries are ultimately disabled by attitudes towards them. As the world's largest disability inclusive development advocate, they focus on breaking the disability and poverty cycle by increasing awareness of the human rights of people with disabilities and helping them experience a full and satisfying life.

'I have been restored inside. I have a job, a future and have never been so confident' - Sita, India



Vietnam ©CBM

FAST FACTS

- One billion people or 15 per cent of the world's population have a disability.
- People with disabilities have poorer health, lower education achievements, less economic participation and higher rates of poverty than people without disabilities.
- There are up to 150 million children under 15 years of age living with a disability worldwide.
- Malnutrition causes about 20 per cent of impairments.¹

ESSAY QUESTIONS

- Identify the types of barriers people with disabilities experience in their daily lives in a developing country.
- Discuss what a community would look like if it was inclusive of people with disabilities?
- Illustrate the cycle of poverty and disability and discuss possible ways to end this cycle.
- Discuss how the experience of a person living with a disability would differ between life in a developed country versus life in a developing country. How might these differences impact their quality of life, and their family and community?

¹ <http://ausaid.gov.au/keyaid/disability.cfm#facts>

A story from Bangladesh:

Overcoming disabling barriers

My name is Ruma. I live in Saidpur. I'm twenty years old.

When I was born there was a problem in the birth. I lost consciousness for three days. They took me to a doctor and it was found that I was very weak and had a problem in my left leg, which is shorter than my right. My parents visited many doctors to show them the condition of my leg, but there was no change. My parents were so anxious listening to whatever neighbours said could help. Any place they said, they would take me in case I could be helped.



Ruma is a local ambassador for disability services.

Bangladesh ©Wahid Adnan/Drik/endthecycle.org.au

When I was still small, I understood I had a problem in my legs and that I might never be able to walk. I started going to an informal school, crawling. I could learn everything. When the teacher of the school found out that I was doing very well, she thought I should be enrolled in the main school. When the neighbours heard I was going to be enrolled they said, 'What will this crippled girl do by going to school? She should not be admitted.' Also the teacher said, 'She cannot come to school as she cannot walk.' I was very sad wondering what wrong I had done. But there was another teacher who wanted me to be admitted and my parents wanted it, so I was enrolled in the school. Still at that time if I walked for a short distance I would fall. In all the results I came first. The teacher then was saying, 'What mistake was I going to make if I did not take this girl to my school?!'

Later, I was admitted in Saidpur College, but my father's financial position was not good for covering expenses of college. There is a stipend system in the government safety net program where I could get 1000 taka (approx AUD\$12) a month. I had to struggle to get this. I also started providing private tuition and teaching in a school. With the stipend money, salary and private tuition fees I was able to pay for my admission and other costs.

I am involved with a Local Ambassadors group. The objective of our group is to establish rights of persons with disabilities in our area. As a group - we act. For example, if some children are not allowed to be enrolled in a school, I go to the school and contact the school management committee and teachers and ask why they are not enrolled in the school, as they have the ability to study.

I have seen that when I do something alone it is not very easy to convince others, but if I do something in a group, the impact is much better. It is like one stick can easily break but ten sticks together are very hard to break.

My dream is to establish rights for persons with disabilities, especially concerning enrolment in school for children with disabilities. And I want to complete my Master's degree and get a job in the government sector.



Bangladesh ©endthecycle.org.au

End the Cycle is an initiative of CBM Australia, funded by AusAID. End the Cycle is a community awareness initiative that seeks to promote the human rights and empowerment of people with disabilities living in poor countries.

The resources are developed by sharing the stories of people with disabilities, told in their own words. CBM supports a wide range of projects through local partners in Bangladesh and other developing countries, with the aim of empowering people with disabilities like Ruma to live full and meaningful lives. Visit End the Cycle to watch Ruma's and other people's stories and to learn more about the cycle of global poverty and disability. www.endthecycle.org.au

Disability and poverty activity

Through this 'choose your own adventure' video students will learn about the impacts of polio and what it means to acquire a disability as a consequence of polio in India. This activity will help students understand how challenging life can be with a disability, the choices families are forced to make and how development agencies such as CBM are helping children with disabilities in poor countries.

