

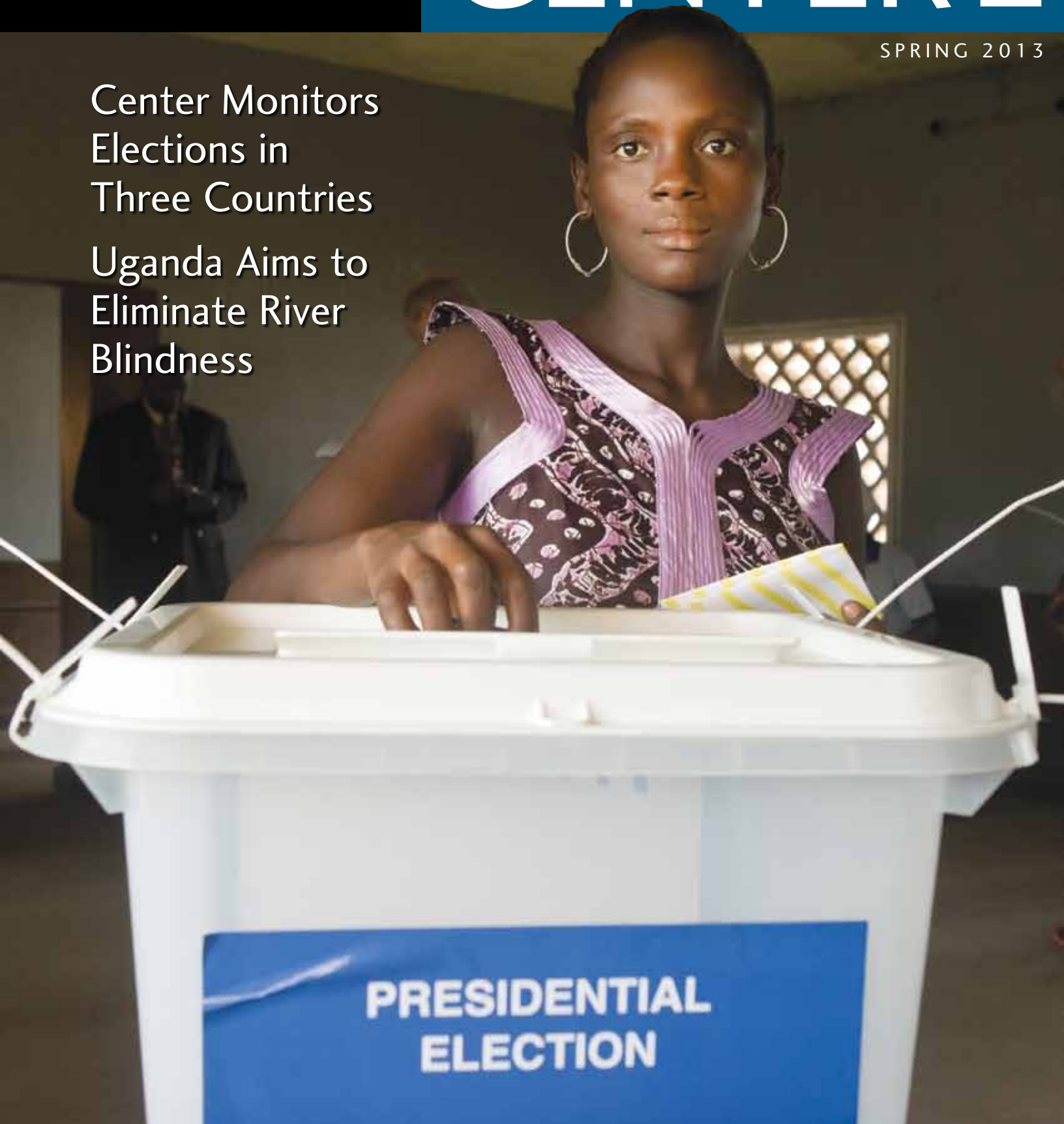
THE
CARTER CENTER



CARTER CENTER NEWS

SPRING 2013

Center Monitors
Elections in
Three Countries
Uganda Aims to
Eliminate River
Blindness



WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

SPRING 2013

CARTER CENTER NEWS

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ON THE COVER

A Sierra Leonean woman casts her vote for president in November 2012. The Carter Center observed the elections, which were the first to be self-administered since the end of the war and a significant step toward a functioning post-conflict democracy.



