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TEACHER'S TOOLKIT

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These resources intend to provide teachers with compelling and illustrative content to engage students on a range of issues related to poverty and inequality. Topics cover learning modules ideal for middle and high school subjects such as health and human development, social studies, geography, international studies, economics and media studies.

Each topic includes teaching tools such as fast facts, videos and stories designed to spark curiosity and enhance classroom discussion.

CARE sees education as vital to improving lives. Whether it be the classroom or in other facets of life such as health, sanitation or gender equality, education leads to better outcomes and brighter futures. By teaching students the complex realities — and solutions — of poverty, we aim to help them understand how they can help communities around the world overcome it — inspiring them to contribute to positive global change.
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Globally, the number of people living in extreme poverty has declined by more than half, falling from 1.9 billion in 1990 to **836 million in 2015**. Most progress has occurred since 2000.

Children born in sub-Saharan Africa are **four times less likely to attend primary school** than children from richer, more developed countries.

**1 in 8 people** lacks access to **clean water**, and **hunger kills more people every year** than AIDS, malaria and tuberculosis combined.
What is poverty?

Many people think of poverty as simply not having much money, when in reality poverty is far more complex. Global poverty is usually made up of different factors, and felt in different ways in different communities.

The United Nations defines poverty as:

“… a denial of choices and opportunities and a violation of human dignity. It means lack of basic capacity to participate effectively in society. It means not having enough to feed and clothe a family, not having a school or clinic to go to, not having the land on which to grow one’s food or a job to earn one’s living, not having access to credit. It means insecurity, powerlessness and exclusion of individuals, households and communities. It means susceptibility to violence, and it often implies living on marginal or fragile environments, without access to clean water or sanitation.”

(See: http://www.unesco.org/education/pdf/COPENHAG.PDF)

What is extreme poverty?

The World Bank considers a person to be living in extreme poverty if she cannot afford her basic needs like shelter, water, food, adequate nutrition or vital health care. This is the kind of poverty most often experienced by people in developing countries.

Generally, extreme poverty is defined as an individual earning an amount under the international poverty line of US $1.25 per day. For children, this can mean a cycle of disadvantage that can be especially hard to break. From an early age, hunger and malnutrition can lead to underdevelopment and stunting. Limited educational opportunities can place children at risk of health problems and further increase the likelihood of early marriage or recruitment for child labor. The consequences of extreme poverty often severely limit a child’s ability to fulfill her potential, a cycle that can continue throughout her lifetime and into future generations.

Extreme poverty and inequality

Poverty and inequality are closely connected. Widespread inequalities, such as gender, income and urban/rural divides mean that many of the world’s poorest communities face significant barriers in overcoming poverty.

This kind of inequality reinforces other aspects of poverty and exclusion. That’s why organizations like CARE aim to promote and ensure equality across all areas of our work, recognizing it as a vital means of eradicating poverty.
Activity 1: (middle and high school students)

Activity Outline:
Students are shown a brief CARE video explaining Extreme Poverty and Hunger.
https://www.youtube.com/watch?v=CbEeC8xXdZ8.

Students are given $1 (real or play money). With their $1 they will have the chance to purchase one item to assist with their walk. The students will soon realize that they will not be able to afford some luxuries such as soft drinks and chocolate bars.

Students then participate in a discussion about Sustainable Development Goals (SDGs) and read a story of a woman/girl who has overcome poverty and hunger by participating in a CARE project. Explore SDGs at http://www.undp.org/content/undp/en/home/sustainable-development-goals.html.

Activity Items: (suggestions)

- Water bottles
- Shoes
- Chocolate bars
- Apples
- Blankets
- Soft drinks
- Flashlights

Activity Instructions

1. Watch CARE’s Village Savings and Loan Associations videos.
   http://www.care.org/work/economic-development
2. Read aloud:
   As of March 2016, 15.7 million Syrians were in need of immediate assistance; 6.6 million of whom are displaced in Syria, 4.5 million are trapped in hard-to-reach areas in Syria, and 4.6 million refugees are in camps in neighboring countries. Many of these Syrians have fled dangerous areas, walking for miles on end, day after day to reach safety; children, parents and elders all walking together to find peace in the middle of the chaos.
   *CARE Syria Regional Fact Sheet

   You will be given only $1 because nearly 1.4 billion people in the world live on less than $1 a day, leaving them often unable to afford food, water, health care or school fees..
3. Determine the price for each item (some less than $1, some more than $1) with your group. Display the prices list to the group.
4. Distribute $1 (real or play money) to each participant.
5. Ask each student to come up to the table of items. Each student will have a chance to ask for the items she requires. Students have been allocated only $1 which means they are unable to purchase any items that cost more than $1. Use the questions provided to begin a group discussion. Read the case study.

**Event Leader/Teacher Instructions**

1. Before beginning the activity watch Makeda’s Story here [http://www.youtube.com/watch?v=jGzuwCEa0Ho](http://www.youtube.com/watch?v=jGzuwCEa0Ho).
2. Distribute $1 to each student, and allow him or her to choose one item to purchase from the list you have made. Make sure that students are aware that they are unable to afford some of the luxury items.
3. Use the discussion questions to begin a group discussion. Read the case study.

**Discussion Questions:**

*Before Case Study #1:*

- What could you buy with your $1? What couldn’t you afford?
- How might living on $1 a day affect you?

*After Case Study #1:*

- How could you make your dollar go further?
- Do you think ending poverty is important? Why/Why not?
- What sort of projects do you think CARE supports to help end poverty and hunger?
- Why is it especially important that CARE supports women and girls who are affected by poverty?

**Activity 2:** (recommended for high school students)

**Activity Outline:**

Students will build an understanding of the challenges faced by those experiencing extreme poverty by undertaking a research assignment comparing the standard of living in the United States with that of a developing country. Older students can be encouraged to report on key measures such as average income, access to education and health, and to visually compare information and statistics in their presentations.
Activity Instructions:

1. Head to CARE’s ‘Where We Work’ page (http://www.care.org/work/where-we-work) and select a country to research.
2. Gather as many key facts about your chosen country as possible.
   a. Major imports/exports
   b. Type of government
   c. Population size and percentage of rural versus urban population
3. Note key differences between living in your chosen country and living in the United States.
4. Reflect on what you see as the factors creating poverty in this country.
5. What do you see as the biggest impact on poverty in this country?
6. Compile your findings into an engaging presentation to the class.
7. After all students present, hold group discussions on the differences between developing countries, and between the developing countries and the United States.


