

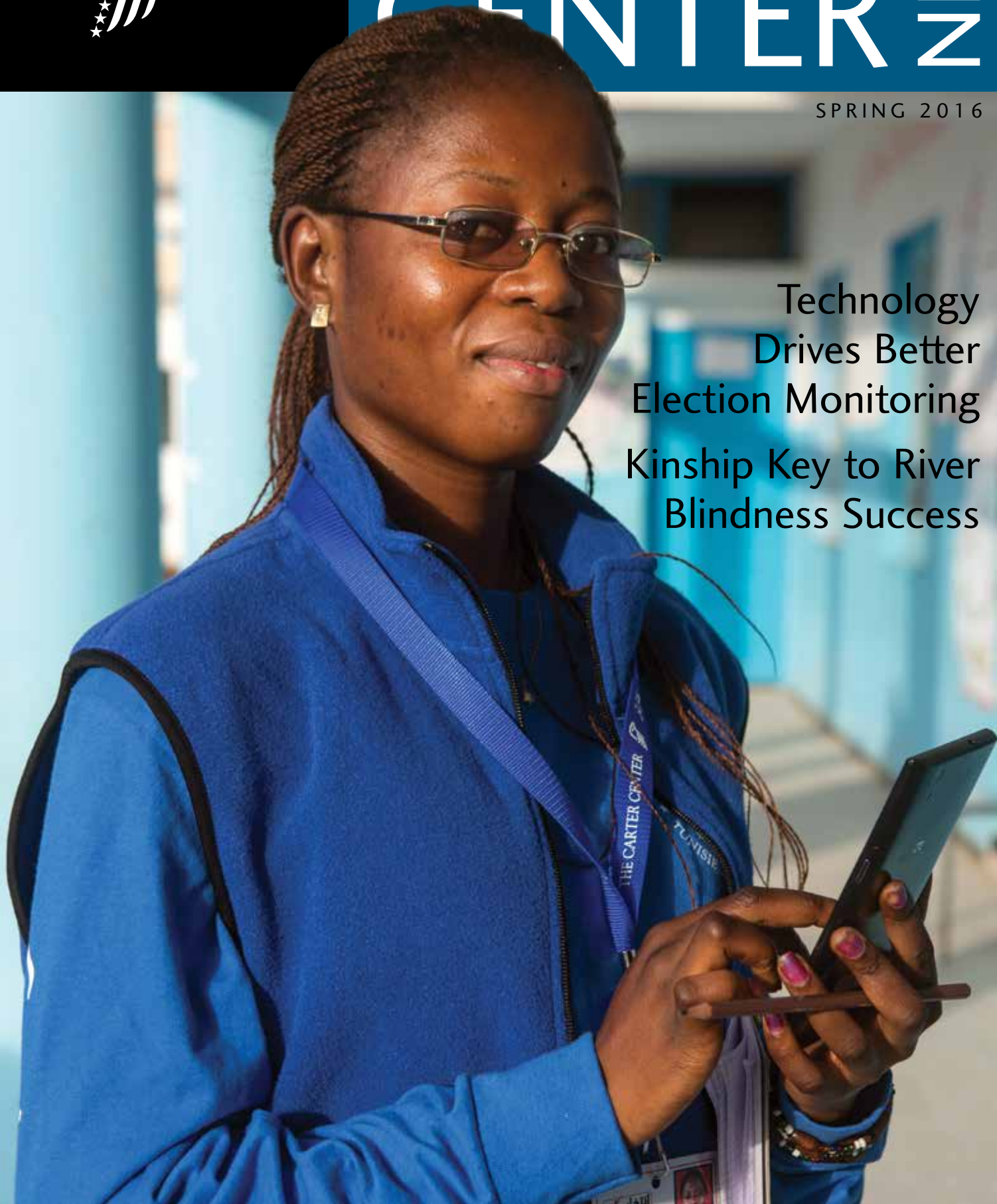
THE
CARTER CENTER



CARTER CENTER NEWS

SPRING 2016

Technology
Drives Better
Election Monitoring
Kinship Key to River
Blindness Success



WAGING PEACE.
FIGHTING DISEASE.
BUILDING HOPE.

CARTER CENTER NEWS

SPRING 2016

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ON THE COVER

Marie Danielle Luyoyo Pwenika, a Congolese woman, uses a hand-held device to take notes while monitoring an election in Tunisia. As part of the Carter Center's team of observers, Pwenika used the ELMO system on the device to transmit her findings quickly from the polling place where she was stationed. Find out more about how ELMO is changing Carter Center election missions on p. 4.



From the CEO

Local People Know Best

The Carter Center operates under the firm conviction that people are capable of solving their own challenges, and our role is to provide them the tools and training to do it.

"The poorest of all people, who are often scorned or derogated, are just as intelligent as we are, just as ambitious as we are. They are just as hard-working as we. They just need some help, and that's what we provide through The Carter Center," President Carter said in London in February. "I've come to admire their judgment and wisdom, their courage and faith, and their great accomplishments, when given a chance to use their innate abilities in improving their own lives."

