



An Initiative Supporting the Basic Income and Needs of HIV/AIDS- Affected Households and Individuals

SIMBA

Summary

SIMBA is an innovative program designed to promote economic development in HIV/AIDS-affected communities in Zimbabwe and to reduce the economic vulnerability of affected households and individuals. While most microfinance service programs are not structured to meet the needs of affected households, SIMBA targeted five specific vulnerable groups: widows, orphans and youth, commercial sex workers, care providers, and people living with HIV/AIDS.

SIMBA partners with local AIDS Service Organizations (ASOs) that organize care-providing services through a community-based volunteer network. SIMBA's approach is to build the capacities of these partners, enabling them to facilitate and implement economic development initiatives. SIMBA promotes community-based, self-managed and savings-based microfinance services and provides basic business management training. Through these efforts, SIMBA and its partners provide economic development tools that improve the stability of HIV/AIDS-affected households.

Background

In recent years, Zimbabwe has experienced an alarming increase in HIV/AIDS prevalence, with 33.7 percent of the adult population now estimated to be infected.¹ As the United Nations Economic Commission on Africa stated in their report, "Zimbabwe faces the worst economic crisis of its history."² Inflation was estimated at 112 percent in December 2001³ and has risen further since then. Real GDP had contracted by 5.5 percent in 2000 and an estimated 7.5 percent in 2001, a disturbing trend that shows no signs of reversing.⁴ Thirty-six percent of the population live on less than a dollar a day, and 64 percent live on less than \$2 a day.⁵

Zimbabwe's public service system has also come under extreme pressure. The purchasing power of the Zimbabwean dollar has eroded rapidly, further exacerbating the vulnerability of households headed by people living with HIV/AIDS, or those that already have lost one

or more family members to the pandemic. These households now constitute a significant percentage of the country's population.

There is hardly anyone unaffected by the pandemic, and the poor are suffering the most. Many widows must support not only their own children, but also the children of their deceased siblings. Many elderly people have taken in their orphaned grandchildren, while other orphans have become heads of households with few livelihood options or skills. At the same time, economic vulnerability pushes some people into risky behavior. For example, young girls are often forced into sex work to sustain themselves. Care-providers must stretch their limited resources to provide care for the less fortunate.

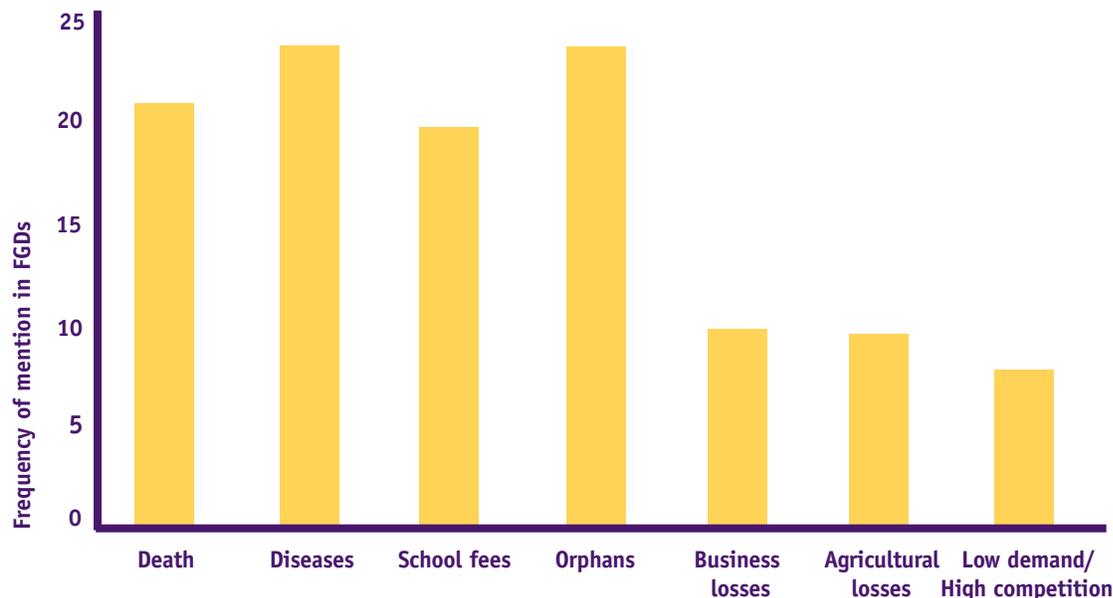
Access to both credit and savings mechanisms are important for vulnerable households. Timely and flexible small loans can help vulnerable households manage their livelihoods and cope with emergencies without forcing them to undermine their asset base. However, credit also increases liability and financial risk. Savings mechanisms enable vulnerable households to build assets to cushion themselves against future financial crises without going into debt.

