



When she was awarded a full scholarship for secondary school, Beta realized that dreams really can come true. It was a long way from the nightmare she faced when her grandfather took her out of school in the 5th grade to get married. Beta fled to live with her mother in another town, but lacked the paperwork needed to re-enroll in school. Fortunately, her mother learned about the classes that CARE had established for out-of-school girls and signed Beta up. While strongly focused on academic subjects, the classes also included vital information on girls' rights, sexual and reproductive health, vocational skills, and leadership skills. A year later, Beta had caught up and was able to transfer back into regular school. She convinced several of the better students to form a study group with her and kept them meeting regularly. Her increased confidence helped her to excel both academically and as a student leader, which led to her selection as a scholarship recipient. Now 17, Beta plans to go to university, and become a secondary school teacher herself so she can encourage other girls to reach for their dreams.

CARE understands the critical and life-changing power of education for Beta and millions of children and adolescents like her - that access to a quality basic education is a human right, and that education is fundamental to overcoming poverty and social injustice.¹

Global evidence now overwhelmingly supports the crucial role that education plays in lifting families and communities out of poverty, and reinforces that the impacts are especially strong where girls are concerned. In a recent review of girls' education efforts worldwide, the Brookings Institution notes that girls' education has climbed to the top of developing nations' policy agendas, not only because of its positive returns for income and economic growth, but because of the evidence of high returns in other crucial areas—including improving children's and women's survival rates and health, reducing population growth, protecting children's rights and delaying child marriage, empowering women in the home and workplace, and increasing resilience to natural disasters. It is one of the smartest

investments a country can make and an important step in breaking the cycle of intergenerational poverty.ⁱⁱ Notable World Bank economist and former United States Secretary of the Treasury Lawrence Summers stated that girls' education "may well be the highest-return investment available in the developing world";ⁱⁱⁱ more recently, Justine Greening, the United Kingdom's Secretary of State for International Development noted that, "There is only one thing more expensive than investing in education - which is NOT investing in education."^{iv}

And yet, statistics continue to paint a bleak picture. While 87% of girls in developing countries enroll in primary school, only 39% finish lower secondary; in sub-Saharan Africa, the drop-off is even more stark, with 75 percent of girls starting school but only 8 percent finishing.^v Boys too face challenges with regards to education. While girls are more likely never to enroll in school, boys are more likely to drop out.^{vi} The picture for secondary school is even more grim: worldwide, 60 million adolescents of lower secondary school age, and 142 million youth of upper secondary school age are out of school.^{vii} And each year, 15 million girls are married before the age of 18, effectively closing the door on their access to education and future economic opportunities.^{viii}

CARE's Focus on Education

Founded in 1945, CARE is a leading humanitarian organization fighting global poverty. Girls and women are at the heart of CARE's community-based efforts to improve education, health and economic opportunities for everyone because experience has shown that, equipped with the proper resources, they have the power to lift their families and communities out of poverty. CARE's experience in education programming itself is broad, directly reaching over 6.3 million children, youth and adults in over 58 countries in 2015 alone.

CARE understands the critical importance of education for equipping young people with vital knowledge and skills needed to empower them to become productive, resilient adults, who are able to sustain themselves and their families and contribute to the progress of their communities and their countries as a whole. CARE's vision for education is articulated in our Education Sector Strategy 2020: *CARE's education effort pursues a world in which marginalized children and youth, especially girls, have expanded life choices through access to quality learning so that all young people can successfully acquire and use knowledge and are engaged participants in their society.*^{ix} Thus, CARE seeks to provide education programming that is truly transformative; the end goal is not only to foster development but also to promote equity and social justice.

