

Gender? I'm sorry, this is an emergency!

By Mireia Cano Vinas

In life-and-death situations, gender equality might be seen as a luxury, something to be dealt with later... But in reality, 'gender is neither a luxury nor a matter of giving privileges to women over men, or vice versa. Gender equality is about ensuring that the protection and assistance provided in emergencies is planned and implemented in a way that benefits women and men equally, taking into account an analysis of their needs as well as their capacities' (IASC Gender Handbook).

Rape by armed actors, pregnant women giving birth on the run — these are the aspects of gender in emergencies that often make the headlines. And in the Democratic Republic of Congo (DRC), where I worked as Gender and Gender-based Violence Coordinator, these are some of the most devastating aspects. But as CARE moves forward in mainstreaming gender into our emergency work, it is also the everyday issues of gender, and trying to meet the different needs of men and women, boys and girls, in a crisis, that we must address in all sectors of our programming.

This is an example of how our water, sanitation and hygiene (WASH) intervention addressed gender and gender-based

violence issues in Mighobwe, a large village on the main road running north-south through North Kivu, DRC. The village saw a large influx of internally displaced people (IDPs) from surrounding rural areas in February 2009 due to conflict between different armed groups. IDPs took shelter with host families who agreed to take them in; in some cases, we saw as many as six families sleeping in a small kitchen, with men taking one side and the women and children the other.

The water sources soon became insufficient to meet demand. As collecting water is a task socially assigned to women and girls in DRC, they were venturing out further into the forest to collect water. That not only added to their already heavy household workload, but also exposed them to violence. These were concerns that were frequently raised during separate focus group discussions with men and women, so CARE started a multi-sectoral assistance project that comprised not only the WASH sector but also shelter, distribution of food and



CARE/Mireia Cano Vinas

During an IDP crisis in the Democratic Republic of Congo, CARE supported a health centre in the Kasongo health zone of Maniema province, promoting access to reproductive health services for both women and men.

emergency supplies, and prevention and response to gender-based violence.

To ensure the mainstreaming of gender in the WASH intervention (the same was done for the other sectors), CARE held a preparatory workshop with elected community members comprising equal numbers of men and women and representing both the IDPs and the host families. CARE staff shared the gender sheet developed by the WASH Cluster with the

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The CARE in emergencies newsletter is published quarterly by the CARE Emergencies Group in Geneva, Switzerland. To submit ideas, articles, corrections or complaints, please contact Melanie Brooks: brooks@careinternational.org. The views in this newsletter are those of the authors, and do not necessarily reflect the opinions of CARE International.

World Humanitarian Day

On August 19, we commemorate aid workers who died trying to help others, and raise awareness of humanitarian work and the principles that guide it. Watch the film, learn more about humanitarianism, and get involved.

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After-hours reading list

CARE staff from around the world offer their suggestions for humanitarian reading. Whether you're new to emergency work or an old hand, lover of fiction or non-fiction, you'll find something on CARE's after hours reading list.

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EMERGENCIES AT A GLANCE: Some of CARE's most recent emergency responses around the world



Niger food crisis

Some 7.1 million people in Niger — more than half the population — are enduring severe hunger following a disastrous rainy season and poor harvest. CARE launched a US\$7-million appeal to fund immediate activities such as cash-based interventions (cash transfers and cash-for-work) to help poor families meet their food requirements throughout the lean season and to

purchase seeds for the planting season; emergency food distributions, particularly targeting schoolchildren and the most vulnerable; nutrition interventions for malnourished children, children under five and pregnant/breastfeeding women; and helping pastoralists protect their livestock by improving water access points, rehabilitating and protecting pasture land, and ensuring access to animal feed.

Population affected: 7.1 million people
Population reached by CARE: 147,343 people

Earthquake in Haiti

The 7.0-magnitude earthquake that struck Haiti Jan. 12, 2010 killed more than 222,000 people and left nearly 1.5 million people homeless. Tens of thousands of homes and businesses were damaged or destroyed. CARE responded immediately with food, water, emergency supplies and shelter, health support, and water and sanitation facilities, and is working to prevent gender-based violence in the camps. Six months after the disaster, CARE is working with other agencies to strengthen and provide transitional shelter in time for the hurricane season. CARE is currently implementing a five-year emergency response plan to help the people recover and rebuild.