From the President and CEO

Achievements Form Foundation for Long-Term Change

Our goal at The Carter Center is to bring about lasting positive change in some of the most unstable and poverty stricken nations on earth. Although this can take decades, we see transformation taking place through ongoing successes. Already 2013 has brought numerous achievements on the road to a more peaceful and healthy global community.

In January, The Carter Center embarked on its 94th election mission, deploying a team of observers in Kenya for March presiden-



Esther Forkpa, 46, is one of Liberia's new mental health clinicians, trained through a Carter Center-supported program.

tial and general elections to help ensure a safe process that reflected the will of the voters. Each successful election strengthens the promise of democracy that, through self-governance, citizens will secure the human rights and freedoms to which they are entitled.

North of Kenya, the Center launched a series of dialogues to create understanding and strengthen peace between Sudan and newly independent South Sudan, regions where we have been involved since 1986 to help resolve longstanding conflicts and support democratic advances.

As the Center's peace programs work to soothe tensions between the two Sudans, its health programs are entering the final stage of the battle against Guinea worm disease, primarily in a handful of isolated areas of South Sudan. At the end of 2012, the number of cases in the world hit a record low of 542, down from an estimated 3.5 million in 1986.

In Liberia, where an estimated 300,000 people suffer from mental illnesses, every county now has access to at least one locally trained and credentialed mental health clinician. This comes as the fourth class graduates from the Carter Center's mental health training program in Liberia and a new cohort begins.

Another mental health milestone, the Rosalynn Carter Fellowships for Mental Health Journalism, founded to improve the quality of mental health reporting, launched an arm to award two annual scholarships to local journalists in Colombia. Story by story, journalists are combating stigma against people with mental illnesses.

The Carter Center looks forward to continuing our partnerships with the people of these and many other nations as they build a foundation of hope for the future.



John Hardman, M.D., is president and chief executive officer of The Carter Center.

Center Delegation Meets with Nepal, Myanmar Groups

Former U.S. President Jimmy Carter visited Nepal and Myanmar from March 29 to April 6 to advance Carter Center goals in both countries.

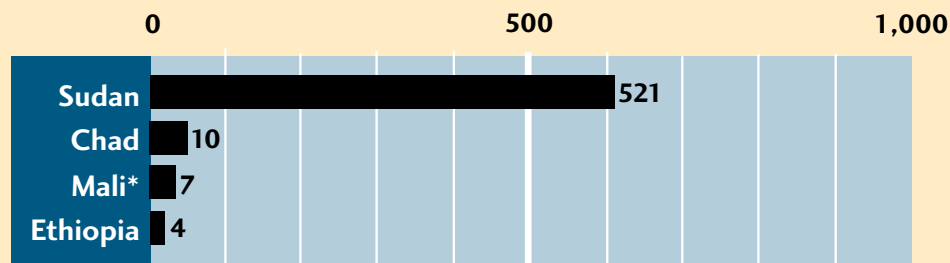
In Nepal, where the Center has been active since 2004, President Carter and staff met with government officials, political party leaders, and civil society representatives in support of Carter Center long-term political transition monitoring and to encourage progress toward holding delayed national and local elections. At the end of the trip, President Carter outlined at a press conference his hopes for Nepal, which included an improved commitment to peace and equality for all citizens, a federalist democracy, the drafting of a new constitution, and successful elections. The Carter Center will observe and assist in these activities as requested.

President Carter then led a Carter Center group to Myanmar, where the Center is exploring ways to support the country's ongoing democratic transition. The delegation met with government and political leaders and civil society representatives. The Carter Center plans to open an office in Myanmar to prepare for potential monitoring of voter registration and 2015 elections.

In Myanmar, former U.S. President Jimmy Carter and former First Lady Rosalynn Carter visit Schwedagon pagoda, thought to be the oldest Buddhist pagoda in the world. The Carters and a Carter Center delegation met with several groups to discuss how the Center might assist the country with its ongoing transition to democracy.



Distribution by Country of 542 Cases of Dracunculiasis Reported During 2012*



* Includes three cases exported from Mali to Niger.

Since 1986, 17 countries have stopped Guinea worm transmission: Ghana, 2010; Nigeria, 2008; Niger, 2008; Burkina Faso, 2006; Cote d'Ivoire, 2006; Togo, 2006; Benin, 2004; Mauritania, 2004; Uganda, 2003; Sudan, 2002; Central African Republic, 2001; Cameroon, 1997; Yemen, 1997; Senegal, 1997; India, 1996; Kenya, 1994; Pakistan, 1993.