The informal economy and community networks remain the means by which the majority of households living below the poverty line sustain themselves, and new opportunities are continuing to emerge in the informal economic sector. Access to credit and skills can provide poor people who work in the informal economic sector a chance to expand their enterprise base.

Understanding Poverty and Vulnerability

The strength of a household's social and economic safety net affects the degree of vulnerability the household will face after a family member becomes ill and the disease increases the financial burden on the household. The increased financial burden faced by HIV/AIDS-affected households is evident in the variety of economic crisis points they face, as shown in Figure 1.

FIGURE ONE: MOST COMMON ECONOMIC CRISIS POINTS



In focus group discussions (FGDs), researchers asked participants to list the causes of financial crisis for their households. The items mentioned most frequently are shown in Figure 1. Although respondents felt that issues unrelated to HIV/AIDS, such as agricultural or business losses, were more often the cause of financial stress, they stated that crises related to the pandemic tended to have a more devastating impact⁶.

Barriers to Participation in Traditional Microfinance Programs by Households Severely Affected by HIV/AIDS

The purpose of the microfinance sector is to provide financial services to the poor, who otherwise lack access to savings, credit, insurance, remittances or payment services. Collectively, poor communities have substantial resources that can be utilized more optimally if pooled and organized into a transparent and efficient financial system. The availability of small, timely and convenient loans can go a long way in helping poor people negotiate their way into the monetized market economy. In recent years, practitioners in the sector have learned that access to savings services can be even more critical than access to credit for the poor.

Formal microfinance institutions operate on the principle of financial sustainability through

cost recovery and make loans based on pre-established loan criteria. As a result, they tend to work with poor households that are relatively economically active and stable, rather than with the poorest of the poor. They also tend to operate in urban centers, where outreach costs and risks are relatively low. Yet most HIV/AIDS-affected households are poor credit risks precisely because they are economically unstable. Similarly, many new heads of such households, such as widows, orphans, commercial sex workers and caregivers, lack prior experience undertaking economic activities for themselves and their dependents.

CARE's Kupfuma Ishungu Program in Zimbabwe

The Kupfumu Ishungu microfinance program had reached more than 15,000 participants at



SIMBA helped widows to improve their livelihood opportunities.

the end of 2002, and provided the basis for the design of the SIMBA project. The evaluation of Kupfumu Ishungu revealed that the savings-based program approach has been very effective in improving household livelihood security.⁷ Participants regularly accessed and used loans to meet basic household needs and expand their income opportunities, thereby avoiding asset sales and destitution.⁸

Responses from all focus groups in the evaluation of Kupfumu Ishungu indicated that participants increased household livelihood security and purchasing power after joining the program. Although food shortages have been pervasive, group members reported that they were able to use their earnings for other needed items. The most frequently mentioned use of capital includ-

ed business activity investments, food, kitchen utensils, school fees and uniforms, livestock and other farm inputs, house repair and furniture, and clothes.

SIMBA

Project Design

The project design for SIMBA is based on the following concepts and factors:

- Most poor households, especially those affected by HIV/AIDS, face constraints in the local economic environment that prevent them from converting capital into economic opportunities. To protect or enhance their asset base, they need access to timely and flexible small loans that can help them manage their family

finances and cope with emergencies.

