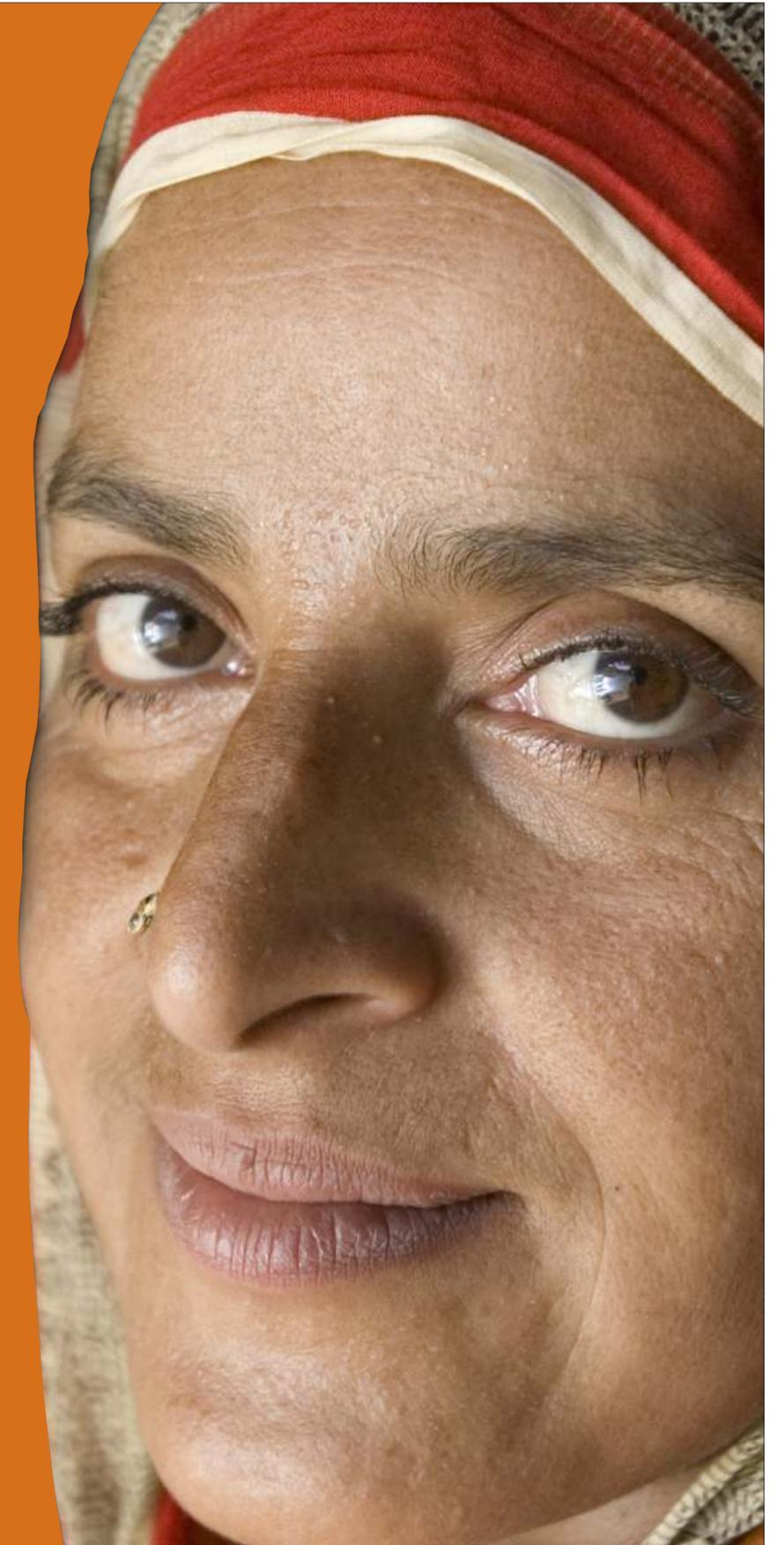


Defending
Dignity
and Fighting
Poverty

Annual Report

July 06 - Dec 07



care[®]

CARE International in Pakistan

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CARE International in Pakistan

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Message from the Country Director

Year 2007 marks CARE International Pakistan's two year anniversary in Pakistan.