Our work takes a four-pronged approach aimed at strengthening educational **quality**, improving **learning outcomes**, furthering **gender equity**, and promoting **empowerment** of marginalized adolescents, especially girls. This work takes place inside classrooms to ensure that girls and boys receive a quality, relevant education, outside classrooms to help



parents and community leaders understand the importance of education for all children, and after school to provide meaningful skills development opportunities and develop students' social competencies and networks. CARE recognizes that gender attitudes, norms and practices play a pivotal role in defining if and how young people, particularly girls, access their rights and participate fully in their communities. Our experience has shown that educational gains can be sustained and yield even greater returns when combined with explicit efforts to challenge and reshape the socio-cultural forces that limit girls' lives. Meaningful engagement of all members of the community is fundamental to addressing the underlying causes of inequality that inhibit the exercise of these rights.

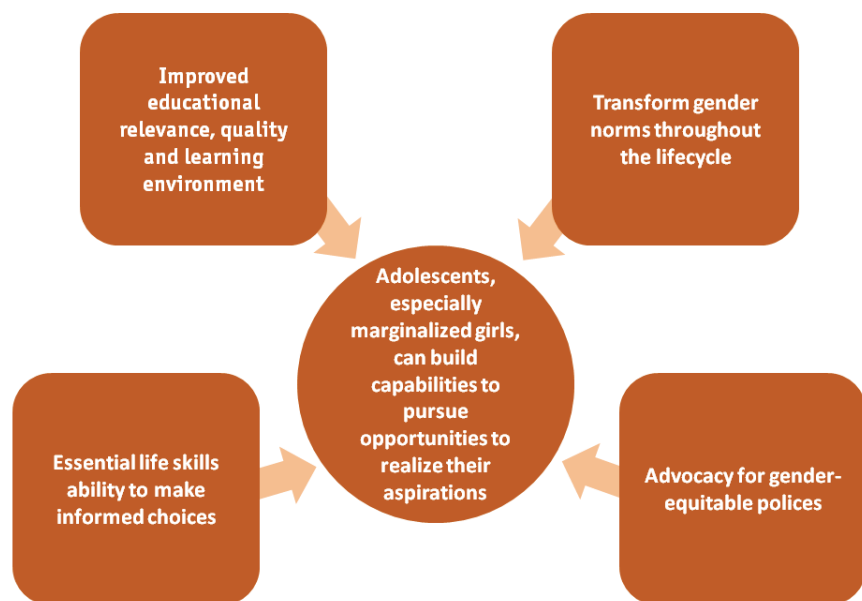
CARE's ADOLESCENT EMPOWERMENT APPROACH

CARE's education programs have historically focused on supporting primary education as an invaluable foundation for empowerment. While still a priority, given the 31 million girls of primary age still out of school, CARE has broadened its programming to also address the critical developmental period of adolescence which has such a significant impact on an individual's resilience and future life options. More than half of all out-of-school children and youth are between the ages of 15 and 17, which is in large part the fruition of the aging up of the generation of children that were largely left out of primary school all together. Adolescence is the pivotal gateway to adulthood, and without opportunities for development, these forgotten adolescents will be left to perpetuate the cycle of disempowered poverty.

CARE's approach to adolescent empowerment centers on comprehensive, integrated and rights-based interventions that encourage adolescents who are in school to stay in school, facilitate the crucial transition to and completion of secondary school, and provide alternative educational opportunities to older children and adolescents who are too old to re-enter at the primary school level. Whichever route they take, we seek to ensure that young people have access to the information, resources and support they require to build their capacities, plan their futures, exercise their rights, help their families and communities, and navigate the transition to work and/or marriage.

CARE seeks to holistically address the needs of young people and their communities through innovative, multi-sectoral, context-specific approaches. We recognize the essential interrelationship of quality education, sexual and reproductive health (SRH), economic empowerment, and the acquisition of 21st century transferable skills. At the same time, CARE's experience has

shown that simply providing young people with skills and then expecting them to conquer underlying socioeconomic, cultural and political barriers is not effective and does not lead to their empowerment long-term. Therefore we engage stakeholders in efforts to address known barriers faced by young people, including gender norms that restrict their choices, and advocate for the embodiment of gender-equitable norms in policy.