Population affected: 1.5 million displaced, 222,570 killed
Population reached by CARE: 330,000 people

Floods in Myanmar

Sixty-three people are reported dead and 178,000 people affected as a result of flooding and mudslides from heavy monsoon rains that began June 14. Effects include damage to homes, major roads and bridges; loss of seeds, stored food and livestock; and contamination of agricultural lands. CARE began food distributions in coordination with WFP, and distributed additional relief items such as tarpaulins, blankets, mosquito nets, jerry cans, and cooking and hygiene items.

Population affected: 178,000 people
Population reached by CARE: 50,000 people

Kyrgyzstan conflict

An inter-ethnic conflict erupted in southern Kyrgyzstan on June 11. More than 200 people were killed and 400,000 displaced; 100,000 refugees fled into neighboring Uzbekistan, while an estimated 300,000 people fled to other regions of Kyrgyzstan. As CARE does not have a presence in either country, we sent a small assessment team to determine if CARE could be of assistance to fill any gaps, and distributed a shipment of water purification tablets through Mercy Corps, our partner in Kyrgyzstan. As many people have returned to their homes, it is unlikely that CARE will mount a larger response.

Population affected: 400,000 people displaced
Population reached by CARE: to be determined

Landslides in Brazil

The worst rains in 50 years caused severe flooding across the state of Rio de Janeiro in April, triggering landslides that washed away or buried houses in some of the poorest neighbourhoods and shantytowns. CARE immediately provided safe drinking water and hygiene kits to 17,230 people, helped repair a public shelter for 120 families, and provided water quality testing kits and training on their use to community health promoters.

Population affected: 62,075 people
Population reached by CARE: 17,230 people

CARE's response: by the numbers

(ongoing/new emergency responses this quarter)

3: number of conflicts CARE responded to

15: number of natural disasters CARE responded to

12: number of complex/chronic crises CARE responded to

3.5 million: total number of beneficiaries CARE reached

60 million: total number of people affected by those crises

Natural disasters

- .Afghanistan: earthquake
- .Brazil: mudslides
- .Cambodia: typhoon
- .Chile: earthquake
- .El Salvador: floods
- .Guatemala: floods
- .Haiti: earthquake
- .India: floods
- .India, Bangladesh: cyclone
- .Indonesia: earthquake
- .Madagascar: storm
- .Myanmar: floods, cyclone
- .Peru: floods
- .Tanzania: floods

Complex/chronic

- .Chad: Darfur refugees
- .Chad: CAR refugees
- .Ethiopia: drought/food crisis
- .Kenya: drought/food crisis
- .Kenya: Somali refugees
- .Niger: food crisis
- .Somalia: drought/food crisis
- .South Sudan: drought/food crisis
- .Sudan: Darfur IDPs
- .Uganda: DRC refugees
- .Gaza: conflict/blockade
- .Zimbabwe: food crisis

Conflicts

- .Sri Lanka
- .Pakistan
- .Yemen

Gender? I'm sorry, this is an emergency!

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help of a UN Gender Advisor which included six minimum engagements for ensuring the safety and dignity of women, girls, boys and men in a WASH intervention (see diagram below). These six steps are concrete and easy to implement. The community provided input and became the main monitors in implementing the six steps.

This is only an example of practical steps to mainstream gender across any sector, while at the same time preventing gender-based violence, sexual exploitation and abuse, according to CARE's global commitment to 'promote equal realization of dignity and human rights for girls, women, boys and men'.

CI's Strategic Plan 2007-2012 prioritizes strengthening CARE's emergency

capacities, and gender is a priority issue within the emergency strategy. CARE's work in development and emergencies around the world is guided by the **CI Gender Policy** and the **Prevention of Sexual Exploitation and Abuse Policy**, both approved by the CI Board in 2009, therefore binding for all CI offices. Another important decision in 2009 was the CI Board decision 'to align CARE's brand globally around the theme of women's and girls' empowerment'.