Two years of working with some of the most distant and underprivileged communities in Pakistan with a commitment to addressing underlying causes of poverty whilst dealing with the aftermaths of natural disasters has not only reaffirmed our promise to fulfill this commitment but more importantly has catalyzed our drive to do more and to do it well! After responding to the Pakistan Earthquake in October 2005, this year, CARE International in Pakistan aimed to move towards fulfilling its long term commitment in Pakistan by gradually transitioning its interventions from relief activities into long term development projects in the fields of health, education, livelihoods and water and sanitation. While simultaneously, introducing small scale pilot initiatives in other parts of Pakistan, namely Sindh and Baluchistan to explore pockets of poverty and marginalization and begin our work. Our reconstruction and development initiatives this past year and half have benefitted over 147,000 people – around half of these were women.



CARE also decided to join the array of civil society partners involved in responding to the urgent needs and demands created by the 2007

Cyclone/Floods that wrecked havoc in coastal areas of Pakistan. CARE particularly saw possible value-addition from its involvement, by being able to utilize years of institutional learning and experience acquired globally in disaster response and mitigation. Working predominantly through local partners, CARE carried out immediate relief work in some of the worst flood affected districts in Baluchistan and Sindh and is currently engaged in early recovery interventions. Our initial emergency response benefitted over 122,000 people. In total CARE has reached over 290,000 between July 07-Dec 08

A key milestone achieved during the past year in helping us reach our goal was the development of our five-year Long Range Strategic Plan where we defined our strategic directions for the next five years. Targeting of women, children and most marginalized as the centerpiece of all our interventions, we decided to focus on developing quality program interventions that address issues of livelihood conditions, social positions and enabling environment for poor; build strategic relations that add value to CARE and other organizations' work; and develop a niche in Pakistan and create a learning organization which has the competence and credibility to support innovative practices based on knowledge and evidence.

The past year also brought about some major challenges for CARE – one of them being the security incidents that took place in Battagram resulting in ransacking and looting of our two field offices in Allai and Battagram and a closure of the reconstruction activities in these areas. In spite of this, thanks to the dedication and commitment of our staff particularly those working in the field, we were able to come together stronger as a team and are exploring opportunities to continue to work in the earthquake affected areas in the North West Frontier Province in Mansehra.

I would like to take this opportunity to thank all our staff for seeing the team through this difficult time period whilst continuing to strengthen our long term objectives in Pakistan. More importantly, I would like to express my gratitude to our local implementing partners for carrying that agenda forward and to all our CARE country offices, CARE members and our donors for extending their support to helping us fulfill our vision and mission. Lastly, I would like to thank the Government of Pakistan for providing the enabling environment to carry out our intervention with relative ease.

Thank you! We look forward for your continued assistance in the coming years!

Warm Wishes,

Navaraj Gyawali
Country Director



CARE International in Pakistan

About Us



CARE International

CARE is one of the world's largest private international humanitarian organizations, working over 70 countries around the globe with a commitment to helping families in poor communities improve their lives and achieve lasting victories. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility.

We facilitate lasting change by:

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

CARE International in Pakistan

CARE International in Pakistan (CIP) office was set up in June 2002, following a detailed assessment to assess the possible locations for initiating work in Pakistan as well as defining four broad areas of program interventions including:

- Gender concerns and improving the role of women;
- Strengthening institutional capacity of non-government organizations (NGOs) through partnerships;
- Strengthening local governance in line with the ongoing devolution process at the grass root level; and
- Commitment to advocacy

CARE International in Pakistan began its work by pinpointing availability of local NGOs to collaborate with and determine responsiveness of the local government.

The Pakistan Earthquake 2005 changed the dynamics of CARE's program portfolio in Pakistan. For the last two and a half years, CARE has been predominantly working in earthquake affected areas of NWFP (Mansehra, Shangla and Battagram districts) in relief, recovery and rehabilitation. Whilst carrying on with some small scale projects in Baluchistan (District Musakhel) and Sindh (District Ghotki) in education, health and water and sanitation. CARE has also recently engaged in emergency operations in Cyclone/Flood areas in some of the worst affected districts in Sindh (Dadu, Badin and Shabdakot District) and Baluchistan (Turbat and Nasirabad Districts).