Cases of Guinea Worm Disease Fall by Nearly Half in 2012

The international campaign to eradicate Guinea worm disease continued to make progress in 2012, when the number of cases fell by almost half from 2011. Only 542 cases of the parasitic disease in four countries were reported for 2012, down from 1,058 for 2011. Furthermore, fewer than 100 villages remain endemic for the disease. The Carter Center has led the global eradication effort since 1986 to rid the world of the painful scourge.

The vast majority—96 percent—of the disease can be found in South Sudan, and most of those cases—81 percent—can be found in the single county of Kapoeta East, making it the epicenter of Guinea worm in the world.

The other three countries contain just a handful of cases each: 10 cases in Chad, seven in Mali, and four in Ethiopia.

Sudan, South Sudan Try Dialogue for Lasting Peace

The Carter Center has launched a series of nongovernmental dialogues between prominent leaders from Sudan and South Sudan to strengthen peace and create lasting understanding between the two countries. The one-year project, in partnership with the Future Studies Center in Khartoum and the Ebony Center for Strategic Studies in Juba, provides a forum for key individuals to produce practical and achievable ideas toward those goals. The process is being facilitated by General Lazaro Sumbeiywo, chief mediator of the 2005 Sudan Comprehensive Peace Agreement, and complements ongoing international and regional peace efforts between Sudan and South Sudan under the auspices of the African Union.

Since South Sudan became a separate country in July 2011, the two nations have disagreed about the oil pipeline, oil revenues, and borders. "Civilians have unfortunately paid the price in these disputes," said Itonde Kakoma, assistant director of the Carter Center's Conflict Resolution Program. "The Carter Center aims to support progress already being made toward implementing nine agreements reached in September 2012 to resolve issues about oil, citizenship, and border security."

Center Watches Critical Elections in Kenya, Sierra Leone, Venezuela



In 2008, Audrey Kasandi remembers traveling to school in a convoy escorted by armed police for safety, seeing burned-down shells of houses and tented villages stretching across fields of internally displaced people in Kenya's Rift Valley as the country recoiled from postelection violence. Yet when the opportunity came for her to serve as deputy presiding officer of a polling station in March 2013, she jumped at the chance despite her fears.

"I wanted a front row seat to this historic election," she said.

The enthusiasm and hopefulness of young Kenyans like Kasandi were mirrored

by the lines that stretched in some cases for several kilometers on March 4, when voting took place in national general elections observed by The Carter Center.

A 60-person Carter Center delegation found that in spite of serious shortcomings in the election commission's management of technology and tabulation of results, the paper-based procedure for counting and tallying presented enough guarantees to preserve the will of Kenyan voters.

"The 2013 elections gave Kenyans their first opportunity to exercise their rights under a new constitution and to elect representatives to new bodies at the national

Long lines were the norm on election day in Kenya, due to enthusiasm over voting under a new constitution but also line mismanagement by the election commission. The Carter Center offered suggestions for improving future elections in a preliminary report.

and newly created county level," said Dr. John Stremlau, vice president of the Carter Center's peace programs, who co-led the Center's delegation along with Rupiah Banda, former president of Zambia. "This experiment in democracy is a work in progress, and we hope that all Kenyans will work together peacefully to strengthen democratic institutions," Stremlau said.



Dr. Stremlau and President Banda also led the Center's 40-person delegation to Sierra Leone's general elections in November 2012—the first the country has organized with little international assistance since the civil war ended a decade ago—and found the process to reflect the intent of voters, a promising sign for a country struggling to build a democratic society.

While the Center noted some limited administrative shortcomings, observers reported that the electoral process was well conducted by election commission officials, that polling staff performed admirably in difficult conditions, and that the people of



While observing in Kenya on March 4, Dr. John Stremlau of The Carter Center talks with Audrey Kasandi, deputy presiding officer at a Nairobi polling station. "It's encouraging to see such a highly motivated young person actively participating in the electoral process," said Dr. Stremlau.



A poll worker checks the name of a voter at a Freetown polling station during Sierra Leone's elections last fall.

Sierra Leone turned out in high numbers to cast their ballots freely.

In April, the Center sent a small delegation to Venezuela's snap presidential election that resulted after President Hugo Chavez's death in March. The group did not observe the April 4 election, but rather interviewed political actors and technical experts on the ground.