DIRECTIONS

Break students into groups of four or five ensuring each group has access to a computer with the internet and speakers. Ask each group to watch the Create2Change 'Start your adventure' video:

<http://youtu.be/1a-GeeNKiZA>

Throughout the video students will be given choices about which path they want to go down. There is no wrong path, let the students choose which they think is best.

After the students have completed the video, ask each group to discuss what they learned from the video in their groups.

Choose a representative from each group to tell the rest of the class why they made the decisions they did during the video. Encourage class discussion about the impact of disability on children living in poverty and what they were surprised to learn.

TEACHER NOTE

Depending on which path the students take, the video component of the activity should take approximately five minutes.



©CBM



Indonesia ©Josh Estey/CARE

EMERGENCY RESPONSE

Emergency Response

Emergency responses are actions taken and measures planned in anticipation of, during and immediately after natural and man-made disasters to ensure their effects are minimised, and that people affected are given immediate relief and support.

TYPES OF EMERGENCIES

There are two main types of humanitarian crises that require emergency response: conflict and natural disasters. The fight against poverty is most difficult after one of these events.

Natural disasters such as cyclones, droughts, earthquakes, tsunamis and floods have claimed the lives of over half a million people in the past decade. Armed conflict has cost lives and forced millions of people to flee their homes in search of safety in towns and nearby countries. Both types of emergencies require a rapid and effective response to ensure populations don't become further impoverished in the long-term.

EMERGENCIES AND POVERTY

Emergencies consistently and disproportionately affect the poorest people in the world. With limited access to information and a major lack of resources and adequate infrastructure, the world's poor are at the greatest risk from emergencies. In emergency situations, survival often depends on access to clean water, shelter, food, healthcare, immunisations and sanitation facilities, while education and economic opportunities enable their longer-term recovery.

CARE'S RESPONSE

Responding to humanitarian emergencies is an essential part of CARE's work in fighting poverty and injustice. CARE helps strengthen and build resilience to future emergencies by helping communities plan and prepare for disasters in addition to responding to emergencies.

CARE's projects directly assist survivors of natural disasters and conflict through immediate relief and longer-term community rehabilitation. CARE's response includes providing food, temporary shelter, clean water, sanitation services, medical care, family planning and reproductive health services, and seeds and tools.

Adhering to the principle of impartiality allows CARE to provide assistance on the basis of need regardless of race, religion or ethnicity, essentially meaning CARE is able to help those most in need or affected by an emergency. CARE is also committed to addressing the rights of vulnerable groups, particularly women and children, in times of crisis.



Haiti ©Evelyn Hockstein/CARE

FAST FACTS

- Up to four times as many women as men died in the 2004 Boxing Day Indian Ocean tsunami.
- There are nearly 45.2 million people displaced by war, human rights violations, and natural and environmental disasters.
- Since 1980 almost half of the world's least developed countries have suffered from a major conflict.
- Estimates indicate that developing countries would bear 75-80 per cent of the damage costs caused by the changing climate.

CLASSROOM ACTIVITY

1. People who live in extreme poverty in poor communities are often impacted most by an emergency, and organisations like CARE try to reduce this impact. Write an essay, design a poster, or write a speech to be presented to the class that explains why this happens, and what some of the solutions are for addressing the impact. You might like to include specific examples from the CARE website emergencies page (www.care.org.au/emergencies)
2. Women and girls face particular challenges when emergencies strike. Research a recent armed conflict and find three examples of how women and girls are impacted in different ways to men and boys, and the reasons for these differences. Suggest some strategies which might help overcome these particular challenges. You can use CARE Australia's blog (blog.care.org.au) and website (www.care.org.au) to help do your research.
3. Visit CARE Australia's blog and select the story of someone affected by an emergency. Research the emergency itself, and how this person was affected. Then present their story back to the class, including how they are being helped.



Masseleine Dorwilus, a 34-year-old mother of five outside of her temporary shelter.

Haiti ©Evelyn Hockstein/CARE

A CARE story from Jordan:

Maryam fled the conflict in her home town in Syria, only to rush into the arms of poverty

Maryam sits in a chair next to a heater, family photos hang from the wall. But the photos aren't of her family – the photos belong to the family she is now living with.

Since fleeing Syria, Maryam has had to rely on the charity of a Jordanian family. She arrived in Jordan a month ago.

'There were constant bullets. It was very hard and the house was constantly shaking. I had no electricity, no water. I could never sleep.' Despite this, she says; 'I would still be there now, in my home, if I hadn't got sick.'