- Most poor people can and do save, given a choice and place for secure savings.
- Community-managed and savings-based financial systems can provide much needed services to these highly vulnerable populations at low costs, allowing participants to take small and flexible loans to protect assets, send children to school and pay for medical or funeral expenses.
- Basic business literacy training and mentoring can have significant impacts on participants' capacity to earn income.
- Self-managed peer groups, especially for those who experience stigma and social exclusion, can provide members with a much-needed social support network and the self-confidence to earn their livelihoods with dignity.
- The mission of AIDS Service Organizations is to work with HIV/AIDS-affected people to address their multifaceted needs. Their experience with vulnerable groups helps them understand the adverse economic impact the pandemic has on families' income, assets and options. However, ASOs usually lack technical expertise in implementing economic development initiatives.

The Kenya and Uganda Study by Donahue et al⁹. makes several recommendations for MFIs to adopt in order to respond to HIV/AIDS.

Namely:

- Fluctuate the size and term of a loan to coincide with the ebb and flow of a growing season or a seasonal business.
- Encourage savings by paying interest and allowing frequent access to savings.
- Ensure links for business development training.
- Encourage informal, group-based coping strate-

gies that reduce financial pressure inflicted by HIV/AIDS (emergency loans for funerals, consumption loans for education or loans for health care).

- Allow clients to take out smaller loans without subsequent penalties.
- Provide direct exposure to HIV/AIDS education.

SIMBA's program design had already integrated these features, allowing it to respond more effectively in the HIV/AIDS context.

Implementation

Through partnership with ASOs, SIMBA targeted economically vulnerable groups who are often left out of mainstream economic development initiatives, specifically orphans and youth, widows, caregivers, commercial sex workers and people living with HIV/AIDS. Many are primary livelihood earners or substantial income contributors, and heads of households. There is an ongoing debate about whether targeting vulnerable groups such as orphans and widows could exacerbate the isolation and stigma these groups often endure. However, by bringing participants with similar experiences together, targeted interventions can help clients form much-needed, mutually supportive peer groups. SIMBA worked with these groups to launch two pilot economic development interventions: Internal Savings and Loans and Training on Selection, Planning and Management of Income-Generating Activities.

1. Internal Savings and Loans (ISAL)

SIMBA's microfinance intervention, called Internal Savings and Loans¹⁰, helped community members form self-selected savings groups and taught them to manage the funds they generated themselves. The community-based, self-managed and savings-led microfinance approach allows its members to design products and services that fit their own needs. The peer group plays an important role in managing group savings and loan fund risk, while also providing emotional support and assistance in developing payback strategies.



Peer groups play an important role in managing group savings and loan fund risk, while also providing emotional support.

- By combining their savings, the group creates an internal revolving fund that provides small loans to group members. Access to small loans allows members to improve investments in microenterprises.
- The revolving fund also serves as a source to borrow from for financial emergencies, such as paying school fees, medical expenses, food or funeral expenses.
- The group is trained to design and establish loan criteria and norms that meet members' own credit needs.
- Since each savings group's funds are administered by the group's own members, the group incurs fewer administrative costs.
- The group charges the market interest rate on all loans and all the members share interest income providing returns on savings and enabling the value of capital to be maintained

in a high inflation environment.

- The capital generated through savings and interest allows members to withstand financial shocks and avoid sale of essential family assets.
- The peer group provides social support, which vulnerable members often need due to stigma attached to HIV/AIDS. The savings and credit groups have helped reduce the isolation felt by members, providing a sense of belonging and self-confidence.

2. Training on Selection, Planning and Management (SPM) of Income-Generating Activities

Many of the clients that ASOs serve are neo-entrepreneurs with limited experience or skills in managing small businesses. SIMBA meets this need by providing intensive training and support to ensure that the participants are given a chance to succeed and move toward economic sustainability.

The SPM training module was designed and implemented to impart basic business literacy training and sound business practices. At the same time, it has enough flexibility to encourage participation and allow for the incorporation of contextual examples. The sessions help participants map and identify appropriate business opportunities in the market environment, manage costs, fix prices and market products.