Approaches to Education Programming

Depending on specific contexts and circumstances our holistic approaches include:

- Creating **safe, supportive conditions at schools** (both physical and emotional) that improve the quality of education and foster regular attendance;
- Ensuring access to **quality, relevant and gender-equitable educational systems**
- Providing **second chances** for those who are out of school whether as a result of poverty, early pregnancy, lack of school relevance, or lack of family support; and
- Providing opportunities for **economic empowerment** and the acquisition of vocational skills that keep up with a changing world.
- Developing and practicing **transferable, life-enhancing skills** including leadership skills, conflict resolution, peer mentoring, etc. through extra-curricular activities
- Acquiring **knowledge and negotiation skills for reproductive health** to enhance adolescents' safety and sense of self-confidence and self-worth.
- Working collectively with others to **change societal gender stereotypes** which limit choices including opportunities for income producing and contributing to the development of society
- Promoting **inclusive governance** which is responsive to the voices and concerns of adolescents and women
- **Working with governments** to ensure cohesive and integrated approaches to education
- Advocating for **gender-responsive policies** and programs for girls and boys

SAFE, SUPPORTIVE CONDITIONS AT SCHOOLS

Creating **safe, supportive conditions** that foster regular school attendance includes making sure that schooling is available within a reasonable distance; that the buildings are sound and have adequate, functioning sanitation facilities; that the classroom environment is devoid of physical and psychological fears; and that violence of any form is not tolerated.

All too frequently, school is a setting in which gender-based violence¹ (GBV) is perpetrated by students and teachers, particularly against girls.^{xi} CARE's interventions to prevent GBV target children, adolescents, school staff and community members to address the underlying gender inequalities and attitudes towards violence that allow it to happen.

In **Somalia**, where CARE supported training is helping teachers create more student-centered classrooms, increases in attendance and reading comprehension have been linked to a reduced climate of fear and a decrease in use of the corporal punishment. In **Bangladesh**, where concerns about verbal and physical abuse during the walk to school once kept girls out of school, community members are now ensuring students' safe travel to and from school, and their safety while in school.

Zimbabwe

In Zimbabwe, a combined approach of girls' clubs and Mothers Groups are addressing school participation, including the preponderance of GBV that is keeping girls from school. Girls are gaining the confidence to refuse unwanted advances and speak out against perpetrators. Women are trained on the importance of girls' education and how they can mentor, guide, and counsel girls and other parents on the importance of regular attendance, addressing GBV and hygiene and menstruation. Male traditional and religious leaders also take part in Mothers' Groups. The groups have been credited with addressing many of the barriers to girls' education.

QUALITY, RELEVANT AND GENDER-EQUITABLE EDUCATIONAL SYSTEMS

CARE's education programs focus on strengthening learning environments, especially for the most marginalized. In **Cambodia** and **Peru**, CARE has worked to ensure that ethnic minority students are taught in a language they can understand. To combat high rates of teacher absenteeism stemming from lack of motivation in **Uttar Pradesh, India**, CARE organized peer networks for teachers to strengthen their teaching methodologies, share successful classroom activities, and celebrate progress by their students. Teachers are now equipped with gender-sensitive methodologies, accommodating multiple learning styles, and countering notions that girls are less capable than boys. In **Timor Leste**, CARE works in partnership with the government to produce locally relevant curriculum and reading materials for classrooms throughout the country, and in **Somalia**, CARE is partnering with teacher training institutions to ensure that gender sensitive teaching practices are the norm for all newly trained teachers.

Cambodia

In Cambodia, CARE has worked to increase access of indigenous ethnic minority children, particularly girls, to quality education in Ratanakiri Province. Indigenous teachers, selected by their communities, were trained to deliver child-friendly, multi-lingual instruction in their own villages. Working alongside communities, government partners, teachers, and others, CARE developed culturally-relevant curricula for preschool and primary school classrooms, placing content into familiar contexts. After noting that families relied on out-of-school girls to mind their younger siblings, CARE worked with communities to establish early childhood centers, allowing older siblings to attend school while also increasing school readiness for the youngest ones. Not only have more girls stayed in school, but their attendance and achievement has increased as well. Communities now see access to schooling as important for all children – a critical shift in villages where schooling was previously seen as the domain of only male, privileged, and/or highly confident children.