Election results favored Chavez's replacement, but by a much smaller margin than was expected. The difference between the incumbent party and the opposition party was fewer than 2 percentage points. The opposition refused to accept the results

that showed the government candidate won, and the situation became tense.

Although the winning candidate is moving forward with his government, Venezuelan society remains in turmoil for now. The Carter Center has urged the parties to adhere to the legal processes, engage in mutual recognition and dialogue, and cease dangerous verbal attacks. The Center continues to follow developments closely and will issue a report of findings.

Ugandan Lab Tests Blood, Flies Nonstop



David Oguttu oversees the laboratory in the Carter Center's Kampala, Uganda, field office that runs tests to determine the presence of river blindness.

At the Carter Center's field office in Kampala, the capital city of Uganda, there is a busy scientific laboratory that is devoted to a single cause: the surveillance, and ultimate elimination, of river blindness.

For the past five years, the lab has been focused on two exacting processes, performed hundreds of thousands of times. One is the analysis of blood samples using the OV-16 antigen to detect the presence of onchocerciasis microfilaria, the prelarval-stage parasitic worms that can infect the body. The other is the testing of black flies and "skin snips," or human tissue, to learn whether they contain the DNA of the parasite.

Volunteers and health workers in Uganda's 32 endemic districts collect these samples from community residents, pricking thousands of "blood spots" from children under age 10 and snipping skin from adults. Community members also gather fly samples the only way the pests can be caught: by using themselves as human bait, sitting beside fast-flowing waters and trapping the unsuspecting flies in bottles when they land to bite the skin.

Established in 2007 by The Carter Center and the Ministry of Health Vector Control Division, the lab tests about 17,000 blood samples each year. It's estimated that this lab has performed more OV-16 analysis than any other in the world—a process that was developed in the early 1990s by a scientist at the National Institutes of Health but was not put to use until Carter Center facilities began functioning.

It's estimated that this lab has performed more OV-16 analysis than any other in the world.

Overseeing this Olympic effort is David Oguttu, senior lab technician, who inhabits the lab as comfortably as though it's his kitchen at home—and he almost certainly spends more time there. A native of Uganda's Busia district, Oguttu holds a bachelor's degree in biomedical lab technology from Makerere University's School

of Entomology and Parasitology. Although his home district is not endemic for river blindness, Oguttu grew up seeing people in his village suffering and dying from another parasitic disease, schistosomiasis. He was moved to pursue his interest in biomedical science so that he could help through public health work.

In 2007, with sponsorship from The Carter Center, he was selected to travel to the United States for a five-week training program in practical molecular epidemiology, studying with Thomas Unnasch of the University of Alabama-Birmingham. Oguttu learned lab techniques including OV-16 testing and DNA analysis using a special machine that creates a polymerase chain reaction (PCR). When he returned, he trained eight other technicians to conduct these procedures, including Carter Center laboratory staff Monica Ngabirano and Christine Nahabwe.

"I enjoy lab work," Oguttu said. "When we started, the morbidity level was very high. Now we have reached all affected communities, conducting screenings and giving health education. Every mother is bringing her children, everybody wants our

From Control to Elimination

In 2002 the scientific community met at The Carter Center to explore the feasibility of global eradication of river blindness. The conference concluded that river blindness could be eliminated in the Americas, but not in Africa. That is, with ongoing interventions victims could be spared the worst of the disease, but transmission of river blindness would likely persist forever. Now, largely in part due to the Carter Center's successes in both Latin America and Africa using accelerated treatment of the medicine Mectizan,[®] donated by Merck, the prevailing opinions have changed. River blindness can be eliminated in Africa too.

As a world leader in disease eradication and elimination, The Carter Center now has set the goal of eliminating river blindness in all of the countries where it works. As such, the Center's River Blindness Program recently has been renamed the River Blindness Elimination Program.

"It has been really inspiring to see how the approach we are using to successfully eliminate river blindness in the Americas is now being enthusiastically adapted by some African countries, including Sudan, Uganda, and soon Ethiopia," said Frank O. Richards Jr., M.D., director of the Carter Center's River Blindness Elimination Program.



James Waya, 67, suffers from depigmented skin due to river blindness. The disease also causes severe and unbearable itching, leading sufferers to scratch their skin hard with rocks and sticks. With assistance from The Carter Center, Waya has been receiving treatment for river blindness for more than seven years.