'Homs was no longer the Homs I knew. There were no services. I could no longer just go and see a doctor.'

'I didn't plan to leave but my neighbour told me his brother was leaving the next day so I went with him. I was only able to bring a change of clothes. I left everything behind. I locked my house and I don't know what will happen to it. Then I came here, to this house.'

Maryam is living with three women – a mother and her two daughters. 'I knew this family. They are my neighbour's family so I knew them from when they visited Syria. I feel like I am with my family but I don't want to be a burden to them. My husband died 18 years ago so I feel safe here – it is a women's place.'

Maryam was in a lot of pain when she arrived and visited a hospital where she was told she needed to have her gallbladder removed. The operation would cost 750 Jordanian Dinar (around AU\$1,080). While she was at the hospital she heard about CARE's support centre for Syrian refugees. 'I could kiss them – they were so warm and welcoming. They gave me some money to go towards the operation.' Maryam was able to get some of the money she needed to have the operation from CARE, and some further money from a local organisation.

Now her medical condition has improved her concerns turn to other problems. 'I have nothing, no money. This family is really helping me but I am totally dependent on them.'

The family are also facing difficulties and are concerned about the rising cost of living in Jordan and feel people are starting to take advantage of the influx of Syrians and the need for housing. Despite living in the house for 50 years, paying the same monthly rent, they have recently had an increase. Noura, one of the daughters said: 'The landlord increased our rent - it is now double what it used to be. Everything has risen in price except wages. The situation in Jordan is now very difficult – very difficult for everyone.'



For her safety, Maryam did not want to be photographed. This image shows just some of the eighteen refugees from Syria who all sleep in this one room.
Jordan ©Jenny Matthews/CARE

WHAT IS CARE DOING?

Women and children who have fled the violence without a 'parent' or guardian are particularly vulnerable and have specific needs for assistance. CARE is working to address those needs by ensuring they have access to basic services, providing emergency cash to pay for food and accommodation and offering psychosocial support.

During the winter months CARE provides clothing, blankets, mattresses and heaters to families who had to flee with nothing and found themselves living in overcrowded, cold buildings where they had to sleep on the floor.

Households receiving refugees in Amman, the capital of Jordan, are themselves very poor and in need of support to cope with increased pressure on limited employment opportunities, basic services and essential food and household items. CARE in Jordan therefore also supports poor Jordanian families with basic relief

At the time of printing more than 1.5 million people have been displaced by ongoing conflict in Syria and are seeking refuge in neighbouring countries. Over 75 per cent are living in urban areas, outside of refugee camps, making it harder for them to access vital help.



Eman Al-Khatib, who works for CARE in the Syrian Refugee Response Program with blankets for distribution to Syrian refugees.

Malawi ©Sandra Bulling/CARE

'These families have fled their homes in fear for their lives and now find themselves living in poverty. We are providing refugees with help to pay for food, rent, blankets and heaters so they don't fall further into poverty and hardship.'

- CARE's Country Director in Jordan, Kevin Fitzcharles

Emergency activity

OVERVIEW OF LEARNING ACTIVITIES

This activity aims to help students understand the different types of emergencies that occur in developing countries and their coverage in the Australian media.

DIRECTIONS

1. Break the students into groups of three.
2. Ask the students to conduct research to define the three different types of emergencies that impact developing countries:
 - a. Rapid onset natural disasters (e.g. tsunamis and earthquakes)
 - b. Slow onset natural disasters (e.g. drought and famine)
 - c. Man-made emergencies (e.g. war)
3. Ask students to collect a newspaper article clipping displaying an example of each type of emergency that has impacted a developing country.
4. Ask each group to compare the three emergency clippings they have collected. What are the differences? What response is required from aid agencies like CARE?
5. Each group can present their findings through a presentation to the class.

DISCUSSION QUESTIONS

- How do you feel when you hear that organisations such as CARE are helping communities affected by emergency disasters on the news?
- Why is the impact of emergencies more severe in developing countries?
- Do you think emergencies in developing countries should receive more coverage in the Australian media? What information about emergencies do you think should be discussed in the media? Is there anything important missing in your clippings?
- What are the different impacts between developing and developed countries?