Case Studies

#1: Step By Step We Expel Poverty
Salufa, Marianne and Sifa live in Mongomba, Democratic Repuplic of Congo (DRC) where women often have little chance to fulfill their natural potential through livelihood development, education or other opportunities. But joining one of CARE’s Village Savings & Loan Associations has allowed them to do exactly that. By saving, meeting regularly and loaning one another money to start small businesses, they have empowered themselves through financial independence.

“It may be that you now eat with a spoon, but never forget that you once ate with your hands.” There is wisdom hidden in the name of their savings and loan group. Translated from Swahili, it means: “do not forget where you come from. Do not forget where your roots are.” There are around 130 CARE VSLA groups in the regions of Mongomba and Kasongo, aiming to help members — mostly women — achieve financial freedom through new and expanded livelihoods that help cover expenses like health care and school fees. That means brighter futures for themselves, their families and their communities.
Union gives hope
The names of the savings groups are not chosen at random: Nehema, which means “gracious,” and Umojawa Matunami, meaning “union gives hope,” speak of the desire for a better future for women in this country. For many years, the DRC has suffered from violent conflicts and the associated uncertainty. In the DRC, peace is always relative.

How do CARE VSLAs work?
These savings groups meet regularly, with members saving and depositing money during each meeting. Group members then loan one another money to start small businesses, pay for their children’s education or cover other necessary expenses.

Salufa, for example, borrowed 5000 francs* from the group, with which she purchased the materials to make soap. She sold the soap in the market for 11,000 francs. She paid back 5000 francs to the group, plus 10 percent interest. The group’s savings grew and Salufa made a profit of 5,500 francs. Although that’s less than US $6, we have to remember that an average family in the DRC lives on a less than US $2.25 a day.

From nothing to making profit
Village savings groups undertake a wide variety of activities, from soap-making to farming to selling herbs and home remedies and much more. But the results are often the same. Arijdjah, a member of one of CARE’s savings and loans groups says, “It is from having nothing to making profit, from having no food, to being able to support your family. The wisdom of many women is brought together this way to strengthen our own independence. Women are more and more becoming the heart of the household.”

Groups often include a social fund, as well, which is form of insurance for times of crisis. Marianne, for example, borrowed money from her group, which enabled her to take care of her sick husband. She says: “I had agreed to pay back the loan by working overtime on the farmland that is managed by our group.” The fields funded by the group are a joint responsibility. The profits go directly into the account of the group, so that more projects can be financed. To avoid fraud each group has an Executive Board that must approve every transaction. The chairperson and secretary of the group and the person who borrows a sum sign each loan.

Step by step
CARE helps establish groups by holding information sessions on how a savings and credit system works. CARE then provides training so the women can run the group themselves. No loans are provided by CARE. The women instead invest a small amount of their own money, which enables the group to finance larger and larger projects. These groups help women to be less dependent on their husbands and at the same time offers them a chance to exchange information with one another. The groups provide women with financial independence, so they can earn a living and improve life for their families. “Now we have the knowledge needed to help ourselves, so we don’t have to wait for help. Step by step we expel poverty,” says one of the group members.
Why Women and Girls?
It’s simple: In the world’s poorest communities, girls and women bear the brunt of poverty. Fighting poverty in those communities requires focusing on girls and women to achieve equality. When families struggle to grow enough food to eat, or earn enough money to send all their kids to school, it’s the girls who are often the last to eat and first to be kept home from school. In these same communities, it’s the women who are frequently denied the right to own the land they’ve farmed their entire lives. And where girls and women are denied freedom to leave their homes or walk down a street, they struggle to earn a living, attend school or even visit a doctor. But girls and women aren’t just the faces of the poverty; they’re also the key to overcoming it. CARE’s more than seven decades of experience make clear that empowered women and girls become catalysts for change, lifting their families and entire communities out of poverty.

*Francs are the currency used in the DRC.

#2: What could 12-year-old Bopha do instead of running her home?
By Laura Hill, Communications Manager, CARE Australia

Bopha* and her family live in a small village in Koh Kong Province, Cambodia. Like many 12-year-old girls, Bopha loves skipping rope with her friends. She also likes going to school, but sometimes misses out on both activities because collecting water and helping to run her household burden her.

“When I was in grade one I used to miss class a lot because I had to take care of my younger brothers and sisters,” recalls Bopha. “These days, I don’t have to do it as much, but I still miss class five or six times a month.” It takes Bopha one hour to walk to school. She is in grade five and likes to learn the national language, Khmer.

When she’s not at school, Bopha, one of six children, spends her days collecting water from a pond for drinking, cooking and washing, preparing meals, washing dishes, doing the laundry, tending to her family’s animals and looking after her younger brothers and sisters while her mom and dad work in the nearby rice fields.

The Asia-Pacific region is home to the largest number of working children. Despite primary school fees in Cambodia being abolished in 2001, the two most common reasons for children dropping out of school are the inability of parents to afford indirect education costs, including uniforms and books, and the opportunity cost of sending children to school, which materializes as loss of family productivity or income. In other words, poverty is the main obstacle.

Gender disparities are still to the disadvantage of girls in many countries in the region, including Cambodia. When faced with limited resources and competing financial demands, parents often prefer to invest in the education of their sons and not lose their daughters’ vital contribution to the household through domestic labor.
Bopha dreams of being a teacher and worries she won’t be able to realize her dream if she misses out on school.

“I really want to go to school, but when I’m absent I am not happy. I worry that when I miss school, I miss what has been taught in class and that I will fail my exams.”

Getting an education is vital to helping Bopha lift herself and her family out of poverty — but first she needs to be relieved of the burden of doing all the house work.

In Cambodia, CARE is working with communities like Bopha’s to educate women, men, boys and girls to the benefits of sharing the household chores equally amongst boys and girls so that girls can go to school and learn. CARE is also helping communities develop early childhood centers so that girls can go to school instead of caring for their younger siblings at home.

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

An extra year of secondary schooling for girls can boost their earnings by 10 percent to 20 percent.

62 million girls around the world — half of whom are adolescent — are not in school.

Of the nearly 800 million people in the world who can’t read and write, nearly two-thirds are women.
Why education?
Education is vital to improving lives across a range of areas. Whether it be in the classroom, in health, sanitation or gender equality, access to education leads to better outcomes and brighter futures.