Lab technician Christine Nahabwe prepares to test a blood sample to determine whether it has been exposed to onchocerciasis microfilaria, which cause river blindness. The lab's freezer contains thousands of blood samples.

services. This is a great achievement."

In the lab, the scientists store thousands of blood spots—each identified by date and location of collection—in a large freezer chest, where they await testing to determine the level of exposure to the onchocerciasis microfilaria. The serum samples are

placed in trays and exposed to the OV-16 antibody, which will produce a positive reaction if onchocerciasis is present. The black fly samples, of the species *Simulium*, are beheaded and their heads crushed so that DNA can be extracted and tested in the PCR machine. Both these methods of

analysis are extremely sensitive, which is a distinct advantage as rates of exposure become low.

Oguttu and the lab staff are seeing fewer and fewer positive responses, as river blindness transmission has been halted in several areas of the country. But it's estimated that more than a million people are still affected and another 2 million remain at risk. According to Oguttu, the statistical data they are producing in the lab are more important than ever as the country strives for elimination by 2020.

"We are the only lab doing this in Uganda," he said. "These are neglected tropical diseases. No one cares about them. We are the only department in Uganda going out into the communities to bring these services to the people. Sincerely, this is great work, and I am very grateful to be doing it."



Inside the CHEMAF factory in Lubumbashi, a worker cleans electrolysis ponds where copper plates are produced. The industrial mining sector in the DRC provides real hope for the country's future, but it is mismanaged and currently offers little benefit to local communities.

Report Fuels Activism in Congo Mining Communities

In the poor district of Tshiamilemba, in Katanga province, Democratic Republic of the Congo (DRC), 28-year-old mother of three Baarti Masida rolled up her sleeves to reveal chemical burns along the length of both arms, which appeared after she used water from a nearby well to wash clothes. Her neighbors had stomach problems after drinking from the same well. The community is next to the Chemical for Africa (CHEMAF) factory, and Masida and others have complained about potentially dangerous chemical discharges.

The Carter Center is working to enable Tshiamilemba and other local Congolese mining communities to seek redress for such human rights violations and to demand changes moving forward from both mining companies and government.

A yearlong study by the Center found that many residents of Tshiamilemba and Kabetsha, also in Katanga province, suffered health issues such as Parkinson's disease and respiratory problems, were displaced by mining operations, or had their land polluted. Findings from community interviews and soil, water, and air testing were published in a 2012 report that has led to promises of increased transparency, dialogue, and change from both the government and the CHEMAF corporation.

"Already we have seen an impact," said Elisabeth Caesens, project coordinator for The Carter Center. "High-level central government officials recently met with community members to discuss the impact

of mining operations—the first time the government has acknowledged some level of responsibility for companies' actions in the DRC."

Following the report's publication, CHEMAF identified more than 6,000 people who were displaced or had land expropriated because of its mining operations and recently paid compensation for their losses, with promises of more to come. Company representatives also said they plan to verify Carter Center findings in a transparent way, keeping the Center and local organizations informed.

Many residents feel validated that someone is finally listening to their concerns, and they finally are voicing hope that something will change.

"The laboratory results published in the Carter Center's report are consistent with what we've observed all along," said one resident of Tshiamilemba. "We ask the company to restore the environment to its previous state and pay damages for the harm they have caused. We demand that the government implement necessary measures to guarantee us an adequately healthy and clean environment, at the very least, to give our children the chance to live a little bit longer than us."

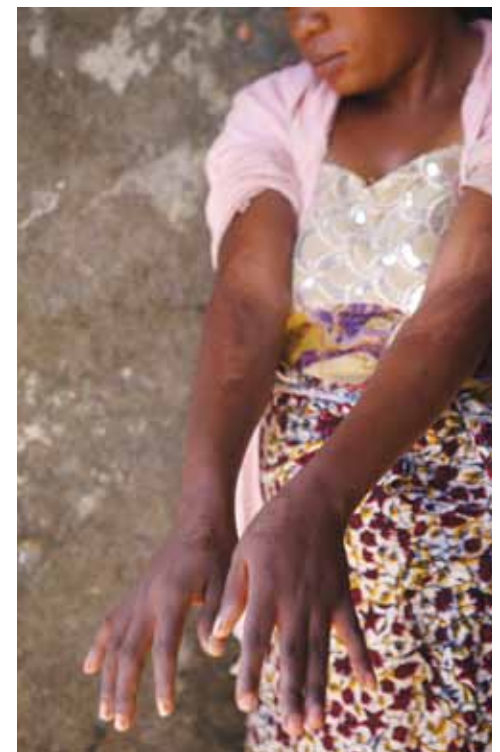
The Center now is working to ensure mining companies and the government are held accountable moving forward by equipping local organizations to address mismanagement of natural resources, human rights violations around mining practices,

and the need for revenue streams to clearly flow to Congolese communities, which thus far have seen little or no improvement to living conditions despite their country's mineral wealth.