CARE works primarily through local partners in Education, Health, Water and Sanitation, Housing & Infrastructure, Economic Empowerment and Emergency Response.

At present, CARE has two field offices in Abbottabad and Karachi employing over 70 staff.



CARE International in Pakistan

The aftermaths of the October 8th 2005 Pakistan Earthquake



The fight against poverty is never more difficult than in times of crisis. CARE seeks to work towards meeting both immediate and long term needs of the people it works with. That is why dealing with natural disasters and other calamities is an integral component of our work in Pakistan as well as around the globe. CARE adds value by engaging in emergency response, by being able to utilize years of institutional learning and experience acquired globally in disaster response and mitigation.

Pakistan Earthquake

CARE engaged in emergency response at the onset of the October 2005 Earthquake in the North West Frontier Province. With an eye toward both immediate needs and long-term development, CARE implemented a three-phased approach to the earthquake response including relief; recovery and reconstruction and rehabilitation.

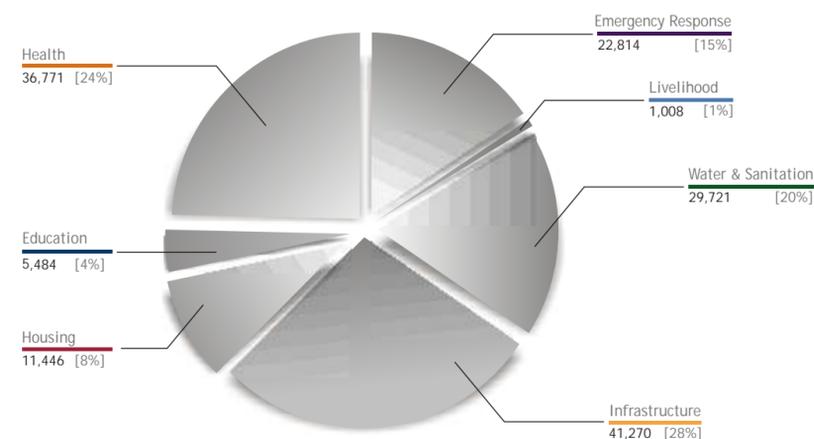
Working closely with local partners, government agencies and the communities we serve, CARE was able to help survivors face the initial horror of this emergency, and then work with them to recover their lives, livelihoods and dignity for the longer term.

Whilst the relief and recovery phase ended in Year 2006, in Year 2007 CARE has focused its intervention in reconstruction and rehabilitation work with the view to extend these activities into long term development projects.

Pakistan Earthquake Beneficiary Counter

Since the Earthquake CARE has helped:

- 90,000 people by providing immediate life saving assistance
- Over 190,000 people kick start their lives and livelihoods
- Over 142,000 people by enabling them to rebuild their lives



Total CARE Beneficiaries 2007: 147,514

Women: 49% Men: 51%



CARE International in Pakistan

Reconstruction and Rehabilitation

In the reconstruction and rehabilitation phase, our projects have directly assisted earthquake survivors in the following areas:

Education - Improving quality and access of education through physical improvements in schools, capacity building of teachers and PTAs and improving coordination and linkages between schools and local and district government education departments.

Health - Providing health care at the door step of local communities especially women through strengthening government's local health facilities and facilitating communities to access these facilities as well as promoting improved behavioral and health practices with a special focus on maternal and reproductive health care.

Housing & Infrastructure - Working closely with the Earthquake Reconstruction and Rehabilitation Authority (ERRA) in support of the national "Build Back Better" campaign, CARE is building capacities of local communities to build safer, stronger structures that allow people to qualify for government reconstruction subsidies. CARE is also working with communities to help repair canals, water mills and hydro-power generators, bridges, culverts etc. CARE supplies the technical expertise, while community members provide basic building supplies, such as stone and gravel, and labor.

Water and Sanitation - Providing easy access to safe drinking water, improving sanitation conditions at the household level, enhancing local capacities to manage water supply systems and promoting good health and hygiene practices.

Livelihoods - Reducing poverty by providing poor communities the means to earn income: through skill enhancement trainings; agriculture extension trainings as well as improving linkages between communities and local markets.