Partnerships with ASOs

AIDS Service Organizations work closely with HIV/AIDS-affected people in Zimbabwe to address their multifaceted needs. They manage community programs and facilitate an extended outreach network through a community volunteer structure. The network delivers multidimensional services to the HIV/AIDS-affected communities, which include home-based care and support, voluntary counseling and testing centers, provision of treatment, bursaries for education, and spiritual and religious support. Faith is an important ingredient of their response.

ASOs had been facing the issue of income and livelihood promotion for HIV/AIDS-affected vulnerable groups, but they had little knowledge or expertise in that field. While a partnership with traditional economic development institutions may have been preferable, none were available in the areas where SIMBA was operating.

In the pilot phase, SIMBA worked with six partner ASOs. SIMBA's aim was to build their capacity to integrate an economic development agenda within their mission and strengthen their overall response in the communities. ASOs continue to provide other complementary services to HIV/AIDS-affected community groups that are generally not provided by the microfinance institutions.

The Pilot Experience: Achievements & Findings

SIMBA developed a close working relationship with ASOs and trained ASO staff members to promote enterprise development among their respective community groups.

The program successfully targeted economical-

ly vulnerable groups. Members participating in the program have built savings that have improved their financial security and protected their household and business assets in the event of financial emergencies like funerals, illnesses and food crises. Through the loan fund created out of the group savings, they have also gained access to small loans to invest in income-generating activities.

SIMBA has helped orphaned heads of households to improve their business management practices. It has also helped widows in the program (in the groups interviewed each of whom cared for an average of eight children) to improve their livelihood opportunities. The commercial sex workers who participated have managed to initiate alternative source of livelihoods with access to credit. Participants who underwent training on selection, planning and management of income-generating activities reported changes in their businesses and practices that have helped improve their incomes.

Widows are engaged in a variety of income-generating activities, including vegetable gardening/marketing, knitting, tailoring, beekeeping, soap making, wire net making, bread making and broiler selling. Others are selling old clothes, raising poultry, selling firewood and groundnuts, thatching houses, weaving mats, and selling sugar cane and fruit. Activities change according to the season. Orphans reported being engaged in vegetable vending, working with relatives in carpentry shops, selling stationery at school and raising poultry.

Focus group discussions with widows and orphans revealed that they had developed knowledge and skills in the following areas:

- Choosing viable income-generating projects
- Determining appropriate prices
- Calculating profits
- Pre-planning for resource allocations
- Controlling credit sales
- Maintaining separate accounts for different projects
- Understanding the importance of start-up and working capital

There are many success stories illustrating how SPM training changed the way participants operated their businesses. A 13-year-old banana vendor has stopped reducing the price of her bananas for hagglers, as she now understands the principles of pricing. A 12-year-old boy selling stationery at school has stopped selling on credit and thus cut his losses from non-payments. A woman has stopped feeding her children the bananas that were meant for sale and now makes more money to feed her children properly. Another woman has stopped under-pricing her knitted products, since she now factors in the cost of her own time. Many participants reported that they have learned to separate their business capital from household money.

The partner ASOs were already providing multiple services to the HIV/AIDS-affected households. Integration of enterprise development services into their operations has not only proven useful for specific community members participating in the SIMBA program, but has also improved the overall effectiveness of ASOs' work.

Lessons Learned

1. Internal Savings and Lending (ISAL)

- The training should emphasize reasons behind sound practices for managing savings and credit services. For example, SIMBA should address frequency of meetings (monthly versus weekly), how to fix interest rates, and multi-purpose versus single purpose loans (i.e., allowing a second, simultaneous loan for consumption or an emergency, versus consecutive, single-purpose loans). In addition, a checklist of best practices would be helpful for the groups to debate and decide their group norms.
- The ISAL methodology should be adapted for different contexts. For example, cash flow tends to be quicker in urban contexts than in rural, and urban groups can therefore meet more often, perhaps weekly, to move their money faster. Lower interest rates (most groups initially charged 20 percent) can help the most vulnerable continue their participation.

- Groups can be encouraged to be innovative per the special needs of the members. For example, they could establish specific funds for funerals or medical purposes.