"We are working to empower local organizations to lead the project with our support, because eventually it is the Congolese

who must hold their government accountable in everyday governance, especially in a sector that is really providing hope for the country—the industrial mining sector," said Caesens.

The Carter Center plans to do additional human rights impact assessments in mining communities across the DRC.



Baarti Masida, a 28-year-old Congolese mother of three, shows chemical burns on her arms that appeared after she used water from a nearby well to wash clothes. Her community is next to a mining factory, and Masida and others have complained about potentially dangerous chemical discharges.

Through Fellowships, Journalists Chip Away at Stigma

Since 1989, under the leadership of former First Lady Rosalynn Carter, the Carter Center's Mental Health Program has worked to improve the lives of individuals living with mental illnesses. In a Q&A below, Rebecca Palpant Shimkets, assistant director in the Center's Mental Health Program, describes the stigma facing people with mental illnesses and how the Center's journalism fellowship program aims to help.



Lucas Ledwaba, journalist with the South African weekly City Press, presents story ideas at a Carter Center workshop on mental health reporting in Johannesburg. In addition to reaching journalists in the United States, the Center's fellowship program has worked with reporters in New Zealand, South Africa, Romania, and now Colombia.

How do stigma and discrimination affect people with mental illnesses?

Members of the general public often only encounter mental illnesses in their extreme forms, such as through sensationalist news stories or by seeing severely ill homeless people. Unfortunately, there just isn't a lot of education out there about mental illnesses, what causes these disorders, and how they can be treated. As a result, many people who suffer from mental illnesses are afraid that if they seek medical help, they will be ostracized by their communities. The ramifications of untreated mental illness go beyond unnecessary suffering to include potentially life-threatening and preventable

health risks like suicide.

In addition, stigma and misinformation breed the more serious problem of people facing discrimination when seeking jobs, housing, or transportation. On a larger scale, public funding, services, and supports often are considerably less available or robust than other kinds of medical care, even though mental illnesses affect one in four Americans each year.

The Carter Center's mental health policy symposium last November focused on moving beyond just fighting stigma to creating opportunities to improve the way society includes and supports people with mental illness.

Has the stigma of mental illnesses lessened in recent years?

In some ways, we have made some progress. Recent data from the U.S. Centers for Disease Control and Prevention suggest that more Americans are aware of mental health treatments and believe that they work. Additionally, more people are openly discussing their experiences with mental illnesses, especially depression and anxiety disorders.

But there is more to do. We know that personal encounters with people who have mental illnesses are one of the most important ways to defeat common misperceptions. Encouraging more social inclusion of people with mental illnesses will help create more personal encounters and enable individuals with mental health conditions to live meaningfully in their communities.

What role do the media play in shaping public perceptions?

Because most people learn about mental illnesses from their local newspapers, television news, or online media, journalists play an important role in shaping how the public understands these issues. Reporters make a commitment to fair and accurate reporting, but in reality many of them do not have

the resources and training to cover mental health in a balanced and sensitive way.

What kind of reporting do you most often see on mental illnesses?

Unfortunately, most reporting on mental illnesses covers an extreme event like an act of violence or a rare condition. For example, a study in 2006 found that 40 percent of newspaper stories linked mental illness to violence despite research demonstrating that people with mental illnesses are more likely to be the victims of violence than be violent. The more common face of mental illness is a mother coping with depression while caring for her children or a business executive managing an anxiety disorder. People also aren't shown the real potential for recovery from even the most serious mental illnesses.

How do the Rosalynn Carter Fellowships for Mental Health Journalism address stigma?

Offered through the Carter Center's Mental Health Program, fellowships are given to 10 professional journalists in the United States, Romania, and most recently Colombia, who use the stipends to investigate a wide range of mental health issues, producing articles, books, and documentaries.

Because fellows are in the position of gaining public attention and awareness, we have seen positive change and government attention to important public health issues. In Massachusetts for example, a fellow's film about an immigrant's experience with a mental illness is being shown by the Department of Public Health in community mental health centers across the state. In South Africa, a fellow's story about the high rate of suicide for local police officers drew widespread attention.