Key Achievements

Education

- 60 Temporary/permanent Primary schools rehabilitated
- 5319 children enrolled in the schools including 2367 girls
- 165 Teachers were trained in classroom pedagogy including 77 female teachers
- 37 PTAs were Trained in school management

Health

- 28642 patients were treated including 15083 women
- 6257 people better aware of health and hygiene issues including 3398 women
- 29 Health Committees were formed (14 male and 15 female)
- 202 Community Health Volunteers trained including 83 women volunteers
- 65 Traditional Birth Attendants (TBAs) trained
- 160 women received reproductive health care services
- 184 government representatives were provided with health awareness education

Water and Sanitation

- 24 Water supply schemes rehabilitated serving 8479 people including 4071 women
- 260 washroom & latrines constructed benefitting 3900 people including 1560 women
- 400 WATSAN committees formed including 200 women's committees
- Hygiene kits distributed to 12,906 women & children
- 836 women became better aware of personal hygiene and sanitation issues

Livelihoods

- 67 women provided with vocational trainings & craft production 309 women provided with materials and training to initiate kitchen gardening
- Support provided to 72 farmers for developing vegetable plots
- Agricultural extension trainings provided to 560 people

Housing & Infrastructure

- 128 Village Reconstruction Committees (VRCs) were formed involving 1239 people including 18 women VRCs
- 6736 people received trained on seismic resistant housing techniques
- 3471 people received door to door technical assistance from our mobile team
- 38 infrastructure schemes including culverts, retaining wall, foot tracks, bridges and irrigation channels were reconstructed/rehabilitated.

Emergency

- Over 3000 winterization packages were provided to families in Allai and Battagram



CARE International in Pakistan

CARE Responds to the Flood Emergency in Sindh & Baluchistan

The Natural Calamity

Cyclone Yemyin traveling from the North Arabian Sea entered the coastal areas of Southwestern Pakistan on Tuesday 26th June 2007, bringing widespread rains, high winds and consequent floods in two of its provinces namely Baluchistan and Sindh. The cyclone created havoc in these areas resulting in loss of life, livelihoods and property.

Immediate relief efforts were hampered by limited communications and severe road damage in the worst affected areas. According to official estimates, over 2.5 million people have been affected by the floods and an estimated 371,000 were rendered homeless and without adequate shelter. The floods have affected approximately 7,000 villages, destroying a total of 71,000 houses.

CARE's Response

CARE initiated its emergency response in some of the worst affected regions in Baluchistan and Sindh in the immediate aftermath of the natural disaster. CARE quickly mobilized resources and formed partnerships with local non-government organizations who were already present in the area to provide emergency kits including tents, water purification items, jerry cans hygiene kits and kitchen sets and mosquito nets to around 2,000 most vulnerable families especially women and children.

To meet the mounting health needs in the flood affected areas, CARE established mobile medical camps to provide health care facilities to approximately 56,000 people. The medical facilities are especially catering for the primary and reproductive health care needs of mothers and children.

CARE is also providing water and sanitation facilities through establishment of hand pumps and latrines in sporadic settlement areas. Health and hygiene education is an essential component of the project. So far, CARE has helped construct 289 hand pumps, 20 water ponds and around 712 latrines. Over 13,000 people especially women have benefitted from health and hygiene education.

CARE is providing psychosocial services to local women, children and youth by establishing child friendly centers where these groups can meet on a



“ CARE's relief work in Shahdadkot has helped families like mine restore our lives by helping us rebuild our lives.

Gul Mohammed ”

regular basis to discuss issues pertaining to their status quo as well as engage in recreational activities. Our psychosocial care givers provide day to day support to these groups. CARE has reached almost 3,000 women, children and youth through these interventions. Lastly, CARE has helped construct 25 transitional schools in Nasirabad and Shadadkot helping children resume their education.

CARE Flood Emergency Response Strategy

1. **Phase One: Relief (July-Dec 07)**
Provision of NFIs; safe drinking water; temporary shelter materials; mobile health facilities; psychosocial support; cash for work activities and capacity building of partners
2. **Phase Two: Maintenance and Recovery (Dec 07-March 08)**
Continuation of activities in Phase One along with "Incremental Quality Improvement" approach to shelter, water and sanitation and other relief activities; scale up focus on livelihoods; begin preparation for the reconstruction phase; scale up of psycho-social activities, with focus on public health approach to reaching communities through community level wellness/therapy.
3. **Phase Three: Rehabilitation and Development (March 08 - Jun Onwards)**
Repairs of water systems, clearing houses/land of rubble; access to health and education; reconstruction activities; training and capacity building of partners; and psycho-social activities transition into education programs.