Indonesia ©Josh Estey/CARE



Vietnam ©Catherine Dolleris/CARE

CLIMATE CHANGE

Climate Change

Many of the world's poorest people are living in the harshest and most disaster-prone environments. Changing weather patterns are having a disproportionate impact on these communities and their livelihoods.

Prolonged droughts, shorter and more intense rainy seasons and unpredictable cyclones are just some of the impacts of climate change affecting people and communities where CARE works.

In some areas, land, property, ecosystems and communities will be affected to such an extent that a return to normal life will not be possible. In extreme cases, countries will permanently lose territory to climatic disasters and rising sea levels.

The impacts of climate change are already destroying livelihoods and aggravating financial, political, social and environmental inequities. Without urgent action, this could make it impossible for poor and marginalised people to reach a wide range of development and justice goals.

CARE's response to climate change is rapidly growing to reflect the scope and severity of the challenge. We want to help empower poor and marginalised people to take action on climate change at all levels and to build knowledge for global change.

ADAPTATION

The consequences of climate change are very serious in developing countries where livelihoods and ecosystems are highly sensitive to changes in climate. For example, the majority of people in developing countries rely on natural resources around them for their livelihoods, and their ability to adapt is made more difficult by poverty, poor governance and unequal distribution of resources and power.

To help this situation, CARE develops community adaptation programs in response to climate change to support poor, vulnerable communities adapt to changing climatic events and conditions. CARE recognises that the poorest communities are suffering the most from climate change, and we work to ensure our programs and activities are appropriate and effective in a changing climate.

In 2012, CARE worked with more than 350,000 people helping them adapt to the effects of climate change.



Community members join together to replant mangroves.

Tanzania ©Evelly Hockstein/CARE

FAST FACTS

- Currently the planet is rapidly heading towards a world 4-6°C warmer by the end of this century compared to pre-industrial levels.¹
- Estimates indicate that developing countries will bear 75-80% of the damage costs caused by the changing climate, including damage from an increase in natural disasters caused by climate change.
- Some countries are particularly vulnerable. For example, a 1.5 metre rise in sea level could displace an estimated 17 million people in Bangladesh alone.²
- Between 1970 and 2008, over 95% of deaths from natural disasters occurred in developing countries.³
- The responsibility of finding water, food and firewood for their families often falls to women in developing countries, but the impact of climate change including drought, and uncertain rainfall and deforestation, makes it harder to find these resources.⁴



Bangladesh ©Josh Estey /CARE

ESSAY QUESTIONS

- Why are communities affected by poverty more susceptible to the effects of climate change? Use two case studies to support your research.
- How will climate change affect the poorest people in the world? What can be done to support these communities in the future?
- Think about how climate change affects Australia and one developing country. What could you do in your own life to help reduce your carbon footprint. Students can visit www.12simplethings.org to help them with this task.

1. International Energy Agency (2011) World Energy Outlook 2011, Factsheet, page 1; <http://www.iea.org/weo/>

2. Mainstreaming Adaptation to Climate Change in Coastal Bangladesh by building Civil Society Alliances <http://pubs.iied.org/pdfs/G00016.pdf>

3. IPCC (2012) Managing the risks of extreme events and disasters to advance climate change adaptation, page 9: http://ipcc-wg2.gov/SREX/images/uploads/SREX-ALL_FINAL.pdf

4. 52nd session of the Commission on the Status of Women (2008) 'Gender perspectives on climate change', Issues paper for interactive expert panel on Emerging issues, trends and new approaches to issues affecting the situation of women or equality between women and men. <http://www.un.org/womenwatch/daw/csw/csw52/issuespapers/Gender%20and%20climate%20change%20paper%20final.pdf>

A CARE story from Ethiopia:

The different shapes of drought

The worst drought in 60 years caused a major food crisis in East Africa in 2011 – affecting 13 million people in Ethiopia, Somalia, Kenya and Djibouti. The severe drought resulted in the dramatic increase of malnutrition in Ethiopia. Put simply, there wasn't enough food because of insufficient rain, high food prices, chronic poverty and a weather phenomenon called La Nina.

Close to 90 per cent of Ethiopian households rely upon agriculture as a source of income and nutrition. When the rains do not come, the crops do not grow, cattle die, and families go hungry. This is what was seen throughout 2011. For many farmers it was impossible to plant crops and those who did were left waiting for their maize (corn) to ripen. At a time when farmers would have normally started to harvest, families were left with no food in their homes.