In particular, the importance of children attending school is recognized as being so core to reducing extreme poverty that it was named Goal 4 of the United Nations’ Sustainable Development Goals (SDGs).

On average, girls are less likely to attend school than boys and if they do attend, they are far more likely to drop out early to care for their siblings or assist with other household chores. Other factors such as child marriage and early pregnancy also keep girls out of school.

Yet organizations like CARE know that educating girls can have a positive ripple effect throughout the course of their lives. Girls who are educated are more likely to have fewer children, and to have them later in life. When they do have children, the risk of malnutrition for both themselves and their children will be significantly reduced. In fact, evidence shows that for every year a girl stays in school, her income later in life is likely to go up by 10 percent.

Barriers to school attendance
Children who miss out on school are often from poor communities, minority ethnic groups, and/or those who live in remote areas.

Barriers to education often increase for children who live in rural or remote areas of a country where access to school can be challenging. It is much easier to set up and maintain schools in urban areas where trained teachers are willing to live and supplies such as teaching materials are cheaper and more readily available. Where there is very little transport, the distances students have to walk to get to school may also prevent them from attending.

Opportunity costs
A significant barrier to school attendance, especially for girls, is the opportunity cost.

Opportunity cost can be explained by what is given up when making a decision. For example, if a student in a developed country chooses to buy lunch at the cafeteria every day for three months with her pocket money, she wouldn’t be able to save and might have to give up the iPod she has been wanting for a year.
While the costs of items such as school fees, books and uniforms can make schooling too expensive for many families in developing countries, opportunity costs also have a big impact on attendance. In developing countries, many families depend on children, especially girls, to help around the house.

Often, boys do not have the same household responsibilities as girls, so the opportunity costs of their attending school are lower. Boys may also be seen as more likely to get a job — whereas girls are assigned to household tasks such as looking after younger brothers and sisters, fetching water and firewood and preparing food. Often, the loss of support and income for families when a girl attends school is seen as too high.

Ensuring that both girls and boys stay in school is an investment in their lives, and that of their families and communities. It is also vital to breaking the cycle of poverty.

Activities

Activity 1: (Middle School Students)

Outline:
Students explore the barriers to education that many girls in developing countries face every day. By exploring the differences between their access to education and other students’ around the world, students will better understand the value of their own education.

Instructions:

1. Screen CARE’s video “5 Barriers to Girls’ Education in Malawi” at https://www.youtube.com/watch?v=iDljot3yvV1
2. Ask students to create a chart (see sample below) that compares their own education experience with a girl’s in Malawi.
3. After completing the chart, ask students to discuss the benefits of their education and how this compares with the challenges the girls in Malawi face.
4. For an additional exercise, ask students to visit CARE’s ‘Where We Work’ page to choose another developing country to explore the state of girls’ education in a different country. Then ask students to report back on the similarities or differences between the developing countries and the United States.
After reading case study #2:

- Discuss in small groups how access to education can impact communities’ experience of poverty.
- How are educational experiences in the United States different for girls and boys? How are they different in Timor-Leste?
- What are the benefits of being educated?

**Chart for Students**

<table>
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<tr>
<th>My School Experience</th>
<th>School Experience in a Developing Country</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
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<tr>
<td>Age:</td>
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<tr>
<td>Gender:</td>
<td>Gender:</td>
</tr>
<tr>
<td>City:</td>
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**Teachers**

**Infrastructure**

**Technology**

**Sanitation**
Activity 2: High School Students

Activity Outline:
Students participate in a trivia quiz. However, some of the students have not been provided with pencils and for others the trivia quiz is written in a language they don’t understand. Students then participate in a discussion about Sustainable Development Goal 4 and read a story about a CARE project and the power of education.

Activity Instructions:

1. Distribute the English trivia quiz to half the students and the translated trivia quiz to the other half. (One is in English and one is in Arabic).
2. Distribute the pencils to only a few students (not the entire group). Allow students 5 minutes to work on the trivia quiz.
3. Read the case study.

Discussion Questions After Case Study #1:

1. How successful were you at answering the questions?
2. How did you feel when you could/could not complete the quiz and the other half of the class could/could not?
3. Do you think universal primary education is important? Why/Why not?
4. What opportunities might boys in developing countries have that girls would not due to illiteracy?
5. How are educational experiences different for girls compared with boys in the United States? How are they different in Afghanistan?
6. What would be different in your life if you didn’t have an education?
7. Why is it especially important that CARE supports projects that focus on educating women and girls?
Trivia Quiz  (English)

Question 1
For every additional year a girl is in school, her future family income increases by up to:

a) 4%
b) 8%
c) 14%
d) 20%

Question 2
Women perform the majority of the world’s labor. What percentage of the world’s income do they receive?

a) 10%
b) 20%
c) 30%
d) 50%

Question 3
The first official International Women’s Day took place in:

a) 1911
b) 1927
c) 1942
d) 1999

Question 4
International Women’s Day* falls on:

a) March 6
b) March 8
c) March 22
d) April 30

*International Women’s Day is a global day celebrating the economic, political and social achievements of women past, present and future.

Trivia Quiz Answers:
1: D
2: A
3: A
4: B

Activity 1 is adapted from CARE Canada’s “Walk In Her Shoes Education Toolkit.”
The London Conference on Afghanistan (https://www.gov.uk/government/topical-events/london-conference-on-afghanistan-2014) arrived at a critical juncture for Afghanistan. With violent conflict increasing in many parts of Afghanistan and aid fatigue creating cuts in food rations for 1 million Afghans, it is a vital moment to remind the world not to abandon Afghanistan.

Afghanistan faces many uncertainties and challenges, and no single event many thousands of miles from the difficulties on the ground can promise to transform the future and make all the difference.

Yet this is a moment in which the leaders of Afghanistan and the international community will make important choices. The commitments made in London could move Afghanistan forward in ways that improve the situation of ordinary Afghans, freeing them from lives of fear and chronic poverty.

**Huge strides have been made**

Ten years ago I worked in Afghanistan setting up aid programs. Huge strides have been made since then — in 2002, an estimated 900,000 boys attended school, while women and girls were almost completely excluded from educational opportunities. Today, more than 8 million students are enrolled in school, including more than 2.5 million girls. But many of those are in urban areas, not in remote rural areas where attitudes to girls’ education remain highly conservative.