Rebecca Palpant Shimkets, Rosalynn Carter Fellowships for Mental Health Journalism

Makoy Samuel Yibi

South Sudan Man Leads Final Charge in Guinea Worm Battle

Some faces are impossible to forget. The face Makoy Samuel Yibi will always remember is that of Lomache, a small girl who was in agony as he coaxed a nearly three-foot-long Guinea worm from her badly infected foot. “I was very distressed by the level of pain and suffering that small girl was going through,” he said. “So as I was trying to remove the worm, all I was thinking about was why she has to suffer.”



Makoy Samuel Yibi

Three years later, Makoy, who directs the Guinea worm eradication program for South Sudan’s Ministry of Health, was observing a pond where villagers collect water to see how many were using cloth filters. A tool in the Carter Center-led campaign to eradicate Guinea worm disease, the filters strain the water for the fleas that cause the infection. As women left the pond, Makoy saw a mother and daughter and knew immediately the girl was Lomache, the one he had treated years ago. “Of course, she had grown a bit bigger,” Makoy said, “but the face was just the same.” The mother assured Makoy that she continues to filter her water, and the worm he extracted was Lomache’s last.

These are two of thousands of villagers Makoy has met on his journey to snuff out this excruciating disease from his native South Sudan. The country is a shade larger than Spain plus Portugal, but the tall, soft-spoken Makoy suspects he has seen every village, many more than once and often on foot: “I’m one of those lucky persons who has visited every location in South Sudan.” Lucky for his country, not so lucky for Guinea worms, because Makoy intends to extinguish every last one of them. In 2012, that number was just over 500, down from 118,000 in Sudan and what is now South Sudan in 1996.

Makoy has a long history with Guinea worms. Born in Terekeka County, he watched family and friends suffer from the debilitating disease. After graduating as a medical technician and working in public health, in 1996 he began what would be a long collaboration with the Carter Center’s Guinea Worm Eradication Program. Ten years later, he was appointed

to head the Ministry of Health’s eradication program. In just three years, under Makoy’s direction, the number of cases of Guinea worm in what is now South Sudan declined by almost 90 percent.

David Stobbelaar, country representative for The Carter Center in South Sudan, works closely with Makoy and is continually amazed by this government official’s dedication. “He will hear about a case of Guinea worm and spend the next two weeks backpacking to track it down,” says Stobbelaar. “He’s an inspiration to the field officers on the ground. I’ve seen every one of them look at him with respect and listen to exactly what he says.”

President and Mrs. Carter also admire Makoy’s hard work and leadership. In 2008, he received the Jimmy and Rosalynn Carter Award for Guinea Worm Eradication. But Makoy quickly deflects praise and credits others as the number of cases ticks toward zero. “This eradication campaign in South Sudan is not easy,” he said. “It is only made possible by the really hard work of the teams on the ground.”

When asked if he is proud to help his country, he answers with low-toned reverence: “To say you love your country, I think, is measured by how much you can offer your country. I have seen people who have paid an ultimate price for this country. So really, what I am doing is the least contribution.”

The thousands of Sudanese who are now free from Guinea worm disease, many who will never forget the face of Makoy Samuel Yibi, would disagree.



Makoy Samuel Yibi discusses the tools of Guinea worm eradication with field workers in South Sudan, which hosts 96 percent of the world’s cases of the parasitic disease. Makoy heads South Sudan’s program to eliminate the disease.

‘He will hear about a case of Guinea worm and spend the next two weeks backpacking to track it down.’

Support Helps Build Better Behavioral Health System

Five years ago, The Carter Center became involved in Georgia's state mental health system when the U.S. Department of Justice sued Georgia for failing to serve patients in the ways that best met their needs. Guided by former First Lady Rosalynn Carter, the Center lent its expertise and visibility to help move the state's system forward.

In 2012, support from three donors provided a timely complement to the progress The Carter Center has made to date in Georgia: the Betty and Davis Fitzgerald Foundation, the John and Polly Sparks Foundation, and Magellan Health Services. With their contributions, The Carter Center has been able to continue its efforts to make the Georgia behavioral health system a model for the nation.