These key documents guide the **Gender in Emergencies strategy**, first drafted in 2007. A Gender in Emergencies Taskforce is updating it to our current context and priorities and ensuring it links to wider CI initiatives. The strategy aims to strengthen CARE's gender approach to ensure a positive impact on women and men, boys and girls affected by emergencies. After its launch in the next few months, we expect the involvement of all country offices and CI

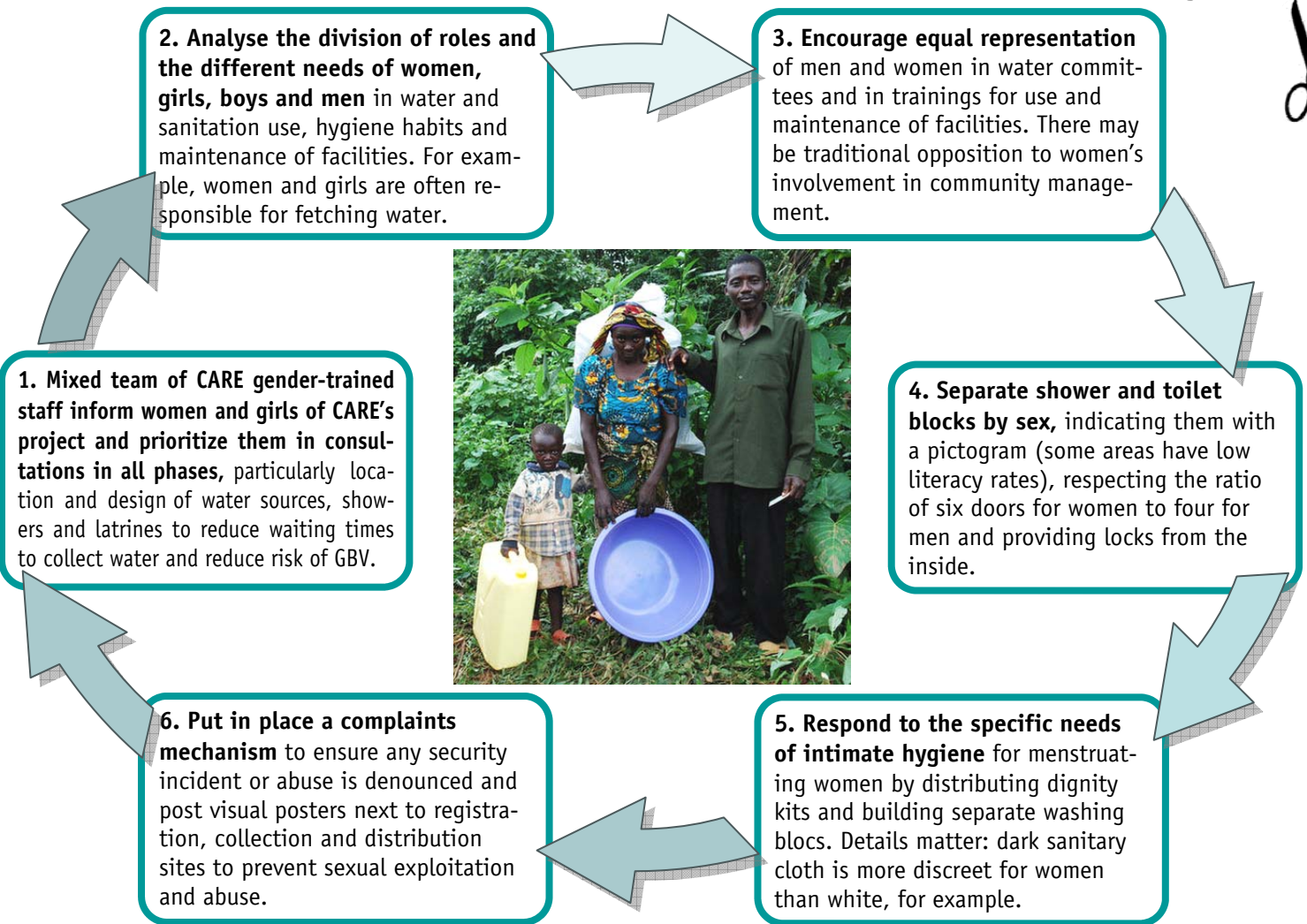
Gender resources

- **IASC Gender e-learning course** is a self-paced three-hour course on effective integration of gender equality in humanitarian programs. www.interaction.org/iasc-gender-elearning
- **CARE Emergency Toolkit** gender section explains CARE's gender approach in emergencies. www.careemergencytoolkit.org/gender/
Username: cet@care.org; Password: staff

members to roll it out, adapt it to their local reality, use it as a working document to be regularly updated, improved, and above all, useful on the ground. Mainstreaming gender in emergency work not only helps us meet the needs of all people affected by crises, but helps us prevent or lessen the impact of new problems such as gender-based violence, sexual exploitation and abuse.

Mireia Cano Vinas is the new Gender in Emergencies Advisor for the CARE Emergency Group.

HOW TO: mainstream gender into a WASH* project



*WASH: Water, Sanitation and Hygiene

WORLD HUMANITARIAN DAY



19 August
2010



August 19 is the second annual World Humanitarian Day. In 2010 the day will raise awareness of what it means to be a humanitarian aid worker by describing the work they do, explaining the principles all humanitarians are guided by, and portraying the hazards humanitarian workers face. The day will also honour aid workers who have been killed or injured in the course of their work. The day was officially established in 2008 and is an opportunity to increase public support for humanitarian work worldwide. This year's theme is "We are humanitarian aid workers".

Why August 19? Seven years ago, on Aug. 19, 2003, the United Nations office in Iraq was bombed and 22 people lost their lives. Prior to that date, and since then, many other humanitarian workers have lost their lives. The most recent large-scale loss occurred as a result of the January 2010 earthquake in Haiti. World Humanitarian Day has its origins in Iraq but in this, its second year, the aim is to make the day genuinely reflective of the global humanitarian community.