CARE International in Pakistan

Community Based Health & Education in Sindh

As part of long term development planning, CARE had decided earlier on in the year to initiate pilot projects to gradually expand our work beyond the earthquake affected areas to other districts in Pakistan, where poverty and vulnerability indicators demonstrate need, and where there is a potential for program synergies and efficiency.

CARE joined hands with a local non-government organization Takhleeq Foundation to conduct an assessment on underlying causes of poverty using Participatory Reflect Action method to pinpoint pockets of poverty and marginalization in Ghotki district, Sindh. Based on the findings of the assessment, CARE selected the most deprived Union Councils within Ghotki to launch pilot initiative in areas of health and education.

The poverty gap, i.e. the percentage distance from the poverty line of the average income of the people below the poverty line is alarmingly high in this part of Sindh. Health indicators are equally abysmal and the situation has worsened since the 1970s, resulting in high death and infant mortality rates whilst fertility rates remain unchanged.

The state of education in Ghotki is also dismal, with female literacy rates as low as 13%, whilst only 30% of children are receiving formal education. CARE launched a Community Based Health and Education Program in Ghotki to improve access to basic health and education facilities through establishment of community schools and mobile medical health services.

CARE established three community schools for girls in Ghotki through formation of Village Development Committees that were elected by the local communities to take responsibility of routine management and maintenance of schools including provision of building for the school; selection of teacher as well as performance monitoring of the schools and teachers.

The communities allocated a building for the school. The school teachers selected by the committee were usually from the same village. In case, a teacher was not available in the village, the committee members used their social network to recruit a teacher from the neighboring community.

Although some basic school equipment and



“ CARE has improved the quality of our lives through better access to health and education facilities.

Gul Bibi ”

teaching materials were provided by the project – the community pitched in their resources for purchase of furniture and other supplies and equipment. CARE also provided teacher training to the school teachers to ensure quality of education. In total, the three community schools were provided with quality education to over 150 girls.

In health, CARE established medical camps in remote villages in Ghotki. The main purpose of the camps was to cater for primary and reproductive health needs of women and children. The camps were equipped with medical staff including lady doctor and lady health visitor.

Health education was also provided during the periodic visits – where medical staff oriented local women on hygiene best practices, maternal healthcare etc. Over 3000 patients were treated by the health camps – most of these were women and children.

The project also had a strong social mobilization component to (a) identify potential community activist that can be used in future long term interventions; and (b) orient local people about their roles and responsibilities in development of their areas and build their capacities so that they can independently identify root causes of their social and economic problems and come up with solutions to improve their circumstances.



CARE International in Pakistan

Improving Gender Equality & Health in Baluchistan



In February 2005, CARE in partnership with Water, Environment and Sanitation Society (WESS), an indigenous non-government organization in Baluchistan initiated a community-led project on improving gender equality and health in district Musakhel of Baluchistan province. The main purpose of the project was to:

- increase women's access to and control over the provision of clean drinking water and sanitation facilities;
- provide Maternal Child Healthcare and Primary Healthcare services to local women;
- engage women in decision-making processes related to installation of clean drinking water and sanitation facilities as their initial step towards empowerment and gender equality; and
- improve the capacity of community Water Sanitation Committees (WSCs), both male and female, to manage a water and sanitation schemes and advocate for their rights.

A bottom-up participatory community development approach was used to implement the program. Separate male and female village committees were established in the target villages as an initial step towards social mobilisation and to ensure active community participation in the project life cycle.

These committees contributed by providing unskilled labor and locally available construction materials such as sand, gravel and stones for the water supply schemes. Women contributed by collecting water required for construction and concrete curing. Structured community meetings were held and participatory methods applied to harness community involvement in all stages of project interventions.