Vast numbers of cattle died because they had no access to water or pasture in Ethiopia. Even goats and camels, usually drought resistant animals, died during the East African drought in 2011. **Ethiopia** ©Sandra Bulling/CARE

In desperation, Kado Kaso brought her three-year-old son to a government-run health centre in Kurf Chele district. 'My son was vomiting, he had diarrhoea and could not hold any of the food I fed him,' she says. Upon arrival at the health centre he was diagnosed with severe malnourishment. His feet, legs and eyelids were swollen – signs of edema, a medical complication of severe malnutrition. He stared into the room, with no energy left in his little body to play or move around.

'We have barely anything to eat. During normal years, we eat three meals a day. Now we are lucky if we eat twice a day,' says Kado. She takes her son into her arms; 'We only eat maize porridge, I cannot afford anything else.'

Kado's husband has moved to the nearest town in search of work. But he is not alone. Fathers stream into distant towns offering labour even though salaries have dropped by 50 per cent. 'My husband now earns 10 birr a day (60 cents), in normal years he can earn 20 birr (\$1.20),' says Kado. 10 birr buys one kilogram of maize – a price that has risen significantly since the drought began. 'My husband comes back every four days, giving me money to buy food. My four children and I are dependent on him, we have no other income.'

While Kado stays at the health centre caring for her son, her other children are at home alone. Neighbours look after them, but they have no meals to share either. 'CARE is now starting to provide food for the mothers in the health centres. Because if they don't get anything to eat, they might be forced to leave or refrain from coming here with their malnourished children,' says Jundi Ahmed, CARE Ethiopia's Emergency Nutrition Advisor.

Mothers like Kado are a priority for CARE - almost one in 10 pregnant or breastfeeding mothers in the East Haraghe region of Ethiopia are malnourished as a result of drought. Malnourishment during pregnancy determines the entire life of a child; children who do not receive sufficient nutrition in the first five years of their life will not fully develop their mental and physical capabilities. 'It is a chronic hunger cycle that can last for generations. Malnourished mothers give birth to malnourished children and have no means to feed them essential vitamins, iodine and iron,' says Jundi Ahmed.

Drought comes in different shapes in Ethiopia. But whether in the dry areas of Borena in southern Ethiopia or the lush green mountains of East Hararghe - the pain and consequences of drought and hunger are the same. CARE started food distribution to reach 66,000 people in the zones of East and West Hararghe and Afar. Kado's family and others in her district receive monthly rations of sorghum, vegetable oil, supplementary food such as corn-soy-blend and beans, whereas pregnant mothers and breastfeeding women get special supplementary food. To provide sustainable outcomes for families like Kado's CARE is also implementing long-term development programs in the area to reduce families' vulnerability to drought, famine and other emergencies.



Ethiopia ©Sandra Bulling/CARE

CARE established operations in Ethiopia in 1984 in response to the 1984/5 drought and famine. Since then, CARE's activities have expanded to address the underlying causes of poverty. CARE Ethiopia undertakes a range of programs addressing food security and nutrition, water and sanitation, pastoralist and natural resource management, sexual and reproductive health, civil society strengthening, HIV and AIDS, basic education, and emergency programming in both farming and pastoralist communities.



‘Climate change threatens to undermine decades of work to reduce poverty. We must all act with urgency to reduce greenhouse gas emissions in line with the scientific evidence, or we face a frightening future. At the same time, hundreds of millions of the women, men and children who live in extreme poverty are already feeling the effects of climate change and need increased assistance.’

Dr Julia Newton-Howes, CEO CARE Australia



Laos © Jeff Williams/CARE

TAKE ACTION

Invite CARE to your school

Invite a CARE speaker to talk to your students about how CARE fights global poverty and defends dignity in developing communities. CARE speakers will provide first-hand experience from projects overseas and provide an interesting insight for students to learn about the challenges of poverty, and the solutions to help poor communities overcome them.

By inviting a CARE speaker to your school you create an ideal opportunity to teach students the important values of being a global citizen and the difference they can make in their communities and the world around them.