¹ Gender-based violence is physical, sexual or psychological violence perpetrated based on a person's gender, most often reflecting the patriarchal dominance of men and boys over women and girls.



SECOND CHANCES

Older children and adolescents who are out of school need **second chances** to get an education, whether they are out of school as a result of poverty, early pregnancy, migration, lack of school relevance, or lack of family support. CARE has rich experience in developing alternative, accelerated learning programs in settings as diverse as Tanzania, Honduras, Mali and India. While varying in their approach depending on specific needs, all of the programs link transferable life and vocational skills with a foundational primary level education, preparing students to transition to secondary school or the world of work.

India

In India, the *Udaan* model provides adolescent girls who have never been to school the opportunity to acquire Class 5-level competencies in just 11 months, enabling them to transition into lower secondary schools or technical training institutions. Named for a Hindi word meaning “to soar,” *Udaan* incorporates life skills, focusing on SRH knowledge and challenging restrictive gender norms and discriminatory practices and beliefs. Leadership skills are developed through sports-based activities, clubs and civic engagement opportunities. An economic empowerment curriculum provides vocational training and financial literacy skills. Since 1999, when the first pilot began, the program has expanded across four Indian states, reaching 2,700 girls. In the state of Uttar Pradesh, the government has adapted the *Udaan* curriculum for its special training centers with the potential to reach around 100,000 children. The approach is now being replicated in neighboring Nepal.

VOCATIONAL SKILLS AND ECONOMIC EMPOWERMENT

CARE combines education and economic empowerment approaches to promote a culture of enterprise, market access and awareness, and financial literacy for young people within school and communities; and ensures that young people are equipped with marketable skills and technical know-how relevant to their context. Non-formal technical and vocational programs go beyond single-skills (e.g. masonry, tailoring, etc.) to focus on multi-skill development, fostering adaptability to keep up with a rapidly changing world. New project designs incorporate information and communications technology (ICT) skills to ensure that young people can access information on markets and risk mitigation, learn about business and career opportunities, build financial and market literacy, and grow their social and professional networks. Our Village Savings and Loans Associations (VSLA) ^{xii}, a mechanism that allows poor people to safely build savings while increasing economic self-sufficiency, has enabled parents in numerous contexts to generate funds to cover their children's education-related costs. More recently, CARE has adapted the model to the needs of adolescents and youth. Youth participation in VSLAs helps build financial literacy, confidence, and independence.

Mali

In Mali, when CARE wanted to reach vulnerable adolescents living in remote, underserved or urban areas of the country, it adopted the government-approved Development Education Centers (CEDs) model, but with a twist. In addition to the traditional focus on literacy and numeracy, CARE-supported CEDs integrated leadership skills development and vocational training. Individual students were able to self-select the track they wanted to pursue, opening training for girls in areas traditionally denied to female workers. Crucial to its success was working with the community early on to identify apprenticeships and skilled positions in workshops where graduates could be placed. Recognizing that new entrepreneurs in marginalized communities would need access to working capital, role models, and moral support for many years, VSLA groups for women were established in the communities. In addition to encouraging young female entrepreneurs, some of the groups now support their own children's participation in school. In January 2015, the proven DEGE-CED curriculum was validated in a national workshop led by the government and was sanctioned for use in all future government CED activities.

EXTRACURRICULAR ACTIVITIES

Specific vocational skills are enhanced by life skills or "transferable skills". Transferable skills are widely seen as the broader range of skills that can be transferred and adapted to different work environments, and include the capabilities to analyze problems, reach creative solutions, communicate ideas, and exercise collaboration, leadership and entrepreneurship. ^{xiii} The integration of leadership skills development with education programming for adolescents has become a hallmark of CARE's work. ^{xiv} With the help of strong role models, adolescents in our leadership programs develop the competencies of voice, decision-making, self-confidence, organization, and vision through participation in a wide variety of extracurricular activities including sports, academic and special interest clubs, social networks, and community service. Ensuring supportive opportunities and spaces to try out and enhance these skills is crucial to their realization.