Get involved: This year's World Humanitarian Day film features humanitarian workers from aid agencies and UN organizations (including CARE!) from around the world, and will be broadcast globally and spread virally online through Facebook, websites and other social media. For more information and to find out what events are planned around the world and how you can participate, visit: ochaonline.un.org/whd. Spread the word, get involved, and tell the world: "We are humanitarian aid workers".

Marc de Lamotte, the Regional Director for the West Africa Regional Management Unit, participated in the CARE Emergency Leadership and Management Program, a week-long training designed for CARE's most senior managers. He explains how the program strengthens the ability to lead in complex, high-risk emergency environments, and deliver high quality, effective responses.

"Truly effective leaders are distinguished by a high degree of emotional intelligence." At the Emergency Leadership and Management Program, I could demonstrate through a role play how easy it is to recognize someone with a complete lack of emotional intelligence, and this reinforced my strong conviction that emotional intelligence is a cornerstone for leaders and managers. We need to devote far more energy to it, and if it is true in normal life it is exacerbated during an emergency, when stress is affecting all individuals and when emotions are emerging (or not) in so many different and varied ways...

I also learned that while my leadership style is generally "Affiliative", "Coaching" and "Democratic", I need to increase the use of "Pacesetter" style, which consists of setting the pace for achieving certain objectives. Setting high-performance standards for myself and others — the "Commanding" style — can be appropriate in some instances and particularly during emergencies when staff need direction and to be reassured that there is a captain in command.

Do we all know that CARE International has a [Humanitarian Mandate](#)? We all must recognize that responding to humanitarian emergencies is an essential part of CARE's work to fight poverty and injustice. While we started to reflect on it in West



Evelyn Hockstein/CARE

Africa and especially through a reflection about how to integrate emergencies into our programming, more efforts must be made to ensure that all of our staff understand the mandate and that we are all accountable for it!