CARE speakers can cover the following issues:

- Global poverty
- Women and girls in poverty
- Millennium Development Goals
- Education
- Human health and development
- Global emergencies and disasters, for instance the West Africa Food crisis (2012-ongoing at time of print), the Indian Ocean Boxing Day tsunami (December 2004), and the Syrian Refugee crisis (2011-ongoing at time of print).
- Specific developing countries of interest
- How students can become good global citizens



Malawi ©Josh Estey/CARE

CARE speaker program: Booking Form

Organisation / Group / School:	
Address:	
Suburb / Town:	State:
Contact Person:	Role:
Phone:	Email address:
Preferred presentation date and time (please nominate two options):	
1.	
2.	
Presentation topic:	
(e.g. Global poverty, poverty and women, how Australia helps poor communities, developing countries, poverty and children etc) Note: Presentations can be tailored to meet your needs.	
Duration of presentation:	
Number of people in audience/group:	
Equipment available:	
(e.g. PowerPoint facilities, sound, whiteboard etc.)	
Yes, I would like a copy of the Global Poverty: Teacher's Toolkit	
<input type="checkbox"/> Hard Copy	<input type="checkbox"/> Electronic/PDF version
Type of event:	
(e.g Classroom, assembly, meeting)	
<input type="checkbox"/> Yes, please keep me informed of CARE's work around the world	

Please return this form to Lyrian Fleming

Email: lyrian.fleming@care.org.au Fax: 03 9421 5593 Phone: 03 9421 5572

Mail: PO Box 308, Cremorne, VIC 3121

Create your own event

WALK IN HER SHOES

Among the biggest burdens women and girls in poor communities face are the back-breaking tasks of collecting water and firewood, which often takes up many hours of their day. This leaves little time to attend school, access health services or earn money to support their families, fuelling the cycle of poverty.

By participating in CARE's Walk In Her Shoes challenge, your school can show their support for women and girls in poor communities. Host a walk-a-thon at your school and count the steps you take to understand how difficult life can be for women and girls in poor communities. You could also organise activities like asking students carrying buckets full of water, or carry full loads in their backpacks to imagine what this would be like if they were from a poor family in a developing country.

You can also watch short video clips on Walk In Her Shoes and meet some of the women and girls we work with on our website:

www.care.org.au/videos

To learn more please visit: www.walkinhershoes.org.au

GO BARE FOR THE BASICS

In September each year, you can Go Bare to help raise awareness of the women and girls living in poverty in Africa who go without the basics every day. Find out how you can join the Go Bare movement at:

www.gobare.org.au

Via Facebook: www.facebook.com/BareForTheBasics

CAREGIFTS CATALOGUE

CAREgifts are a clever, fun and unique way to share our own good fortune with families, children and communities in need overseas. The gift catalogue can also be used as an educational tool to encourage students to think about how much it costs to deliver aid and development in poor communities. They can learn how much it costs to send a girl to school, set up a village water pump, provide skills training, and much more.

www.caregifts.org.au

**WALK IN
HER SHOES
—CHALLENGE—**

**START CHANGE
WITH A
SINGLE
STEP**





Resources

Resources

CARE has a variety of educational resources that can be incorporated into your lessons or used to assist you with your own events. These include country fact sheets, information brochures, posters, stories from the field, annual reports, newsletters and special reports focusing on women's empowerment.

Videos

I AM POWERFUL

An inspiring three-minute video from CARE that focuses on the potential of women in developing countries to make positive change in their world when given the opportunity.

www.care.org.au/videos

THE GIRL EFFECT

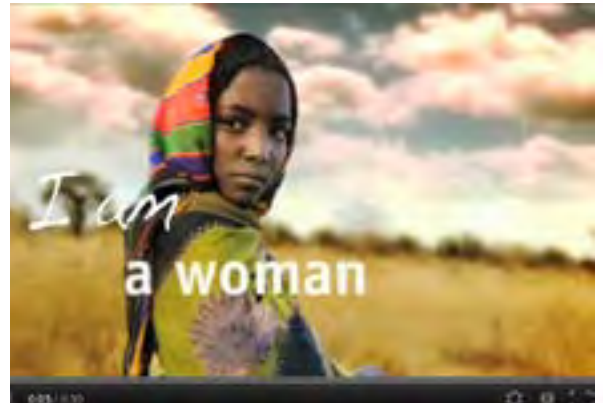
The Girl Effect videos are short animations of a young girl living in poverty that show how, when given the opportunity, girls living in poverty are uniquely capable of changing their lives and the lives of their brothers, sisters, communities and countries for the better.