The organization that I now work for, CARE, has been on the ground in Afghanistan since 1961 — a source of immense pride among our staff who have worked for decades to improve lives and build trust and rapport with communities that are often extremely isolated and far removed from the geopolitical wrangling over the future of their country. The length of our operations in Afghanistan is a sobering indicator of how the country has been torn apart by war, blighted by food insecurity, floods, population displacement, drought and endemic poverty. During this time, the struggle for power has come at great cost for Afghanistan’s people.

**‘No easy wins’**

The London event will both take stock of progress and review ways forward for Afghanistan. It must address those in remote communities where there are no “easy wins.” No issue better illustrates the need for local solutions to Afghan challenges than gender. Progress for women and girls in Afghanistan will never be made if efforts are perceived as foreign, imposed and inconsistent with the local values of communities.

Too often, debates over the position of Afghan women and girls in the family and the wider society have been shaped by external political agendas rarely reflecting the beliefs of ordinary Afghans themselves.
**Listen to locals**
Listen to locals is a simple message, but one that has not generally been heard in decisions on aid to Afghanistan over the past decade.

Basic education is a powerful catalyst for positive change in the lives of girls and women. But we have to work with, not against, the grain of local norms and institutions to enable girls to have an education. Working in this way can make massive progress. Over the past 20 years CARE has helped more than 120,000 students get an education by working with the local community so they view the school as their school — nearly 80,000 (66 percent) of these students are girls.

We work in scattered, chronically poor, and often very conservative communities where there is no formal government school, no precedent of education for girls and early marriage is common practice. And yet we have seen many instances in these communities where the parents and the elders take real ownership of a school by contributing the land or building schools themselves.

**Engaging men and boys**
In 2013, CARE surveyed over 2,000 women in Kabul, Balkh and Nangarhar provinces of Afghanistan. They told us that we needed to work harder to engage men and boys in their communities if women are to thrive and realize their potential. This is essential to avoid backlash and mitigate men’s concerns that external agencies are working to undermine their authority. When we work to get the support of the whole community, we have seen men break the mold and become champions in support of girls’ education.

In one community where CARE works there was a young girl whose father had reluctantly let her attend school. When his wife fell ill, she was the only member of the family who could read a note telling them where to find a doctor. The father was inspired; he saw how educating his daughter could help their whole family.

**Long-term aid commitments**
Emphasis on local solutions to Afghan challenges does not remove a responsibility from the international community to sustain its support. No man or woman, boy or girl should go hungry this winter in Afghanistan. The past decade has brought grand promises from international institutions and powerful governments on how Afghanistan can be remade, while at the same time we know that it is only Afghans who can make their future.

It is more dangerous than ever to be shortsighted and turn away from the hard-earned gains — be they a remote community school that is now educating girls or efforts to work with widows so they can earn a living and no longer be shunned by their community. Anything less than long-term aid commitments that truly embed the voices of the local communities they seek to serve will risk undermining decades of hard-earned progress and failing the next generation of women in Afghanistan.

**’Whatever would make her heart sing’**
Recently, when visiting a remote class set in the shadow of a mountain in central Afghanistan, a father told my colleague that he wanted better opportunities for his daughter, a chance to live in peace, to choose a life for
herself, a career, a family, “whatever would make her heart sing.” In a country of poets, so battered by conflict and disaster, hope and optimism remain.

#2: Smart in the Heart

From CARE Canada’s “Walk In Her Shoes Education Toolkit”

Thirteen-year-old Alola dos Santos says that before CARE’s literary class started in her area, she had difficulty finding time to read and write.

“I just stayed home to help my parents raise cattle and farm. The school was far away and I didn’t have the opportunity to go,” she says. “But now I am able to go to the literacy class and am able to read and write. And when I go home, I study the class materials that we got from school.”

More than 60 percent of Timor-Leste’s population of 1 million is under 18-years-old and 25 percent of primary school-age children do not attend school.* To help bridge this gap, CARE set up a literacy program at three sites in the country’s Western Bobonaro District, called the “Awakening Bobonaro’s Children” (ABC) program.

As part of CARE’s program, teachers were trained to improve children’s reading and writing skills. To encourage community participation, teachers were interviewed on Radio Timor-Leste about children’s rights. Extracurricular activities like trips to the beach, staying healthy and celebrating students’ Timorese identity are also important components of the program. CARE distributes Lafaek Magazine, the only children’s magazine produced in Tetum (the country’s national language), to the students. Other holistic initiatives have included establishing parent-teacher-child meetings to monitor students’ progress.

One student making remarkable progress is 10-year-old Lamoussa de Fatima, whose life is no longer restricted to looking after the goats on his family’s plot of land.

“Before the classes I felt that everything was dark because I never knew anything. Now I listen to the lessons and know a little bit about things that I felt were dark. Now I feel smart in my heart and I am also able to read and write — and can make drawings,” Lamoussa says proudly.

*Source: UNICEF.
TOPIC 3
WOMEN'S EMPOWERMENT
THE KEY TO A POVERTY-FREE WORLD

FAST FACTS

Girls in poor households are almost twice as likely to be married before the age of 18 as girls in higher income households.

In sub-Saharan Africa, women grow 80 percent to 90 percent of the food.

1 in 9 girls worldwide is married before the age of 15.
Gender equality and women’s empowerment

“Achieving gender equality requires the engagement of women and men, girls and boys. It is everyone’s responsibility.”

In many countries, women and girls are unable to realize some of their basic human rights. These include the right to an education, health care and employment, all of which affect their ability to make choices for their future. That’s why CARE invests in what we see as the greatest source of untapped human potential in the world — women and girls, who create lasting change when they have the opportunity to:

- Gain an education
- Support themselves and their families with adequate food and nutrition
- Receive vital health and medical support
- Access clean water and sanitation facilities
- Participate in helping their communities rebuild in the face of disasters

Also decades of poverty-fighting work, research, analysis and project implementation have demonstrated that poverty and women’s disempowerment go hand-in-hand.

Working with women and girls makes good investment sense. Evidence shows that when one woman escapes poverty, she’ll bring four other people with her.

Addressing a lifetime of discrimination

Women and girls make up the majority of the world’s poorest people — those living on less than $1.25 per day.

Women account for so many of the world’s poor because the social expectations, which exist in almost every society, limit their choices. The reality is that in many countries, from the moment a girl is born, she is likely to face a life of disadvantage and discrimination simply because of her gender.