Georgia and the Department of Justice reached an agreement in 2010, in a process aided by the Center. Since then, staff members have assisted with the tough work of implementation. Integrating input from many stakeholders, The Carter Center produced a draft document, "Building a Shared Vision for Community Services for Children, Adolescents, and Adults with Behavioral Health Disorders," which was shared with Georgians through the 2012 Georgia Mental Health Forum and in meetings across the state last year. This work is helping build a statewide consensus on how to improve community mental health and substance abuse services around the state.

SIDA Grants Fund Elections, Human Rights Work

Over the last 14 months, the Swedish International Development Agency (SIDA) has provided \$2.3 million in support of Carter Center peace programs, including key grants for elections in Egypt and Libya. This recent round of funding more than doubles SIDA's previous support to the Center, which had totaled \$1 million since 1996. SIDA is also considering major additional funding of more than \$9 million for projects in the Democratic Republic of the Congo and Liberia.

The SIDA grants for Egypt of \$1.3 million and Libya of \$660,000 for 2012 elections were the largest for those two elections and provided critical early support, which attracted funding from other donors and allowed speedy establishment of Carter Center field offices.

Other recent support from SIDA includes \$760,000 for 2013 Egypt House of Representatives elections, \$119,000 for human rights defenders in the Democratic Republic of the Congo, and \$10,000 for training related to sexual and gender-based violence in Liberia.

Pending grants could provide an estimated \$3.75 million to support human rights work in the Democratic Republic of the Congo and more than \$6 million for access to justice in Liberia.



The Carter Center sent a delegation to Egypt to witness elections in 2012.

Additionally, the agency and The Carter Center are exploring a partnership that would link good governance with the empowerment of women. Such a project would align with the Center's transparency and democratic election standards work.

Auction Raises \$1.8 Million for Carter Center Programs

The Carter Center's annual Winter Weekend auction, held Feb. 22–23, 2013, in San Diego, Calif., raised more than \$1.8 million, the highest amount ever raised at the event, to benefit the Center's initiatives to advance peace and health worldwide.

The highest bid item at the fundraiser was a handmade stool by former U.S. President Jimmy Carter, which sold for \$300,000. More than 150 items were offered for public auction, including original artwork and woodwork by former U.S. President Jimmy Carter, an "Argo" movie poster signed by the cast and President Carter, as well as luxury vacations.

The next auction will be held June 2014 in Vail, Colo.



Former U.S. President Jimmy Carter addresses Winter Weekend attendees aboard the USS Carl Vinson in San Diego, Calif.

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Stephanie Palmer is the program development coordinator for the Carter Center's Trachoma Control Program.

NOTES FROM THE FIELD

Woman Sees Better Future After Eye Surgery

By Stephanie Palmer

Flies buzzed in our faces as Fatahou Ibrahim, a Nigerien public health student, and I interviewed Assana,* a young woman with the eye disease trichiasis, and her mother, Habiba, sitting on colorful plastic mats beneath a tree. Assana, in her early 20s, said that trichiasis felt as though “someone stuck a needle in my eye, as if someone hit me.”

Assana is not alone. In Niger, over 30,000 women and men have trichiasis, the end stage of trachoma, when due to years of infection and scarring, a person's eyelashes turn inward and scrape the cornea of the eye, making every blink excruciating. Trichiasis can lead to blindness, and those with the disease also suffer physical disability and stigma. The condition is preventable, however, and The Carter Center, in partnership with Niger's National Blindness Prevention Program, provides treatment and care for this population, including surgery, health education, and other interventions.

Habiba told us that Assana had suffered from eye problems since she was small. Habiba did not want her daughter to be teased, so she kept her at home and completed the family's daily chores by herself. When Assana was old enough to marry, a suitor asked her father for her hand in marriage. But when he learned about Assana's eye condition, the suitor never returned.

Assana eventually did marry, but her husband died, and she was left alone with a baby. Due to her eye condition, Assana, once again, was reliant on her mother.

One day, when Assana brought her baby to a health clinic, the nurse looked at Assana's eyes and told her

there was a free surgery that would correct the problem.

Assana rose early the next morning and walked alone to the clinic for the surgery, but the nurse was absent. She went to the clinic twice more before she finally reached the nurse and underwent the operation. “Nothing could have prevented me from getting the surgery, as long as I had blood in my body,” Assana said. “My eyes are now without fault.”

**Pseudonyms were used to protect the confidentiality of women participating in this study.*



The eyelid surgery that corrects trichiasis and dramatically improves sufferers' lives is quick and easy for trained health officers to perform.