Honduras

In Honduras, the RENACER project provided an alternative education program, with the addition of leadership, vocational and life skills in 46 communities. Youth-led community surveys captured the concerns of their peers and they worked together to initially address the priority concern for access to education. Classes were located in homes, churches, and community centers and often served as a safety net for those excluded from the formal education system due to pregnancy, the need to work, or various other forms of social marginalization. Youth served as facilitators for their peers and those younger. Initially designed to address the needs of adolescent girls, the subsequent inclusion of boys allowed girls and boys to learn together about the socially imposed challenges that each faced and to challenge stereotypical roles for both. As confidence increased, youth identified other areas of needed social change, and with assistance from CARE, created Committees for the Rights and Defense of Youth. Committee members received additional training in leadership, administration, and management skills so that they could design, implement, and advocate for interventions in their communities. Efforts focused largely on safety and security and economic empowerment.

KNOWLEDGE AND NEGOTIATION SKILLS FOR REPRODUCTIVE HEALTH

A priority focus of CARE's work globally is ensuring that women and girls exercise their rights to sexual, reproductive and maternal health and a life free from violence. CARE understands that addressing the sexual and reproductive health of adolescents is critical to their development and to ensuring healthy and successful futures for themselves and their children. Providing adolescents with accurate, complete and age-appropriate information and access to youth-friendly services enhances responsible sexual behaviors and improves reproductive health outcomes including decreases in early and unwanted pregnancy and sexually transmitted infections, including HIV. Within and outside schools, CARE supports comprehensive sexuality education using a number of proven curriculum packages and tools that provide young people with basic sexual and reproductive health information while simultaneously addressing

underlying gender norms and power imbalances. Where needed, we collaborate to develop modules that complement and strengthen existing government curricula. CARE also works with mothers' groups and school committees, providing these groups with the training, information and resources to counsel adolescents and refer them to services.

Burundi

In Burundi, CARE worked with local partners to empower adolescent girls who were vulnerable to exploitation and abuse in urban settlements, including girls involved in transactional sex and begging. With the support of mentors, 12,290 girls formed 616 Solidarity Groups (savings clubs) each with its own management committee. The groups were trained in SRH, financial education, and other life skills. Cultural and sports-based activities helped girls to build self-confidence and social connections. Access to information on SRH and rights enabled girls to identify when to seek support services, and particularly for those with high vulnerability to HIV/STDs, to actually do so. Girls were able to take seed loans from the clubs to start small businesses. The financial resources continue to give girls the leverage they need to control what happens in their lives, while training and access to a mentor and social networks give them the information they need to safeguard their own well-being. Their newly developed skills and the support networks enable girls to feel safer, more confident and able to refuse transactional sex. The reliance on prostitution and begging for survival declined from 17% to 7% by the end of the project.

CHANGING SOCIETAL GENDER STEREOTYPES AND NORMS

Inequitable social and gender norms are particularly harmful to young people and can result in school drop out, decreased economic opportunities, early marriage, sexual risk-taking behaviors, and violence. CARE works collectively with stakeholders at various levels to address the underlying gender stereotypes and norms which limit adolescents, especially girls, from capitalizing on the power of education and exercising choices for their futures around mobility, opportunities for income producing, and contributing to the development of their societies.

CARE fosters community engagement in identifying and addressing inequitable norms using a wide variety of forms, often in combination, depending on the specific context. In some cases, informal groups of individual change agents or thought leaders can be effective. In **Burundi**, for example, community advocates reinforced messages for girls' rights to education and economic empowerment that were disseminated via popular education theater and radio broadcasts. Community participation in non-traditional activities can also spark changes in attitudes. Participation in literacy classes for mothers in **Somalia**, for example, has led to much stronger support for education for their girls. Formal, collective bodies such as School Management Committees (SMCs), Parent Teacher Associations (PTAs), and Mothers Groups can serve as strong mechanisms for more formal, long-term commitment to challenging gender norms.