Emergencies, staff safety and security are clearly linked and again we must all be accountable. We must all feel responsible and stand together as there is nothing more important than human life. A bad boss is more stressful than war, aid workers say and "without emotional intelligence a person can have first-class training, an incisive mind and an endless supply of good ideas, but he or she still won't be a great leader and no doubt emotional intelligence and measurable business results are tied." I highly recommend this course to everyone, and senior staff in particular — an important event in our careers.

For more information about the leadership program, contact Megan Chisholm at chisholm@careinternational.org.

What is our humanitarian mandate?

We refer to our 'humanitarian mandate' when deciding whether or not to intervene in a crisis or how outspoken we can be in advocacy around sensitive issues such as conflict, violations of humanitarian law, or complex emergencies. CARE International's Humanitarian Mandate statement articulates CARE's commitment to the humanitarian imperative in line with our vision, mission, and program principles.



CARE INTERNATIONAL'S HUMANITARIAN MANDATE STATEMENT

GOAL

- Responding to humanitarian emergencies is an essential part of CARE's work to fight poverty and injustice and we recognize that emergencies are a cause and effect of both. CARE helps people cope with crises through disaster risk reduction, emergency relief, preparedness and post-crisis recovery.

OBJECTIVES

- The primary objective of humanitarian response is to meet immediate needs of affected populations in the poorest communities in the world. Recognizing that people have the fundamental right to life with dignity, CARE also strives to address the underlying causes of people's vulnerability. • CARE is a major force in humanitarian response and has a responsibility as a leader in the sector to demonstrate the highest standards of effectiveness and quality.

PRINCIPLES

- CARE is a signatory of and holds itself accountable to accepted international humanitarian principles, standards and codes of conduct, including the Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, and the Sphere and Humanitarian Accountability Partnership principles and standards. • CARE adheres to the principle of impartiality so that we provide assistance on the basis of need regardless of race, creed or nationality. CARE is committed to addressing the rights of vulnerable groups, particularly women and children, in times of crisis. • CARE upholds the principle of working independently of political, commercial, military, or religious objectives and promotes the protection of humanitarian space.

APPROACH

- CARE believes that local capacity can provide the most effective response to emergencies. However, by their very nature, emergencies often overwhelm local capacities, and in such situations CARE will respond in an appropriate, timely and effective way.
- CARE will respond wherever we can add value by:
 - . Providing additional resources
 - . Enhancing the quality of response
 - . Committing to longer-term solutions
 - . Building local capacities
- We have a range of response options:
 - . Providing direct relief
 - . Working with and through partners
 - . Advocating with national and international bodies
 - . Keeping the general public informed
- CARE develops focused expertise both operationally and at the global policy level in certain specific humanitarian areas. • In keeping with our programming principles, CARE develops both local and international partnerships to strengthen local capacities and to add value through collaborative approaches. • CARE brings a longer-term view to its humanitarian work, including supporting people to be less vulnerable to disasters in the first place. Where appropriate, our programs link emergency relief, recovery, and long-term development, and include measures for disaster preparedness and risk reduction.



MYANMAR: First a cyclone, now a drought

By Emma Renowden

Although southern Myanmar has seen significant improvements on the ground since Cyclone Nargis struck on May 2, 2008, a largely untold tragedy continues to inflict hardship and suffering on the people of the Delta more than two years later.

Prolonged dry seasons in 2009 and 2010 have drained traditional water sources and hampered coping mechanisms such as community ponds. The result has been devastating water shortages, which have among other things threatened the health and livelihoods of those affected. In many cases, women are forced to walk for kilometres in search of another water source, only to return to their families empty handed. The use of remaining river water and other poor-quality sources has led to increased rates of diarrhoea and waterborne disease.

During both dry seasons, CARE has been a leader within the efforts to alleviate suffering and build lasting solutions. Through our water, sanitation and hygiene activities, CARE has coordinated the delivery of crucial supplies such as fuel and potable water, and oral rehydration salts to treat diarrhoea. CARE contributed to the construction of temporary water tanks (shown above), distribution of traditional water pots, and refurbished community ponds in the worst-affected areas. These efforts continued until the end of May this year when the monsoon rains first began.