Key Accomplishments

- 179 water and sanitation committees were formed and trained to manage water supply schemes.
- 60 hand pumps 2 windmills and 2 gravity flow schemes were constructed in five union councils providing over 6500 people with easy access to safe drinking water.
- 40 household dry pit latrines were constructed providing sanitation facilities to over 300 people.
- The project provided local communities especially the water and sanitation committees, and ninety-four members from local Citizen Community Boards and local government departments with capacity building opportunities through training and sessions on gender, health and hygiene/maternal child healthcare, human rights, participatory concepts/methods, conflict resolution and operation and maintenance of the water and sanitation facilities.
- Seven health camps were also organized during the project period that provided health care to 1500 women, children and men.
- Over 417 health and hygiene sessions including mother child healthcare were conducted for women, men and children benefitting around 5800 people.



CARE International in Pakistan

Empowerment



“ CARE has provided women like me the opportunities for income generation.

Nabeela Begum ”

CARE International in Pakistan's program works for the empowerment of poor people by increasing their access to resources and decision making processes and expanding their opportunities to make meaningful choices in their lives. CARE's projects aim to increase individuals' knowledge of their rights and responsibilities by engaging them in participatory processes throughout the program cycle.

CARE's programs are developed to ensure empowerment of people and their communities by understanding complex cause-effect relationships that perpetuate poverty. Based on the contextual analysis CARE's programs are developed to have impact in four dimensions: individual, household, social and policy.

Our projects support women, children and marginalized groups in their efforts to take control of their own lives and fulfill their rights, responsibilities, and aspirations. Using the Program Framework and participatory monitoring and evaluation we ensure that key participants and organizations representing affected people are partners in the design, implementation, monitoring, and evaluation of all programs.

Community Involvement Process ... Empowerment

In August 2006, the Karg community in Allai valley submitted a request to CARE for reconstruction of damaged water channel. Several meetings were held between community and CARE staff which resulted in the formation of a community council consisting of 10 members and the signing of an agreement between the council and CARE. Under the agreement it was agreed that the community would contribute local materials like stone, sand, and wood, as well as some labor, while CARE would contribute cement, steel, partial labor cost and other materials needed for the construction of the irrigation channel.

The council negotiated between several local stakeholders to develop an agreement for the reconstruction of the damaged channel, water mill reactivation, and negotiated usage charges per household to enable those who could not access these basic facilities before.

The joint agreement as well as joint planning and decision making processes ensured shared responsibility for quality work, accountability of multiple stakeholders, and the sustainability of the project. CARE through rigorous social mobilization ensured community involvement that ultimately resulted in improved access and empowerment of the local people.

Local communities through their participation in the project were able to change the course of the scheme to enable greater number of households to take advantage of the irrigation channel. As a result, the channel now has 78 canals (double than the previous channel) and a greater capacity to cultivate more land.

The communities through forming interest groups were able to negotiate with the irrigation channel owner, a lower rate of electricity per households (the rate was reduced from Rs. 50 per month to Rs. 35 per month) resulting in larger number of households to access electricity especially poorer households who were previously unable to afford electricity bills. More so, the community interest groups were also able to alter the location site for the wheat mill making it more accessible to the larger community in their village.

The project was able to not only improve access to the irrigation channel but also improve physical household conditions of local communities and provide them with the opportunity to take initiatives that may benefit the larger community.



CARE International in Pakistan



Greater Choices for Women...

Part of CARE's program in Allai has included structured psychosocial group activities for women and girls.

Commenting on the experience Gul Sabah, a trainee reflects, "We (women) never went to each others house to meet each other, share and talk but this sewing centre gave us an enormous opportunity to get together and share our happiness, issues, and learn from each other. Gul Sabah's mother adds, "I was very keen for my daughter to learn this skill and help us at home because we used to request other people to sew our clothes but now my daughter does that herself so I am very happy."

Gul, a keen learner says, "Our trainer was so good, she spent extra time at the centre but whenever we faced any problem, we used to go to her home for assistance. Her family also felt good that we are giving them so much importance" Taj, another participant in the psychosocial activity, says "We are so active now that we try to finish our household work and come to the centre. This has taught us to manage ourselves and our time."

A group of 11 unmarried girls mentioned that they will save some money for dowry. They will go to their in-laws with skill and confidence. Further they mentioned that they will generate income, save some money to educate their daughters and teach them skills too. Similarly, the rest of the women indicated that they felt good that now they can also participate in earning money. "Our family members are so happy that one months' training benefited us so much" exclaims Hussan.