www.thegirleffect.org

THE MINIATURE EARTH

This video reduces the world's population to a community of only 100 people, helping students understand the differences in the world and how people live.

www.miniature-earth.com



Online



FACEBOOK

Like CARE's facebook page at: www.facebook.com/CAREAustralia



SIGN UP FOR A FREE E-UPDATE

Stay up to date with the latest CARE news and developments around the world through our regular e-update. www.care.org.au/subscribe-eupdates



BLOG

The CARE blog features reports and updates from CARE staff from all over the world.

blog.care.org.au



YOUTUBE

The CARE YouTube channel contains videos from CARE projects, interviews with project participants and stories from the field: www.youtube.com/careaus



TWITTER

Follow CARE on twitter at [@CAREAustralia](https://twitter.com/CAREAustralia)

Calendar of events

JANUARY

FEBRUARY

APRIL

7th

WORLD HEALTH DAY

22nd

WORLD EARTH DAY

25th

WORLD MALARIA DAY

MARCH

8th

INTERNATIONAL WOMEN'S DAY

22nd

WORLD WATER DAY

MAY

2nd

SUNDAY IN MAY

MOTHER'S DAY

JUNE

5th

WORLD ENVIRONMENT DAY

12th

WORLD DAY AGAINST
CHILD LABOUR

20th

WORLD REFUGEE DAY

JULY

11th

WORLD
POPULATION DAY

AUGUST

12th

INTERNATIONAL
YOUTH DAY

OCTOBER

16th

WORLD FOOD DAY

13-19th

ANTI POVERTY WEEK

17th

INTERNATIONAL DAY FOR
THE ERADICATION OF POVERTY

SEPTEMBER

8th

INTERNATIONAL LITERACY DAY

20th

GO BARE DAY

21st

INTERNATIONAL DAY OF PEACE

NOVEMBER

20th

UNIVERSAL CHILDREN DAY

DECEMBER

1st

WORLD AIDS DAY

10th

INTERNATIONAL HUMAN
RIGHTS DAY

Speak to the experts

Fighting global poverty and defending the dignity of women across the world is a big job. CARE works with a number of reputable non-government organisations and charities who specialise in certain areas of poverty alleviation. In this toolkit we introduced you to two other Australian non-government organisations; Marie Stopes International Australia and CBM.

If you would like to learn more about the work of Marie Stopes International please contact:

Web: www.mariestopes.org.au
Twitter: [@mariestopes](https://twitter.com/mariestopes)
Email: info@mariestopes.org.au
Phone: **03 9525 2411**



If you would like to learn more about CBM's work please contact:

Web: www.cbm.org.au or www.endthecycle.org.au
Twitter: [@cbmaustralia](https://twitter.com/cbmaustralia) or [@endthecycleAUS](https://twitter.com/endthecycleAUS)
Email: engage@cbm.org.au
Call: **1800 678 069**



Timor-Leste ©Susan Schulman/Marie Stopes

Reading list

There is an abundance of reading materials about poverty alleviation, developing countries and how you can get involved. These are some of CARE's favourites:

A Billion Lives – An Eyewitness Report from the Frontlines of Humanity, by Jan Egeland

A personal story from the UN undersecretary general for humanitarian affairs touching on his journeys in search of peace through Darfur, Congo, Uganda, Zimbabwe, Colombia, Lebanon, Gaza and Israel.

Behind the Beautiful Forevers: Life, Death and Hope in a Mumbai Undercity, by Katherine Boo

Katherine Boo spent three years living in an informal city, Annawadi slum, in Mumbai. This is her insightful and moving account, capturing the humanity, hope and misfortune of a life lived in poverty.

Banker to the Poor: Micro-Lending and the Battle Against World Poverty, by Muhammad Yunus (2006 Nobel Peace Prize Winner)

An inspiring memoir of how Nobel Peace Prize winner Yunus changed his life to help the world's poor through microcredit in Bangladesh.

Development As Freedom by Amartya Sen (1998 Nobel Prize for Economic Science),

In this piece of academic writing, Sen considers the notion of freedom as both the end and most efficient means of sustaining economic life and the key to securing the general welfare of the world's entire population.