In the long term, CARE is committed to behavioural change around hygiene practices, safe water usage and access, and drawing on existing local knowledge. CARE promoted improved hygiene practices, through the provision of sanitary kits containing soap and towels, and reinforced key messages on posters and pamphlets which were displayed at communal water points. With support and training from CARE, the hygiene promotion sessions were carried out by community health workers who also facilitated monthly Women's Health Group sessions. As a result, community feedback indicates that more households are switching from creek water to pond water, and fencing ponds to protect them from contamination by cattle.

Long after headlines have faded and the eyes of the world have shifted elsewhere, CARE remains committed to bringing about meaningful recovery in this beautiful but poverty-stricken country. We are providing ongoing assistance to 98 villages in Yangon and Ayeayarwady divisions through our water, sanitation and hygiene, livelihoods and disaster risk reduction interventions, helping people prepare for and reduce the impact of future crises.

Emma Renowden is Senior Program Officer – Disaster Risk Reduction & Communications for CARE Myanmar.

IN BRIEF

• **John Holmes, Under-Secretary-General and Emergency Relief Coordinator (USG-ERC)**, will step down later this year. The USG-ERC oversees all emergencies involving UN humanitarian assistance and is the focal point for coordinating relief activities. **Baroness Valerie Amos** was appointed the new USG-ERC, with her start date to be determined.

• **Humanitarian advocacy:** Advocacy and program staff from CI members and COs met in Geneva to map out CARE's advocacy priorities. A key recommendation included to apply CARE's women and girls' empowerment platform to our humanitarian advocacy, particularly by focusing on women, peace and security.

• **Haiti Advisory Committee:** CARE's Haiti Emergency Response Advisory Committee (HERAC), a group of senior managers from across CI charged with supporting the Haiti response, visited Haiti in June. HERAC commended the rapid, quality emergency response and dedication of CARE Haiti staff, but outlined crucial steps that must be taken to meet the needs of the Haiti program in order to ensure continued quality programming, particularly in staffing and hurricane preparedness.

• **Asia Emergency Coordinator:** The Asia Regional Emergency Coordinator position was approved by the CI Board, and recruitment is underway. This means CARE will soon have emergency staff based in every CARE region in the world, ready to deploy and support country office preparedness, strengthening our ability to respond quickly and effectively to crises.

• **Fundraising for emergencies:** CI's Emergency Response Working Group (ERWG) launched the fundraising-for-emergencies strategy to strengthen CARE's fundraising for emergency work to ensure we can match our good responses in the field with the resources they need.

• **CI accountability:** The CI Board agreed that CARE's Humanitarian Accountability Framework, launched in February, should be adapted to become an Accountability Framework for all CARE programs — development and emergency.

FROM THE FIELD

Survival in Guilley: the power of women

By Niandou Ibrahim

Guilley, a village deep in Niger, reflects the impact of the food crisis that 6,130 villages are living through in Niger. But Guilley also reflects the resilience and the resourcefulness of women in coping through crises in the Sahel.

Located 650 kilometres from the capital of Niamey and at least 100 kilometres from the nearest paved road, 252 families live in the village of Guilley — 205 of which are extremely vulnerable to the current food insecurity.

The people of Guilley welcome us in a hazy twilight, with smiles numerous but strained, considering the context of the ongoing crisis. On this day of the normally animated weekly market, the village seems to be living in slow motion. Songs and dances seem to have been replaced by interminable murmurs and sighs that accompany the many and unending discussions around food. In the distance, beyond the water tower overlooking the village, several skeletal goats laboriously attempt to clamber up a hill in a desperate search for a few blades of grass on which to graze.

"Here, people and animals fight to survive in the face of this year's particularly vicious food crisis, where markets are full of food but people don't have money to buy it," said Aicha Baja, a resident of the village who received us into her house, according to local custom.