- Women in focus groups reported that they do not consider their participation in ISAL as a temporary measure, but something they hope to be involved with until they can earn enough to initiate large projects.

2. Training on Selection, Planning and Management (SPM) of Income-Generating Activities

- Participants should be organized into savings and lending groups before initiating training on the selection, planning and management of income-generating activities. This ensures that they will have access to capital for their enterprises.

- The SPM training should be flexible and adapted to the nature of the clients' existing skills. For example, a caregiver in a remote rural area may not be as market savvy as a widow entrepreneur in an urban area and hence may require a stronger emphasis on marketing skills. Sessions can distinguish between individual, household and community-based enterprises.

- Community-based enterprises require substantial group preparation and ongoing technical assistance. As a result, they have not always proven themselves to be sustainable in the long run. If group-managed enterprises are to be undertaken, training should include content on best practices, encompassing information on issues of leadership, division of labor, profit sharing and performance indicators.

3. Partnerships with ASOs

- The capacity-building plan for the partners ought to focus on exposure visits to other sites and especially on on-site technical assistance. Both would greatly strengthen the impact of ASO training.
- ASO partners will need further resources and technical assistance if they are to fully integrate

FIGURE TWO: HOW SIMBA COMPARES WITH TRADITIONAL MICRO FINANCE INITIATIVES

	Traditional MFI	SIMBA
Loan Criteria	<ul style="list-style-type: none"> ● Pre-established, rigid terms ● Often set cycles 	<ul style="list-style-type: none"> ● Flexible terms and cycles ● Allows for financial emergencies such as funeral expenses or school fees
Target Clients	<ul style="list-style-type: none"> ● Economically stable clients ● Low credit risks 	<ul style="list-style-type: none"> ● Most economically vulnerable (including orphans, widowers, and sex workers) ● High credit risks
Interest Rates and Fees	<ul style="list-style-type: none"> ● Require high interest rates and fees ● High administrative cost 	<ul style="list-style-type: none"> ● Savings-based fund is managed and owned collectively by group ● Low administrative cost ● Interest income is shared among members
Enterprise Support	<ul style="list-style-type: none"> ● Typically not included ● Loans meant for existing livelihood earners 	<ul style="list-style-type: none"> ● Business training is essential component of program ● Most participants are new livelihood earners
Peer Support	<ul style="list-style-type: none"> ● Not necessarily a component 	<ul style="list-style-type: none"> ● Social and emotional support for otherwise marginalized groups is a key strength of program

economic development into their agenda and have a sustainable impact.

- The partner ASOs had staffing and financial constraints that made it difficult to expand the program at the community level. Adequate resource planning is required to implement a time-bound and results-oriented program. Specific personnel within the ASOs need to take responsibility for advancing economic development interventions.

- To optimize the program outreach, ASOs could train more community volunteers and reach a larger number of vulnerable community members. Once ASOs successfully establish the program within a community, the program can be expanded to other locations by networking with communities. Large community networks will enable the program to have a broad reach and will diminish the financial resource requirements necessary to expand. This self-managed, community-

based program approach can reduce overall staffing needs, facilitating self-replication and long-term sustainability.

- SIMBA's pilot phase performance indicators were primarily focused on capacity building of the partnering ASOs. An exit strategy is needed to address the issue of sustainability. Specific and measurable outreach goals are also needed.

Conclusion

It is by now well established that we cannot address HIV/AIDS as simply a health issue. Economic development initiatives cannot

afford to ignore the impact of HIV/AIDS on households and communities.

SIMBA draws upon the comparative advantages of both microfinance initiatives and community-based HIV/AIDS initiatives. By incorporating the lessons of microfinance and microenterprise interventions into the approach of AIDS Service Organizations, SIMBA has enabled ASOs to respond effectively to the livelihood needs of those affected by HIV/AIDS. As the HIV/AIDS pandemic continues to spread devastation throughout communities, SIMBA serves as an important model to help reduce vulnerability and mitigate the impact of the disease on households and communities.