The reality for a girl — across all life-stages:

If the mother is malnourished, so might the baby be, and this could have long-term effects on her health, or she may die. It is common for boys to receive more and better quality food than girls, and poor families are more likely to spend their limited money on health care for their sons than for their daughters.
As a girl, she might be expected to find food, firewood and water, while also caring for her siblings and working in the fields. If her family needs her at home, this will limit her education, her chance to learn new skills to help her earn an income in the future and make choices about the way she lives her life.

As a teen, she may become a child bride to lessen the food burden on her family or to earn a bride price. Child marriage can have a devastating impact on a girl’s life, often denying her basic rights to health, education and opportunity.

As a woman, she will play a critical role in crop production but will have limited say in decisions about farming, agriculture and family finances. Her survival may be completely dependent on her husband’s ability and willingness to take care of her.

As a mother, she may not have the power to decide if or when she falls pregnant, how many children she has, or how far apart she has them.

As an older woman, she is more likely to have had a lifetime of disadvantage. Poor education, inadequate nutrition and lack of access to services and the labor market in earlier life often leave women with poor health and few resources in old age.

What about men and boys?
Men and boys are a critical part of women’s empowerment. From brothers and fathers, to teachers and community leaders, it is essential to work with men and boys to break down gender stereotypes and challenge social norms.

Our programs focus on women, girls, men and boys, with the understanding that gender equality benefits everyone in the community.

For example, apart from helping them reach their full potential, educating girls has continued benefits because an educated woman is:

- Far more likely to share resources with her family, village or community
- Less likely to die in childbirth
- More likely to have healthy babies
- More likely to send her children to school
- Better able to protect her children and herself from HIV and AIDS, trafficking and sexual exploitation.
Women's Empowerment

Activities

Activity 1: (recommended for Middle School Students)

Activity Outline:
Each student selects a card and is designated either male or female. Students holding female cards are required to remove their shoes and socks and have bare feet for the remainder of the activity to simulate the lack of equality between women and men in the developing world.

Activity Items:
gender cards (pieces of paper marked either male or female)

Activity Instructions:

1. Screen this video. http://www.youtube.com/watch?v=4viX0Gvyu0Y
2. Have students take turns to select gender cards from the box. Divide students into groups of males and females.
3. Have all students holding a female card remove their shoes and have bare feet for the remainder of the activity.
4. Question for female students or students holding a female card: How did it make you feel to be asked to remove your shoes and socks when the other students didn’t have to? How would you feel if you had to do this every day and the other students did not?
5. Provide students with magazines, newspapers, poster board, and other arts and crafts material. Ask the students to cut out images of empowered women to stick them onto the poster. (This can also be done in the form of drawing.)
6. Photocopy the picture below of what an empowered woman looks like, and ask the students to compare the woman they have chosen with the qualities of the woman in the picture.
7. Read case study #2.

Discussion after Reading Case Study #2:

1. Do you think men and women are treated equally in the United States? What about overseas?
2. What is the difference between gender equality and women’s empowerment?
3. Why would a community benefit from gender equality?
4. Why is educating women important?
5. What sorts of activities empower women?
6. Who is responsible for creating gender equality? (Everyone!)
Activity 2: (recommended for High School Students)

Activity outline:
This activity aims to clarify the role of women and girls in creating change, and demonstrate how they can help their communities overcome poverty. Through abstract thinking, students can appreciate the impact of gender inequality, the importance of empowering women and girls, and understand how investing in women through education and other means can help communities and save lives.

Materials Needed:
- Poster paper
- Colored pencils/paint/highlighters etc.
- Magazines/newspapers

Activity Instructions:
1. After reading the Women’s Empowerment page of this toolkit, screen The Girl Effect video. [http://www.youtube.com/watch?v=1e8xgF0JtVg](http://www.youtube.com/watch?v=1e8xgF0JtVg)
2. Divide students into groups of five and provide them with the materials cited above.
3. Ask each group to write down how girls living in extreme poverty can be disadvantaged, and how we can reverse the cycle. Ask the groups to share their responses with each other.
4. Ask students to write down their answers to these questions:
   a. “What does empowerment mean?”
   b. “How can women be empowered?”
   c. “Why is it important that women are empowered in this way (i.e. to achieve gender equality)?”
5. Provide the students with magazines and newspapers and ask them to cut out pictures of gender equality, inequality, and empowered women and paste them onto the poster. (Can also be done in the form of drawing)
6. Photocopy the picture below of what an empowered woman looks like. Ask the students to compare the pictures of what they have chosen for their posters with the qualities of the printed images.
7. Read case study #1.

Discussion Questions
1. What is the difference between gender equality and women’s empowerment?
2. Why would communities around the world benefit from gender equality?
3. Why would educating women be important for the betterment of our world?
4. What are some of the health benefits of empowering women?
5. What sorts of activities empower women to achieve gender equality?
6. Who is responsible for and should be involved in creating gender equality? (Everyone!)
In a hard-to-reach village in rural Malawi, 15-year-old Malita* wants to be an engineer.

Malita is in eighth grade, the last year of primary school. English and math are her favorite subjects and like her friends, Malita divides her time between going to school and helping around the house or working on the farm.

These days Malita attends school regularly, but a few years ago, she spent most of her days working on other people’s farms earning money to help her mother buy maize flour and soap for her family of six.

Malita would still be toiling her days away on the land instead of learning geography if it weren’t for a persuasive group of women from her village that convinced Malita’s mother to re-enroll her in school.

Thirty-year-old farmer and mother of three, Lobina Dawe is a member of the 10-woman unit known locally as the Mothers’ Group.

She and the other women in her group volunteer their time to visit the parents of children who have dropped out of school and encourage them to prioritize their children’s education. Once a month, they do farm work to help parents afford school items like uniforms and books.

“There are many reasons that students don’t attend school, but the most common are that they are working on their parents’ or other people’s farms, looking after their younger siblings, working as servants or herding cattle,” says Lobina.

Within the first few months of the CARE-led Mothers’ Group, the women had already encouraged more than 20 families to send their children back to school.

“The parents appreciate our visit and are pleased when they re-enroll their children in school. They are grateful for the support and encourage us to help more families because they can see the benefits education brings to their family.”

“This is precious work that will benefit not only the families we work with, but the entire village,” adds Lobina.

Malita says that thanks to the Mothers’ Group her mom now believes that educating all five children will help their family live a brighter future.
‘She even bought me my first school uniform,’ says Malita.