One specific approach CARE uses to address inequitable norms is Social Analysis and Action (SAA), a process for stimulating reflection and dialogue within communities on gender and social norms that may positively or negatively impact the health and well-being of young people. SAA is intended to spark reflection and problem-solving and supports communities to create their own solutions for challenging rigid gender roles.

Malawi

In Malawi, a multi-pronged CARE initiative sought to change community perceptions of appropriate gender roles for girls, improve support for girls' education, and eradicate the prevalence of GBV – particularly in schools. Girls engaged in leadership training activities that built their self-confidence and assertiveness. Teachers participated in training on gender-inclusive classrooms. SMCs, Mothers Groups, PTAs and chiefs were involved in leadership skills training and dialogue to heighten their awareness of education policies and of their responsibility to provide school oversight, including enforcement of the Teacher Code of Conduct. Solid reporting mechanisms were established in schools involving student clubs, community matrons, teachers, traditional leaders, the police, and health clinics to tackle GBV cases and provide integrated support to survivors. Results included community members championing a “zero tolerance” environment for GBV, including forced marriages, exclusion from school, sexual abuse and harassment, and widespread support for the active participation and leadership of women in initiatives addressing and preventing GBV and seeking punishment for perpetrators.

PROMOTING INCLUSIVE GOVERNANCE

CARE believes that creating inclusive spaces for meaningful participation and community-led change is key to ensuring that structures and institutions are responsive to the voices and concerns of all, including adolescents and women. Community structures such as SMCs are trained to identify, address, and track the challenges facing children and adolescents in their villages, focusing on the particular needs of girls. Parental involvement in these formal bodies gives parents a voice, helps school officials and parents see each other as collaborators, and provides a means of social accountability. The participation of women often challenges traditional gender norms and creates greater opportunities for girls. Inclusion of adolescents and youth on these bodies allows adults in the community to see them as valuable, capable resources as well.

CARE uses its **Community Score Card (CSC)**^{xvi}, a citizen- driven accountability approach, to sustainably improve the performance and responsiveness of service providers (health, education, financial, etc.). The approach brings together community members (including adolescents, marginalized groups, traditional and religious leaders), service providers and local government to identify barriers, including policy barriers, to effective, high-quality service delivery and develop a shared plan for their improvement. Through the CSC process, adolescents are given a forum to voice their concerns and define the issues they encounter in accessing high-quality services in their communities. The CSC then allows for all sides to come together to develop a joint plan for improvement and to monitor progress together; empowering adolescents and other community members to hold programs, policies, and institutions accountable.

Egypt

In Egypt, CARE piloted the CSC in a northeastern governorate to strengthen participatory approaches in monitoring and evaluating performance of primary schools to improve learning outcomes and responsibility, transparency and accountability in management processes. After CSC implementation, parents and students were reported as becoming more assertive in expressing demands and concerns regarding service provision. Specific action plans to remedy concerns raised included: fundraising for a full-time cleaner; extra literacy classes for struggling Grade 3 students; and reward schemes for good attendance. The CSC implementation empowered citizens; with various groups formed to monitor school budgeting and expenditures, the number of students receiving private tutoring was reduced with the provision of free after-school sessions. Social workers observed increased community confidence in schools due to greater transparency and accountability.



WORK WITH GOVERNMENTS

Wherever we work, CARE works in consonance with local, regional and national governments, which ultimately bear the responsibility for the education of their citizens. Depending on the specific context, we work with government entities to update national curricula, support teacher training institutions in adopting child-friendly/gender-sensitive methodologies, coordinate community mobilization campaigns to promote school enrollment and attendance, support the drafting and adoption of gender-equitable policies, and replicate and scale-up successful alternative education models.