"I am well placed to know, as head of the household, but also as one of those responsible for the management of collective prevention and coping activities," she added.

Nearly 60 years old, widowed and responsible for a household of six people, Aicha Baja knows food crises, their symptoms, their consequences and the survival strategies — from the most accepted, to the most morally challenging. In Niger, it is the women who implement household coping strategies during food crises. Women, for example, are responsible for rationing meals or for harvesting leaves and wild fruits to supplement



CARE/Niandou Ibrahim

the family's diet. When all this isn't enough, it is the small animals — the women's savings — that are sold to buy food.

"All these strategies aren't working any more, because wild fruits haven't been growing this year because of the drought, and the animals are fetching a low price on the market because of low demand... If we are still standing in Guilley, it's certainly because of our risk reduction program that we implement with CARE," said Aicha.

Aicha Baja is part of a group of five women elected by the women of the village to manage three activities for the past three years in collaboration with CARE, and funding from DFID, to reduce risks from disasters: cash transfers, savings and loan groups, and the creation of a local stockpile of cereals.

The cash transfer in Guilley, of a total of US\$23,000, has helped 131 extremely vulnerable women between March and December 2009. Aicha, who had just lost her sight, used a part of the money (US\$113) to have an eye operation at the hospital 200 kilometres away. The other part of the money she used to purchase two animals, which have since multiplied into a veritable little herd. In Guilley, 2,327 animals were purchased by the women using the CARE

In Guilley village, 205 out of 252 households are extremely vulnerable in the food crisis that is affecting more than half the population of Niger. Aicha Baja (above left) is part of the elected village committee to manage the three disaster risk reduction initiatives developed by CARE that have helped the village cope with the crisis.

cash transfer. As of March 2010, the herd had grown to 2,967 animals in this village.

The savings and loan group operates with technical support from CARE across four women's groups of approximately 40 women each. Savings of US\$1,300 deposited by the women now enables members to access microcredit and to lead entrepreneurial initiatives that help them reduce the risks of household shocks such as the food crisis.

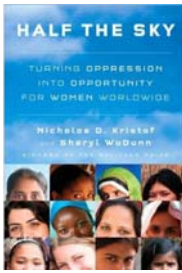
The creation of the village cereal stockpile is one of the women's initiatives, to ensure availability and access to food. CARE helped the women with an initial supply of sorghum and through training for the management committee, of which Aicha Baja is a member.

"The existence of this stockpile is reassuring for our village. Thanks to this stockpile, we have certainty that we can stabilize our workforce for the coming field work, and we have control over the prices," she said.

Niandou Ibrahim is Communications Officer for CARE Niger.

After-hours reading: top staff picks

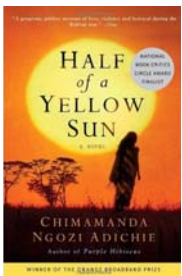
Non-fiction



Half the Sky is a passionate call to arms against our era's most pervasive human rights violation: the oppression of women and girls in the developing world. Pulitzer Prize winners

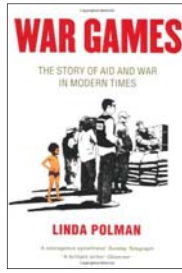
Nicholas D. Kristof and Sheryl WuDunn undertake an odyssey through Africa and Asia to meet the extraordinary women struggling there, among them a Cambodian teenager sold into sex slavery and an Ethiopian woman who suffered devastating injuries in childbirth. Drawing on the breadth of their combined reporting experience, Kristof and WuDunn depict our world with anger, sadness, clarity, and, ultimately, hope.

Fiction



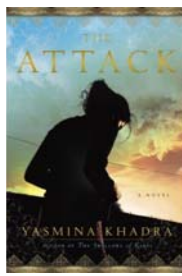
Half of a Yellow Sun by **Chimamanda Ngozi Adichie** recreates a seminal moment in African history: Biafra's struggle to establish an independent republic in Nigeria, and the chilling violence that followed. Thirteen-

year-old Ugwu works as a houseboy for a university professor full of revolutionary zeal. Olanna is the professor's beautiful mistress, who has abandoned her life of privilege for a dusty university town and the charisma of her lover. And Richard is a shy Englishman in thrall to Olanna's twin sister, who refuses to belong to anyone. As Nigerian troops advance and they run for their lives, their ideals and loyalties to each other are tested.