Despite the inroads made to date, the Mothers’ Group will have to keep a close watch on Malita as she transitions from primary to secondary school — a critical point in the education journey that sees many children, especially girls, drop out of school because of financial pressures and early marriage.

Although many challenges remain for Malita and her family, she is defiantly positive about her future and adds: “If I can’t be an engineer, then I have dreams of becoming a pilot,” as a plane flies across the sky above her village.

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

#2: A Proud Rebel

By CARE Canada

CARE is working in Nepal, one of the world’s most impoverished nations, to help some of the poorest and most vulnerable women in the region stand up for their rights and assert their voice in community decisions.

Peace-building community groups help women understand their rights and develop the confidence to speak out against practices that are harmful to them.

Yam Kumari protested to her landlord that she will not work for free. Yam Kumari is a sharecropper who has been tending a farm of a rich landlord for years in Latikoili, Surkhet. The arrangement with her landlord is that she gets half of the crop yield only if she tends an extra five acres for free. Until this year Yam Kumari used to take the harvest to her landlord’s house, mend the storage, and then stock it. Under this system, called Kunika, she has never been paid for any of her labor.

After attending the CARE peace-building community group meeting and participating in discussions on injustice and free labor, she gathered the courage to confront her landlord. She refused to take the harvest to his home and do any extra work in his house. He was forced to come to the field and take his share. Yam Kumari’s confidence has risen. She’s proud that this time she didn’t bow down to her landlord.

The peace-building community group participants and other villagers, including Yam Kumari as one of the lead characters, have recreated Yam Kumari’s inspiring story as a street play. The play has encouraged the villagers to think about this situation and the inequality that helps perpetuate it. Consequently, villagers have launched a movement to abolish the illegal system of Kunika.
About 842 million people in the world — one in every eight — do not eat enough food to be healthy. For children, this often means malnutrition, underdevelopment and stunting.

90% of reported diseases occur in developing countries, which account for only 12% of global health spending.

The risk of a woman in a developing country dying from a maternal-related cause during her lifetime is approximately 23 times higher than that of a woman living in a developed country.
Health - vital in the fight against poverty
For more than a billion people, poverty and poor health are closely connected.

Without decent shelter, clean water or the tools and knowledge to help prevent the spread of disease, millions of people are prone to potentially life threatening conditions, illnesses or infectious diseases such as tuberculosis and malaria, malnutrition, and complications from childbirth, simply because they are poor. Ill health can prevent people from earning an income, create additional burdens on family careers, and perpetuate the cycle of poverty. Improving the health of a community means that more people can lead happier, healthier lives, with dignity and security.

Health promotion is vital to helping communities overcome poverty. Organizations like CARE work with communities to help prevent and manage health risks, and to improve health and medical practices over the long term. With a particular focus on improving child and maternal health, we facilitate access to vital healthcare services for women who live in some of the world’s poorest communities. We also work to reduce the devastating impacts of HIV and AIDS as well as health in emergencies.

Sustainable Development Goal 5: Ensure healthy lives and promote well-being for all at all ages
Maternal and reproductive health, in particular, is a crucial step in helping communities overcome poverty.

Better maternal health means not only improved health of mothers, but also an increase in the number of women in the workforce more able to provide for their families. Yet in many developing countries, mothers dying during pregnancy or from birth related injuries is an invisible epidemic. Untreated pregnancy and birth complications mean that 10 million to 20 million women become disabled every year, undermining their ability to support their families. Worldwide, as many as 300,000 women die annually from complications related to pregnancy and childbirth..

Many of these are preventable deaths and the figures could be significantly reduced if women, especially those in some of the world’s poorest communities, had access to well-equipped hospitals, trained birth attendants and other medical services.
Health in an emergency
Both disasters and public health emergencies, such as epidemics, can devastate local communities.

For example, in places like Sierra Leone and Liberia, CARE emergency teams work to stop the spread of diseases such as Ebola. By distributing hygiene materials such as soap, water buckets and gloves, showing people proper hand-washing techniques and promoting good hygiene, we’re helping stop the spread of preventable epidemics.

During emergencies, organizations like CARE are on the ground, providing vital supplies of food, medicine, clean water and other relief to meet the health needs of those affected.

Activities

Activity 1: (recommended for Middle School Students)

Activity outline:
Students take turns choosing a card from the box. Several participants will receive a black card, which represents the one child in five who dies from preventable disease. In order to simulate this, these students must wear a black armband for the remainder of the activity.

Activity Items:
- Black armbands (these can be made out of paper and then taped on)
- cards (approximately 1/5 marked ‘black’)

Activity Instructions

1. Invite each student to select a card from the box. When all students have selected a card (but have not read them) read the following statement:

   *In Afghanistan the child mortality rate is 195/1,000, which means that 1 out of every 8 children will not live to see his or her fifth birthday. Most of these children die of preventable diseases like malaria, diarrhea, and whooping cough.*

   *Each one of you is holding a card; you may now turn your cards over. If you are holding a black card, you have died from one of these diseases and must wear a black armband.*
2. Explain how some of these diseases can be prevented; read this statement:

   *Malaria is preventable with the use of mosquito nets and vaccinations.*

   *Diarrhea is preventable by washing your hands with clean water and antibacterial soap, and not eating raw meats.*

   *Whooping cough is preventable with a vaccine.*

3. Distribute black armbands to the students in possession of black cards.
4. Read the case study.
5. Discuss the questions below.

### Discussion Questions

1. Question for students wearing black armbands: When you received a black card and found out that you had died of a disease that was preventable, how did that make you feel?
2. What is the child mortality rate in America? (7.8 in the United States).
3. Why do you think it is so low?
4. Why might the child mortality rate be higher in poorer countries?
5. Do you think reducing child mortality is important? Why/Why not?

### Notes for event leader/teacher

- Ensure that one-fifth of your students receive a black card in order to represent the actual child mortality rate in developing countries.
- Make sure you steer the discussion toward child mortality in developing countries rather than in developed ones. If you are going to talk about Canada’s mortality rate, make sure you distinguish between the causes. In developing countries most deaths are from preventable diseases, whereas in America most deaths are from non-preventable diseases such as SIDS*, genetic disorders and cancer.
- Try to relate the discussion back to your own or your students’ experiences (i.e. has anyone ever had malaria or another preventable disease which kills children in the developing world).