Half the Sky: Turning Oppression into Opportunity for Women Worldwide, by Nicholas D Kristof and Sheryl Wu Dunn

Nicholas Kristof and Sheryl Wu Dunn take on the fight against the oppression of women and girls and encourage readers all over the world to join the burgeoning movement for change with stories of great sadness, but eternal hope.

Poor Economics: A Radical Rethinking of the Way to Fight Global Poverty, by Abhijit Banerjee and Esther Duflo

This book takes a radical look at what it takes to fight global poverty, and offers practical solutions.

The Bottom Billion: Why the Poorest Countries are Failing and What Can Be Done About It, by Paul Collier

A novel considering international affairs and the challenges faced by a billion of the world's poorest people across 50 failed states.

The End of Poverty: Economic Possibilities for Our Time, by Jeffrey Sachs

Readers are taken on a journey through Bolivia, Russia, India, China and Africa to see what economic, political and environmental steps can be taken to help societies emerge from poverty.

The Life You Can Save, by Peter Singer

Showcasing ethical arguments, illuminating examples and case studies of charitable giving, The Life You Can Save suggests our current response to world poverty is not only insufficient but morally indefensible and teaches us to be a part of the solution, helping others as we help ourselves.

This Child Will Be Great: Memoir of a Remarkable Life, by Africa's First Woman President, Ellen Johnson Sirleaf

In January 2006, Sirleaf was sworn in as president of Liberia, marking a tremendous turning point in the history of the West African nation. In this memoir, Sirleaf shares the story of her rise to power, including her early childhood, her experiences with abuse, imprisonment and exile, and her fight for democracy and social justice.

Definitions of key terms

AusAID

AusAID is the Australian Government agency responsible for managing Australia's overseas aid program. The objective of the aid program is to assist developing countries to reduce poverty and achieve sustainable development, in line with Australia's national interest.

DEVELOPING COUNTRY

According to the World Bank, developing countries are those with a relatively low Gross Domestic Product (GDP) per capita. This means that these countries have a small total income in relation to their total population. People living in poverty in developing countries have lower living standards, with less access to goods and services. Developing countries are different from developed countries like Australia or the USA. Developed countries have a relatively high total income as well as higher standards of living.

EQUITY

The quality of being fair and impartial

FOOD SECURITY

The availability of food and one's access to it. A household is considered food secure when its occupants have enough food to eat all year round and do not live in hunger or fear of starvation.

HIV/AIDS

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome.

HUMAN RIGHTS

All individuals have the right to equality, equal opportunity, fair treatment and an environment free of discrimination.

HUMAN TRAFFICKING

Human trafficking is the illegal trade of human beings.

GROSS DOMESTIC PRODUCT (GDP)

The total value of all goods and services produced in a country in a given year.

LITERACY

The ability to read and write.

LITERACY RATE

The number of people in an area who can read and write.

MDGs

Millennium Development Goals – eight international development goals that United Nations member states and international organisations have agreed to achieve by 2015.

MICROFINANCE

The provision of financial services to low-income clients, including consumers and the self-employed, who traditionally lack access to banking and related services.

REPRODUCTIVE HEALTH

Within the framework of the World Health Organisation's definition of health as a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life. Reproductive health, therefore, implies that people are able to have a responsible, satisfying and safe sex life and they have the capability to reproduce and the freedom to decide if, when and how often to do so.

UNITED NATIONS (UN)

An organisation of independent states formed in 1945 to promote international peace and security.

WHO

World Health Organization

Feedback form

To ensure CARE can continue to support your teaching needs, please take a few minutes to fill in the feedback form on this toolkit below and return it to info@care.org.au or PO Box 308, Richmond, Vic, 3121.

School :					
Name :					
Class / Year Level:					
Where did you hear about this toolkit?					
Please circle a number that corresponds with your level of agreement with each statement. Your input will help us in developing future educational resources.					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I used this toolkit in the classroom		2		4	
I found the backgrounders to be informative, they gave me confidence to teach the class about each issue	1	2	3	4	5
The CARE stories engaged the students	1	2	3	4	5
The activities were easy to implement	1	2	3	4	5
The activities engaged the students	1	2	3	4	5
I found the format of the toolkit easy to follow	1	2	3	4	5
The review questions generated rich discussion amongst students	1	2	3	4	5
The essay questions motivated students to critically evaluate and analyse issues	1	2	3	4	5
I found CARE's resources were useful	1	2	3	4	5



Australian Government
AusAID

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