CARE International in Pakistan

Gender Equity and Diversity

As cross-cutting organizational priority CARE believes in **gender equity** as the condition of justice in relations among women and men, leading to a condition in which women and men enjoy equal rights, opportunities and status. Targeted actions empower women and build their capacity to be equal partners with men to work towards resolving conflict, overcoming constraints and providing sustainable solutions for their development both in normal and emergency situations.

Diversity at CARE is defined in a broader sense, going beyond regular classification of gender, race, nationality, ethnicity, religion, age and disability, among others, to include diversity of perspectives that uphold CARE's core values, and to emphasize the value of creating and maintaining a work environment that promotes diversity. Embracing diversity at CARE means valuing, respecting and fully benefiting from each individual's unique qualities and abilities in order to fulfill and strengthen their vision and mission.

Seismic-Resistant Housing for Most Vulnerable

CARE signed a Memorandum of Understanding with the Earthquake Reconstruction Rehabilitation Authority (ERRA) to work as an implementing partner to provide technical and social assistance to the community in targeted Union Councils of Allai valley to build seismic resistant housing. The main objective of the project was to increase general awareness and common understanding of seismic resistant construction techniques. And construct model houses to encourage communities to follow seismic resistant building techniques when reconstructing their houses and hence minimizing damage to lives and infrastructure and livelihoods. CARE planned an activity for the construction of model houses by selecting the most vulnerable people in targeted union councils of *Bateela* and *Biani*. The Village Reconstruction Committee set the following criteria for selection of houses to be constructed as model houses:
Widow: if she has no male child above 15 years and no financial support to meet basic needs.
Disable: the person who is disables has no male child above 15 years and no financial support.
Aged person: a person over 60 years who have no male child above 15 years.



Seismic Resistant Housing for Most Vulnerable

Farooq Taja is a thirty year old mother of three children. On 8th October 2005 Farooq Taja became a widow when her husband was crushed inside their house. Her only source of income is small plot of agricultural land. As a woman in Allai, Farooq can not cultivate the 5 kanals of land herself and must wait till her son is old enough to start work on the farm. Until then she is dependent on her father-in-law and her three brothers-in-law for keeping her kitchen fire burning.

Now with her own model house, Farooq Taja and her children are able to at least partially stand on their own feet. Though she is still dependent on her in-laws for protection, Farooq Taja claims *"now I don't hang my head in shame for being only a burden."*



CARE International in Pakistan

Quality and Accountability



CARE's accountability standards are intentionally consistent with Sphere Minimum Standards, Humanitarian Accountability Principles as well as the Code of Conduct for the International Red Cross & Red Crescent Movement, Good Enough Guide etc.

In fact, common standards and principles form the basis of CARE's emergency and development endeavors, not only because of CARE's institutional commitment to such standards and principles, but also an acknowledgment of the need to "speak a common language" when designing, implementing, monitoring and evaluating emergency and development programs.

Humanitarian Principles

CARE International has developed *"International Accountability & Standards Benchmarks for Humanitarian Responses"* to form the basic yardstick for measuring performance against standards during an emergency. These benchmarks are periodically reviewed and recent lessons learnt are incorporated into these guidelines.

Impact guidelines have been formed to guide project design; as a checklist for proposals; a tool for project self-appraisal; and as a part of project evaluation and CARE's Project Standards Measurements Instrument (PSMI) has been developed in order to assess program quality. In addition, staff training/orientations on

Humanitarian Accountability Standards has remained a constant feature in the life cycles of our programmes.

International Standards

CARE is making progress on meeting Sphere, HAP-I, and INEE Standards in its programs, especially for emergency response.

- ▶ Capacity building of staff to promote integrity and accountability within CARE is an integral feature of our organizational evolution.
- ▶ CARE has provided training to its local partners in minimum standards for emergencies. Some CARE partners in the Flood Emergency Response of 2007 have developed complaints mechanism using HAP-I standards for community participation and accountability.
- ▶ Inter-agency Network for Education in Emergencies (INEE) which provides the minimum standards for emergency response for Education is being utilized by CARE to develop context appropriate responses to basic education needs in emergency. Selected INEE Standards were used and indicators developed to respond to contextual needs emerging from the Earthquake Emergency.