FIGURE THREE: ESSENTIAL COMPONENTS OF THE SIMBA PROGRAM COMMUNITY- LEVEL INTERVENTIONS

Setting up Microfinance Services

- Encourage HIV/AIDS affected vulnerable households to participate in Internal Savings and Loan (ISAL) groups. Group savings serve as a revolving fund for lending, enabling participants to expand micro-businesses and meet consumption and emergency needs.
- Train group members to formulate savings and lending norms appropriate to their own situation. Members share group's profit generated through interest on loans.

Providing Microenterprise Support

- Train members for the Selection, Planning and Management (SPM) of the income-generating activities and improve their income.
- Establish a mentoring process for orphans and youth to build business skills and develop market linkages.

Support to ASO Partners

- Strategic planning with ASO partners to integrate economic development into their mission and develop field implementation plans.
- Training of ASO staff for setting up micro-finance services through Internal Savings and Loans (ISAL) methodology, and facilitating Selection, Planning and Management (SPM) training for promoting income generating activities.
- Provision of on-site technical assistance to the staff, as well as training for program monitoring and evaluation.
- Limited financial support to the partner ASOs for facilitating community level interventions.

List of Acronyms

ACSA

Accumulated Savings and Credit Association

AIDS

Acquired Immune Deficiency Syndrome

ASO

AIDS Service Organization

CADEC

Catholic Development Commission

CGAP

Consultative Group to Assist the Poorest

DFID

Department for International Development (UK)

FGD

Focus Group Discussions

HIV

Human Immunodeficiency Virus

IGA

Income-Generating Activities

ISAL

Internal Savings and Loans

JAZ

Junior Achievement Zimbabwe

MFI

Microfinance Institutions

NGO

Non Government Organization

SEAD

Small Economic Activity Development

SIMBA

Supporting Basic Income Needs of AIDS-Affected Households and Individuals

SPM

Selection, Planning and Management

UAN

Umzingwane AIDS Network

UNAIDS

Joint United Nations Programme on HIV/AIDS

UNDP

United Nations Development Program

UNECA

United Nations Economic Commission on Africa

WHO

World Health Organization

References

Allen, H., CARE International's Village Savings & Loan Programmes in Africa: Micro Finance for the Rural Poor that Works, 2002.

Allen, H., End of Term Evaluation of Kupfumu Ishungu Rural Microfinance Project(RMFP), Zimbabwe, 2002.

Donahue, J., K. Kabbucho, and S. Osinde, HIV/AIDS - Responding to a silent economic crisis among microfinance clients in Kenya and Uganda. Nairobi, Kenya: commissioned by MicroSave-Africa, a joint initiative of CGAP, DFID, & UNDP, September 2001.

Interagency Coalition on AIDS and Development, HIV/AIDS and Microfinance, November 2001. Available at: <http://www.icad-cisd.com>

McDonagh, A., Microfinance strategies for HIV/AIDS mitigation and prevention in Sub-Saharan Africa, Working Paper No. 25, Social Finance Unit, International Labor Organization, September 4, 2001. Available at: <http://www.ilo.org>

UNAIDS/WHO, AIDS Economic Update, December 2002. Available at: <http://www.unaids.org>

UNDP, Human Development Report, 2002. Available at: <http://www.undp.org>

UNECA, Economic Report on Africa 2002, Tracking Performance and Progress, 2002. Available at: <http://www.uneca.org>

Footnotes

¹ UNAIDS/WHO, AIDS Economic Update, December 2002

^{2,3,4} UNECA, Economic Report on Africa 2002, Tracking Performance and Progress, 2002

⁵ UNDP, Human Development Report, 2002.

⁶ Donahue, J., K. Kabbucho, and S. Osinde, HIV/AIDS - Responding to a silent economic crisis among microfinance clients in Kenya and Uganda. Nairobi, Kenya: commissioned by MicroSave-Africa, a joint initiative of CGAP, DFID, & UNDP, September 2001.

⁷ CARE defines household livelihood security as "the adequate and sustainable access to income and resources to meet basic household needs (including adequate access to food, potable water, health facilities, educational opportunities, housing, and time for community participation and social integration)."

⁸ Allen, H., End of Term Evaluation of Kupfumu Ishungu Rural MicrofinanceProject(RMFP), Zimbabwe, 2002.