Somalia/Somaliland

CARE is supporting the strengthening of the Ministries of Education (MOE) in all three regions of Somalia/Somaliland, particularly in the areas of policy and planning. Sound, effective MOE policies and quality assurance functions are vital to support delivery of relevant, quality education, particularly for girls. CARE and its partners are supporting MOEs to review existing or draft policies and modify as needed to incorporate gender friendly approaches. Worldwide, Education Management Information Systems (EMIS) are used to track a host of school-related data, including student enrollment, retention and achievement. When the system is weak, lack of reliable data at regional and district education offices poses a challenge for education planning and financing. CARE is providing valuable support to regional education offices and district education offices in Somaliland, Puntland, and Galmudug to improve consolidation of district and regional level school data, as well as contributing to supervision and corrective action to improve record keeping at the school level.

ADVOCACY FOR RESPONSIVE POLICIES AND PROGRAMS FOR MARGINALIZED GIRLS AND BOYS

In order for proven strategies for addressing barriers to education and achievement to become widely accepted and applied, broader support is needed. CARE recognizes the interaction between programming, research and advocacy and works to generate and capture compelling evidence to support advocacy for policy development and implementation at the local, regional, and global levels.



Peru

In Peru, although a national bilingual education policy was in place, CARE and communities recognized the need for indigenous children to receive a quality education that acknowledges and values indigenous/community knowledge, transforms existing norms and perceptions that marginalize indigenous communities, and promotes a reflection on gender perceptions, attitudes and practices. After piloting a successful Intercultural Bilingual Education (IBE) model that led to significant increases in student learning achievement, CARE collaborated with civil society and education sector actors to advocate for the development and implementation of policy at the regional and local levels that would mainstream IBE strategies. CARE's IBE experience led to the approval of a Regional Curricular Project to provide a relevant curriculum for the multicultural and multilingual region of Puno. In the Ancash region, the similarly positive impact of IBE resulted in the approval of other Local Education Projects with an intercultural perspective, the official recognition of the IBE approach by all official education structures, and a substantial allocation in the public budget supporting the expansion of IBE.

MULTIPLYING IMPACT

All of CARE's work seeks to have broad impact, both within the communities in which we directly work, and beyond. Together with our partners, we use the evidence, learning and innovation from our programs to influence broader social change at significant scale. It is through this role that CARE can contribute to deeper and sustainable impact by documenting successful models, leveraging knowledge, advocating for replication and expansion of proven approaches, promoting pro-poor solutions, influencing power holders at all levels to

MULTIPLYING IMPACT

Policy Change: In Cambodia, initial work in a few villages in the northeast has now influenced national policy.

Increased Funding: In Somalia, successful programming to enroll and retain girls has attracted new partners and donors.

Adapting and Exporting: India's successful model for out-of-school girls is now being replicated across India and in Nepal.



change their policies and practices, and convening and brokering linkages between actors. ^{xvii}

CARE recognizes the indispensability of measurable results that can be documented and replicated. As such, we have invested significantly in the development and testing of specific tools that go beyond the basic measures of success, such as parity in education or attainment, seeking to measure changes in gender equitable attitudes; youth perceptions of leadership capabilities; and teacher, student and community perceptions of equitable classrooms.

CARE looks to extend the impact of its work through three distinct but inter-related streams: working for **policy change**; expanding successful programs to include more communities by attracting **increased funding**; and scaling up by **adapting and “exporting”** successful models to other contexts.

Our goal is to support systems that converge to erase barriers and ensure that girls and boys worldwide receive high-quality education from childhood throughout their adolescent years.

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Founded in 1945 with the creation of the CARE Package, CARE is a leading humanitarian organization fighting global poverty. CARE places special focus on working alongside poor girls and women because, equipped with the proper resources, they have the power to lift whole families and entire communities out of poverty. Last year CARE worked in 84 countries and reached 122 million people around the world. To learn more, visit www.care.org.