CARE International in Pakistan

Partnerships



Establishing good partnering relations involves:

- Shared vision, goals, values, and interests
- Mutual trust and respect
- Joint accountability
- Transparency
- Two way learning
- Commitment
- Joint participation

What is Partnership for CARE?

Partnership is a relationship that results from putting into practice a set of principles that create trust and mutual accountability. Partnerships are based on shared vision, values, objectives, risk, benefit, control, and learning as well as joint contribution of resources. The degree of interdependence is unique to each relationship, depends on context, and evolves over time.

CARE International in Pakistan's value structure, vision, mission, and programming principles place the notions of partnering, respect, and human dignity at the centre of CARE's identity. These ideas are linked, and represent key pieces of CARE's hypothesis for development. Respect for human dignity leads to respect for the rights and efforts of others to improve their lives. This validates the notion of empowerment and accountability – of others and us – and the importance of building trust and working together

for mutual benefit. Over the last two years, CARE International in Pakistan has developed a partnership strategy and created the means to develop and nurture grassroots, local, national, and international partnerships.

CARE's Long Range Strategic Plan identifies partnerships as a strategic option for creating synergies by combining resources and strengths of a variety of networks and organizations of both public and private nature

CARE seeks to influence underlying causes of poverty by working with government and private sector organizations as well as local NGOs, academia, and others as appropriate. CARE works with others to maximize the impact of our programs, build alliances and partnerships with those who offer complementary approaches, are able to adopt effective programming approaches on a larger scale, and who have the responsibility to fulfill rights and alleviate poverty through policy change and enforcement.

CARE's Evolving Partnerships

Partnerships for CARE fall into three broad categories, including:

Networks

CARE has become an active member of a number of Forums including the Pakistan Humanitarian Forum. A part of a large network of organizations, both local and international, CARE has used the network to share relevant information and develop coordinated emergency programs at a relatively large scale. CARE is also an active member of the UN Cluster System and the Sectoral Clusters based in Islamabad as well as the field areas. In fact, CARE's contributions in the United Nations (UN) cluster led to the selection of CARE one of the few non-UN organization to take part in the Asian Development Bank-World Bank Damage & Needs Assessment mission for the Flood Emergency. As part of the cluster system CARE was also able to successfully access funds through the Flash Appeal.

Strategic Partners

CARE plans to develop strategic partnerships with a variety of organizations and networks to influence and explicitly contribute towards addressing underlying causes of poverty in Pakistan. With strategic partners CARE intends to develop longer-term organizational arrangements, rather than limit them to project arrangements.

Implementing Partners

Since CARE started work in Pakistan in 2005, CARE has successfully partnered with 15 local NGOs based in NWFP, Sindh, and Baluchistan. CARE has been working with its partners to develop:

- ▼ Follow-up and feedback systems
- ▼ Capacity strengthening processes
- ▼ Two-way institutional development
- ▼ Sustainability of projects
- ▼ Financial management strengthening
- ▼ Participatory Monitoring and Evaluation mechanisms
- ▼ Strengthen relationships and processes

Join us!

CARE is fully committed to reducing extreme poverty. We know the importance of fighting the underlying causes of poverty so that our work will have a lasting impact. Working with women, children and marginalized groups being the heart of our work, CARE aims to improve health, education, water and sanitation and economic conditions of the communities it works with.

We at CARE firmly believe that to end poverty, we need to work in disaster zones. CARE is committed to providing lifesaving assistance during times of crisis, and helping rebuild safer, stronger communities afterward.

If you share our vision, there could be nothing more rewarding than using your skills and experience to help people in poor communities expand opportunities for themselves and their children and work with them to fight issues that keep them entrenched in poverty such as social exclusion, gender inequity, and poor governance.

We welcome your interest in joining a diverse, talented, professional, and extremely committed team. Every position at CARE contributes to realizing our overall vision and mission. If you are interested in a career dedicated to building a world of hope, tolerance, and social justice, where poverty has been overcome and everyone lives in dignity and security, we encourage you to take the first step and apply today!



You can send your feedback at: info@careinternational.org.pk

Or alternatively you can contact us at: +92 (0)51 285 5924 or 25

Our Human Resource Team will be happy to facilitate you in obtaining more information about us.