⁹ Donahue, J., K. Kabbucho, and S. Osinde, HIV/AIDS - Responding to a silent economic crisis among microfinance clients in Kenya and Uganda. Nairobi, Kenya: commissioned by MicroSave-Africa, a joint initiative of CGAP, DFID, & UNDP, September 2001.

¹⁰ The model follows the principles of methodology generally known as ASCA – Accumulated Savings and Credit Association

Written by Anuj Jain, Senior Technical Advisor, Small Economic Activity Development Unit, CARE USA. The program has been managed by CARE and implemented by the partner ASOs. The author of this paper also co-facilitated the final project evaluation and the lessons learned workshop in December 2002. Acknowledgements are in order to the proj-

ect design and implementation team in CARE Zimbabwe who thought outside the box and attempted this program. The ASO partners (Batsirai, Bekezela, Bethany, CADEC, Tsungirirai and UAN) took the responsibility of making it happen on the ground and generating the rich learning experience. CARE is also grateful to the CARE USA HIV/AIDS Unit, and CARE USA Marketing and Communications Department. PACT and JAZ provided additional technical support. Most of all, we must acknowledge and celebrate the vibrant spirit of those vulnerable community members who participated in SIMBA and made it a success.

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www.care.org

CARE International Secretariat

Boulevard du Regent, 58/10
B-1000 Brussels
Belgium
Tel: 32-2-502-43-33
Fax: 32-2-502-82-02
E-mail: info@care-international.org

CARE Australia

G.P.O. Box 2014
Canberra, ACT 2601
Australia
Tel: 61-26-279-0200
Fax: 61-26-257-1938
E-mail: info@careaustralia.org.au

CARE Canada

9 Gurdwara Road
Ottawa, ON K2E 7X6
Canada
Tel: 1-613-228-5600
Fax: 1-613-226-5777
E-mail: questions@care.ca

CARE Danmark (Denmark)

Noerrebrogade 68B
Postbrooks 698
DK-2200 Copenhagen N
Danmark
Tel: 45-35-36-88-58
Fax: 45-35-36-88-78
E-mail: care@care.dk

CARE Deutschland (Germany)

Dreizehnmorgenweg 6
D-53175 Bonn
Deutschland
Tel: 49-228-975-630
Fax: 49-228-975-6351
E-mail: info@care.de

CARE France

CAP 19
13 rue Georges Auric
75019 Paris
France
Tel: 33-1-53-19-89-89
Fax: 33-1-53-19-89-90
E-mail: info-care@carefrance.org

CARE Japan

2-3-2 Zoushigaya
Toshima-Ku
Tokyo 171-0032
Japan
Tel: 81-3-5950-1335
Fax: 81-3-5950-1375
E-mail: carejpn@ny.airmet.ne.jp

CARE Norge (Norway)

Universitetsgt 12
0164 Oslo
Norway
Tel: +47 22 99 26 00
Fax: +47 22 99 26 01
E-mail: care.norge@care.no

CARE Nederland (Netherlands)

Juffrouw Idastraat 11
2513 BE Den Haag
The Netherlands
Tel: 31 70 310 50 64
Fax: 31 70 356 07 53
E-mail: general@carenederland.org

CARE Österreich (Austria)

Invalidenstr. 11
1030 Wien
Österreich
Tel: 43-1-715-0-715-0
Fax: 43-1-715-9-715
E-mail: care@care.at

Raks Thai Foundation

185-187 Phaholyothin Soi 11
Samsen Nai, Phayathai
Bangkok 10400
Tel: 662-279-5306/7
Fax: 662-271-4467
Email: info@raksthai.org

CARE International UK

10-13 Rushworth Street
London, SE 1 0RB
United Kingdom
Tel: 020-7934-9334
Fax: 020 7934 9335
E-mail: info@uk.care.org

CARE USA

151 Ellis Street, NE
Atlanta, GA 30303-2440
USA
Tel: 1-404-681-2552
1-800-521-CARE
Fax: 1-404-577-5977
E-mail: info@care.org