*Sudden Infant Death Syndrome*
Activity 2: (recommended for High School Students due to subject matter)

Activity Outline:
Students are invited to roll a dice. Students who roll a one, three or six are mothers from a developed country. Students who roll a two, four or five are mothers from a developing country. These students all receive a card indicating the outcome of their pregnancy either died in childbirth, still birth, or other pregnancy complication. Students then participate in a discussion about Sustainable Development Goal 3 and read a story of a CARE project.

Notes for team leaders:

• Ensure there is an even number of “mothers” from developed and developing countries
• Ensure that the “mothers” from developing countries have at least one care of each color
• Try to relate the discussion back to your students’ experiences. How did modern medicine help? What outcome may have occurred if it have happened in a developing country?

Activity Items: (suggestions)

• cards
• colored armbands

Activity Instructions

1. Read the following passage:
   *Every day, more than 830 women die from pregnancy or childbirth related complications. Most of these deaths occurred in developing countries, and most are avoidable. Afghanistan’s maternal death rate is 400 per 100,000 live births, meaning that 1 in 250 women dies from preventable complications related to pregnancy.* *In contrast, America’s is less than 14 in 100,000. This means that just by virtue of where you live, it’s possible to have a much greater chance of dying during childbirth.*
   *Source: UNICEF.

2. Have students take in turns to roll the dice. If a student rolls a one, three, or six she become a mother from a developed country. If a student rolls a two, four, or five they become a mother from a developing country. (Boys participate as well)

3. Students who are mothers from a developing country are then invited to select a colored card (yellow, red, green, or white). Students who are mothers from a developed country are invited to pick a colored card (either white or blue). When all the cards have been distributed you may explain the meaning of the cards.
This mother experienced a fistula* as a result of poor pregnancy care. She is shunned from her community. You must wear a yellow armband.

This mother’s baby was in the breech position** and without an experienced medical professional attending the birth, she was unable to deliver the baby. Both she and her baby died. In order to simulate this, you must wear a red armband.

This mother delivered a healthy baby, but developed a serious infection following the birth and died leaving behind a 1-week-old child. You are now dead and must wear a green armband.

This mother received adequate medical care throughout her pregnancy and delivered a healthy child.

This mother’s baby was in the breech position. However, she had an experienced medical professional attending the birth, so she was able to deliver the baby safely with a C-Section surgery.

* Fistula: Obstetric fistula is a childbirth injury that affects girls and women almost exclusively in resource-poor settings of Africa and South Asia. It results from an especially difficult childbirth and leaves women unable to control urine and feces.

** Breech position: Where the baby enters the birth canal with their buttocks or feet first as opposed to the normal head-first presentation.

4. Read case study #2.

Discussion Questions (break up into smaller groups):

1. Why do you think the maternal mortality rate is so high in developing countries?
2. What was your birth like? Were there any complications? How did the doctor/nurse/midwife assist in resolving them? What do you think would have happened if there was not a professional available?
3. What is CARE doing to improve outcomes for mothers and babies?
4. Did your mother have any complications during pregnancy or childbirth? Do you know anyone who has? What were these complications the result of?
5. Was anyone you know affected by any of these complications? Maybe they resulted in a C-Section surgery?
As a mother of two boys in Timor-Leste, Juvita is naturally proud of her children’s achievements, but none more so than the progress they are making on their CARE growth chart.

Every month, Juvita attends a CARE-supported government health post in Balibo, Timor-Leste, with her husband and two boys, 3-year-old Antonio* and 7-month-old Julio*. Here, the boys are measured, weighed and their growth is plotted against their records for the past three years.

Today, Antonio* tips the scales at 13 kilograms, while little Julio* is a healthy eight kilograms. In a country with high infant and child mortality, and where half the children younger than 5 suffer from chronic malnutrition, Juvita is thrilled with their results.

Should the boys fall from the green and into the yellow warning part of their growth chart, CARE refers children to government health workers who provide supplementary feeding. The boys also receive immunizations at the center, and basic health checks.

“I feel better now,” explains Juvita, “because I can get some information on health and bring my children to get treatment, get a check up and get medication if they need it. The children are healthier than before.”

Juvita herself also benefits from the center. As a pregnant and then breastfeeding woman, she has her weight monitored with similar supplementary feeding available if required.

She has also learned information vital to her young family’s health from the CARE-trained community health volunteers at the center. These community members speak to the group of around 100 people at the monthly sessions about different health risks and how to reduce them — including malaria, malnutrition and anemia.

“I have learned to use a mosquito net, drink clean boiled water and to wash our hands. These things have made my family healthier,” Juvita says.

She appreciates learning the information from a familiar local community member who is aware of local traditions and concerns.

“The health volunteers provide education and a lot of information about health to the community. They are well trained giving these messages. I like the advice being provided by them.”
The benefits for this family are evident, not only from the boys’ growth charts, but also from the proud smile on Juvita’s face as she looks at her youngest son sleeping peacefully in her arms.

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

**Neneh’s Story**  
*From CARE Canada’s “Walk In Her Shoes Education Toolkit”*

Neneh’s first pregnancy ended in a stillbirth at eight months. All she wanted was a family, but the death of her husband and a decade of civil war seemed to ruin her chances.

Eventually Neneh remarried and became pregnant again.

Living in Sierra Leone, Neneh would have only the support of local women to help her give birth. Naturally, she was nervous. In so many poor communities around the world, health facilities are lacking, and giving birth can be the most dangerous time in a young woman’s life.

When it came time for Neneh to give birth, the women in her village who would normally help her were called away to attend to a deceased neighbor.

**Neneh had to go through labor alone. It lasted seven days.**

When Neneh finally gave birth, tragically this child too was still-born. Even then her pain wasn’t over. The placenta remained inside her body. The village women, when they finally returned, pushed on Neneh’s stomach, and then reached inside her body to try to remove the last bits of after-birth. Urine seeped from Neneh’s body uncontrollably. She thought she was going to die. By this time, it was 10 days since Neneh had begun her labor. Neneh’s sister Fatu, who lived in a neighboring village, somehow heard what was happening.

Fatu and some friends located Neneh and carried her to a safe place, where a local health worker named Princess contacted CARE and organized an ambulance. Through all of this Neneh hung on, and her life was saved...but the long, stressful labor caused a tear in the wall of Neneh’s bladder — an obstetric fistula. She could no longer control her urine, causing an odor. As a result, some community members would call her names. So, hurt by rejection, and feeling utterly ashamed, Neneh stayed in the house or under a tree.

