



## CARE International Country overview

### Afghanistan

#### Country snapshot

- Population: 25.1 million
- Life expectancy at birth: 42.9 years
- Adult literacy rate: 28%
- Access to improved water source: 39%
- GNI per capita (GDP plus external aid): US\$250<sup>1</sup>
- Infant mortality rate: 165 per 1,000 live births
- Maternal mortality rate: 1,800 per 100,000 live births
- HIV prevalence: <0.1%

*Source: UN Human Development Report 2007/2008*

#### Program overview

CARE first established its mission in Afghanistan in 1961, but suspended activities after the Russian invasion of 1979. Resuming activities in 1989 from a new base in Peshawar, Pakistan, CARE delivered assistance to Afghanistan from across the border until 2002 when it shifted its main office to Kabul.

CARE Afghanistan's activities strengthen the capacity of Afghans for self-reliance, while promoting basic human rights; social, economic and gender equality; sustainable and effective use of resources; good governance; and provision of economic opportunities. CARE Afghanistan advocates with and on behalf of poor, vulnerable and marginalized Afghans for policies that will provide them long-term sustainable benefits.

#### Education

CARE began its education activities in 1994 with a pilot project in Khost. Today, CARE is recognized in Afghanistan as a leading agency in community-based education, particularly for girls. CARE's education program is implementing four projects with the aim of improving Afghanistan's severely damaged and limited educational system.

From mobilizing communities and training teachers, to building schools and establishing libraries, CARE covers eight provinces directly and seven through partners. CARE is also the lead agency of a consortium of four aid agencies implementing the Partnership Advancing Community-based Education in Afghanistan (PACE-A), a five-year project aiming to reach 90,000 Afghan children, youth and adults in 1,000 remote communities.

#### Support for vulnerable groups

The Humanitarian Assistance for Women of Afghanistan (HAWA) Program started in 1994 by providing food packages to war widows during the winter. Since then HAWA has assisted 10,000 widows with emergency food rations and vocational training. Today, approximately 3,000 widows and their families (15,000 people) receive food assistance.

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<sup>1</sup> UNICEF State of the World's Children report 2008

Seeking long-term solutions to the poverty of women in Afghanistan, the HAWA and Vocational Training for Afghan Women projects now follow a long-term strategy of skills training, employment opportunities, awareness-raising and advocacy through widows' rights associations, and links with local markets to give women the independence they need to provide for their children and break free from emergency food support. HAWA also supports maternal and newborn health and aims to decrease the mortality and morbidity rates of mothers and infants.

### **Economic development**

The Mofad project built the economic security of households in targeted communities in Kabul through savings and credit groups and the establishment of a microfinance lending agency called Mofad (*mofad* means 'benefit' in Dari), particularly targeting vulnerable women. Mofad's unique approach encourages women to save their own money to finance business initiatives before providing external credit, helping to empower groups of women and teach them the importance of raising capital. In February 2008, Mofad was formalized as an independent organization, with CARE serving as the major shareholder and with representation on the board of directors.

### **Rural rehabilitation**

CARE's Rural Assistance Program builds the capacity of communities to respond to local problems through the government-run National Solidarity Program. CARE has been implementing this World Bank-funded project of the Afghan government in 1,670 communities for the past five years. CARE provides training in financial management, procurement, technical skills, and accountability to Community Development Councils (representative groups that create community development plans to prioritize and meet local needs) and assists communities in implementing more than 2,000 sub-projects such as roads, irrigation systems and schools.

### **Emergency response**

CARE Afghanistan's Emergency Response and Rehabilitation Program responds immediately after natural and man-made disasters to alleviate suffering while providing long-term support to help affected communities recover and rebuild. CARE also implements integrated shelter projects for refugees returning to Afghanistan from Pakistan or Iran. In 2007, CARE completed an integrated shelter assistance and infrastructure rehabilitation program for more than 3,700 Afghans living in the capital. CARE also works to reduce the impact of future disasters through disaster risk reduction activities and emergency preparedness planning.

### **Major donors**

Australian Agency for International Development (AusAID), Beyond the 11th Foundation, Big Lottery Fund, Canadian International Development Agency (CIDA), Centers for Disease Control and Prevention (CDC), European Commission, European Commission Humanitarian Aid Office (ECHO), Government of Afghanistan Ministry of Education, Government of Afghanistan Ministry of Rural Rehabilitation & Development (MRRD), Norwegian Ministry of Foreign Affairs, Office of U.S. Foreign Disaster Assistance (OFDA), Trio Foundation, United Nations Development Programme (UNDP), U.S. Agency for International Development (USAID), U.S. Bureau of Population, Refugees and Migration, The Virginia Wellington Cabot Foundation, World Bank, and private donors.

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