From Rwanda to Afghanistan, from Sudan to Iraq, this brilliantly written and at times blackly funny work of reportage shows how the humanitarian aid industry, the media and warmongers the world

over are locked in a cycle of mutual support. Drawing on her decades of first-hand experience, **Linda Polman's War Games** introduces us to the key players in this twisted game, to the aid workers and the warlords themselves. Among many others, there is the rebel soldier who explains that war does not mean fighting: 'W.A.R. means Waste All Resources. Destroy everything. Then you people will come and fix it.'



In **The Attack**, by **Yasmina Khadra**, Dr. Amin Jaafari is a man caught between two worlds; he's a Bedouin Arab surgeon struggling to integrate into Israeli society. The balancing act becomes impossible

when the terrorist responsible for a suicide bombing that claims 20 lives, including many children, is identified as Jaafari's wife by the police. Jaafari's disbelief that his secular, loving spouse committed the atrocity is overcome when he receives a letter from her posthumously. In an effort to make sense of her decision, Jaafari plunges into the Palestinian territories to discover the forces that recruited her.

Other favourites and must-reads:

- . **Dead Aid: Why Aid Is Not Working and How There Is a Better Way for Africa**, by **Dambisa Moyo**
- . **Three Cups of Tea: One Man's Mission to Promote Peace... One School at a Time**, by **Greg Mortenson**
- . **A Bed for the Night: Humanitarianism in Crisis**, by **David Rieff**
- . **Un dimanche à la piscine à Kigali**, by **Gil Courtemanche**
- . **An Imperfect Offering: Humanitarian Action in the Twenty-First Century**, by **James Orbinski**
- . **What is the What**, by **Dave Eggers**
- . **Say You're One of Them**, by **Uwem Akpan**
- . **The Kite Runner and A Thousand Splendid Suns**, by **Khaled Hosseini**

What we're reading...

The Gate, by **François Bizot**. *The Gate* reflects on the chaos of a conflict situation, in this case under the Khmer Rouge in Cambodia. -**Robert Glasser**, CARE International Secretary-General

Les causes perdues, by **Jean-Christophe Rufin**. Written by one of the founding members of MSF, this novel looks at a French humanitarian response to a famine in Eritrea in 1985. -**Loïc Cohen**, Logistics Coordinator, CARE Emergency Group

Emma's War, by **Deborah Scroggins**. "It reads like a novel, mainly because it's such a crazy (but true) story: A 27-year-old British aid worker marries a rebel leader in South Sudan during the civil war, shocking the NGO and UN community and violating the core humanitarian principle of neutrality." -**Melanie Brooks**, CI Media and Communications Coordinator

The Koran. "It's extraordinary how these days, humanitarian action is defined through the lens of Islamic principles. Attitude and behaviour change in conservative communities can be very effective if we speak the same language. The Koran is essential summer reading for aid workers." -**Jennifer Rowell**, CARE Afghanistan Advocacy Coordinator

Shaping the Humanitarian World, by **Peter Walker and Daniel G. Maxwell**. "A good, basic guide to what humanitarianism is all about." -**Jonathan Mitchell**, Emergency Response Director, CARE Emergency Group

Humanitaire : s'adapter ou renoncer, by **Pierre Micheletti**. In the past 10 years, more than 1,100 humanitarians have been killed during relief operations. Why are aid agencies being targeted? -**Pascal Daudin**, CI Safety and Security Director

The Man Who Tried to Save the World: The Dangerous Life and Mysterious Disappearance of Fred Cuny, by **Scott Anderson**. A war correspondent tracks the life of Fred Cuny, an enigmatic relief worker known as the "Master of Disaster" who went missing in 1995 in Chechnya. -**John Solomon**, Assistant Country Director Program Support, CARE South Africa