With support from CARE, Neneh was able to have an operation to repair the fistula. She returned home, literally a changed woman. “When I was sick, people made fun of me. Now, they want to marry me. I told them all ‘No’.”

Instead, Neneh joined a local health club run by Princess, who now works for CARE. She studied water and sanitation, malaria prevention, birth-preparedness and the health benefits of exclusive breast-feeding.
Now Neneh is a Community Health Promoter teaching other people in the village how to protect themselves.

Neneh was doing this work when a village chief from a nearby community started coming to the village each week on business. They met, and eventually married. Neneh became pregnant, and attended a local pregnancy support group organized by CARE. She gave birth in the local hospital and now has a healthy little boy named Kolleh. “I would have been dead if I had not come into contact with CARE. Without CARE and Princess, I would not have been able to get the operation and I would not be here,” says Neneh.
1 billion people have gained access to improved drinking water since 1990, while 2 billion more now have access to proper sanitation. Yet globally, 748 million people still drink dirty water.

One in six people worldwide does not have access to clean water.

Every 21 seconds, a child dies from a water-related illness. 99% of these deaths happen in developing countries.
Clean water saves lives
Safe drinking water and better sanitation can help transform lives in the world’s poorest communities and are essential to helping to break the cycle of poverty.

In many developing countries, lack of access to clean water can contribute to a community’s overall experience of poverty. Often, women and girls must walk for several hours to collect water for their households — which can keep them out of school and away from the education that is rightfully theirs. A lack of water can also damages crops, leaving families hungry.

When there is little or no access to piped water, it has to be collected from dirty rivers or streams. Families are exposed to disease such as cholera (very watery and painful diarrhea) and dysentery (painful bloody diarrhea) due to drinking unclean water that is contaminated with feces from other humans or animals.

Many of the waterborne diseases found in poor communities aren’t commonly found in developed countries because of sophisticated water systems that filter and chlorinate water to kill disease-carrying organisms — and allow us to drink directly from the tap.

Yet in many developing countries where numerous health risks are associated with waterborne disease, water supplies can be significantly improved by simply providing wells or water pumps. Hygiene practices like washing hands with soap before eating or preparing food and after visiting the bathroom, are two simple ways we can all reduce the spread of disease.

Improved access to sanitation (toilets, latrines) and water means improving the lives of everyone in a community. For women and girls, especially, increasing access to water means less time spent walking far distances to get water, and more time spent at school, or doing other productive activities.
Activity 1: (recommended for High School Students)

Activity Outline:
This activity aims to actively engage students on the topic of water and sanitation by asking them to physically explore how they access water in their everyday lives and immediate environment. The screening of the video reveals the real-life challenges people living in poverty face in accessing the most basic of human needs: water. Through reflection and discussion, students will gain a deeper understanding of how water and sanitation impact the lives of the world’s poorest people.

Materials (suggested):

- Internet access
- Poster paper
- Colored pencils/paint/highlighters etc.

Activity Instructions:

1. Break into small groups and ask students to write a list of all the activities they do that require water, from morning to night. (Even those that they might not do themselves, like washing dishes).
2. Go outside and map all the water points in the building i.e. water fountains, toilets, water storage places, etc. Students may record this information on a visual map/drawing or write a list.
3. Discuss maps/lists.
   a. Are you surprised at how much water we use?
   b. How available is our water compared to other countries?
4. Screen this [http://www.youtube.com/watch?v=SQYd_OQD2ng](http://www.youtube.com/watch?v=SQYd_OQD2ng) about how water is accessed in South Sudan. (This video might not be suitable for younger students). Discuss the questions below.

Discussion Questions (after the video):

1. How is Eliza’s means of accessing water in South Sudan different from children’s in the United States or other developing countries?
2. What are some of the limitations Eliza has in getting safe drinking water?
3. What are the dangers she faces in collecting and drinking the water?
4. What are some solutions that CARE and similar organizations offer?

Activity 2:
Teachers show the first 2-3 minutes of this video to their students:
https://www.youtube.com/watch?v=nUl7borbziJ

Discussions can be with elementary, middle or high school students

Elementary

1. Where do we use the bathroom at school?
2. Who cleans their bathroom at home?
3. Do you clean the bathroom here at school?
4. What do we use in the bathroom? (water, toilet paper, sinks, soap, paper towels). What do you remember from the video?
5. What if you had to go to the bathroom when at school and there was nowhere to go?
6. Can you draw something you remember about the schools you saw in the video?

Middle School/High School

1. What would it be like to carry water to school every day?
2. What would it be like if your school had no running water?
3. What if you had to clean the toilets? What if you had no toilet paper?
4. What if there was no door on the bathroom? Does this mean different things for girls than for boys?
5. Discussion about what they noticed in the video - what life would be like if this was their school. Did they notice the uniforms? The shoes? The classrooms?
6. For those of us in developed countries, running water, drinking fountains, toilets and restrooms are part of our homes and schools that we can easily take for granted. For students in developing countries, water and clean toilets can be a luxury, to say nothing of playgrounds or computer labs. (Most rural schools do not have electricity).

High School
Read the case study. Why does this mother have to go far to collect water? What does she fear? What will change once they have water piped into their house?
Lazos de Agua: Water governance and facilitating water access at scale

Gabriela Pérez, 27, is a mother of three small children in the remote community of Granadillas in the Western highlands of Guatemala. For most of her life she has spent hours each day collecting water for her family. She left school at the age of 11 to help with household chores, which begin with water collection. She walks a half hour to the river to wash clothes. And when she goes to collect drinking water, sometimes at night, she’s afraid. She is afraid of wild animals, (such as snakes) but mostly of men — of sexual assault, or rape. But she faces these fears in order to bring water to her children, for cooking, bathing, drinking and house cleaning.

Through the Lazos de Agua program, CARE works directly with communities such as Granadillas. The program is also working with the municipal government of Tacana to ensure that the local government can support lasting water and sanitation services for the families of Granadillas.

Now CARE is working in coordination with the government to fund a water system that will pipe water directly into Gabriela’s home.

Gabriela waits with excitement as the community masons complete construction of the water system, and she has already set aside payment for the first month’s water bill. “Water is life,” she says. “My life will change, my childrens’ lives will change. They will be able to study more. I will be able to spend more time growing and selling my crops. We’ve done this together - the municipality, CARE, the water committee and the community. We won’t go back to the way things used to be [before the water system].”
Join the movement
March 3, 2018
and sign up at
walk.care.org
#WalkInHerShoes