People want to improve their own lives; our job is to help them get there.

That is why, as a global organization whose footprint touches more than 80 nations, The Carter Center relies fundamentally on hundreds of in-country field staff and tens of thou-

sands of volunteers working within their own communities. It is community volunteers who are showing their neighbors how to avoid contracting Guinea worm, river blindness, and other diseases; we simply provide the knowledge and resources. It is determined communities that make democracy flourish; our role is to teach them the principles and observe the elections.



Ambassador (ret.) Mary Ann Peters is the chief executive officer of The Carter Center.



Community legal adviser Stephanie Sayeh helps guide Liberians through formal and informal dispute resolution. The cadre of 32 advisers, sponsored by The Carter Center and the Catholic Justice and Peace Commission, is made up of Liberians assisting their fellow citizens.

Whether in Ghana or Guatemala, China or Chad, we know local people understand local issues best, and it's up to them to make things better. Cultural respect fuels effective partnerships and true progress.

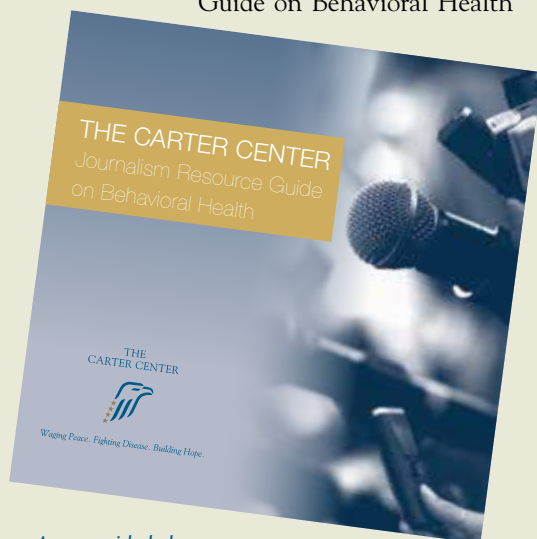
In concert with governments, partner organizations, and our donors and supporters like you, together as a team we wage peace, fight disease, and build hope.

Guide Aimed at Journalists Writing on Behavioral Health

Because words can both hurt and heal, the Carter Center's Mental Health Program has issued a helpful language and resource guide for journalists.

"Informed journalists can have a significant impact on public understanding of mental health issues as they shape debate and trends with the words and pictures they convey," said former First Lady Rosalynn Carter, chair of the Carter Center Mental Health Task Force.

The Carter Center Journalism Resource Guide on Behavioral Health



A new guide helps journalists navigate behavioral health language.

aims to increase accurate reporting of behavioral health issues, change stereotypes, and help journalists understand mental health and substance use issues and access expert resources. It can be accessed at <http://bit.ly/1PFLC6v>.

The Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration provided funding and subject matter expertise for the guide.

"Words Matter: Talking about Mental Health" is the subject of the final installment of Conversations at The Carter Center on April 21. Find out more at www.cartercenter.org/news/upcoming_events/conversations/index.html.



Panamanian President Juan Carlos Varela presents President Carter with the Grand Cross grade of the Order of Manuel Amador Guerrero, an honor that recognizes contributions in areas of politics, science, and the arts.

President Carter Receives Panama, LBJ Awards

Former U.S. President Jimmy Carter received two honors in January for his efforts to promote peace and human rights.

The LBJ Foundation—the family foundation of late former President Lyndon Baines Johnson—presented President Carter with its LBJ Liberty and Justice for All Award; the next day, Panamanian President Juan Carlos Varela and Vice President Isabel Saint Malo bestowed Panama's highest civilian honor on President Carter.

President Carter received the Grand Cross grade of the Order of Manuel Amador Guerrero for his commitment to bettering the lives of the Panamanian people, most notably by returning the Panama Canal to their custody and pushing for democratic elections.

"President Carter, as a statesman, you clearly understood that the time had arrived to put aside all geopolitical interests and build a new future for the canal," President Varela said. "We truly understand and appreciate the sacrifice you made along the road to make all of this happen, and, from deep within our nation's heart, we thank you."

Trachoma Week Reaches 9.4 Million in Ethiopia

Ambassador (ret.) Mary Ann Peters, Carter Center CEO, helped kick off Trachoma Week in Ethiopia's Amhara region Jan. 31–Feb. 4.

Ethiopia's Ministry of Health, the Amhara Regional Health Bureau, The Carter Center, and their partners assisted in the distribution of the drug Zithromax® (donated by Pfizer Inc) to half the region. The other half of the region receives treatment later in the year. The mass drug administration is part of a strategy that also includes education in facial cleanliness, environmental improvement, and minor surgery to reverse trichiasis, an advanced stage of trachoma in which the eyelashes damage the eye.

Some 9.4 million people received Zithromax during the February campaign.

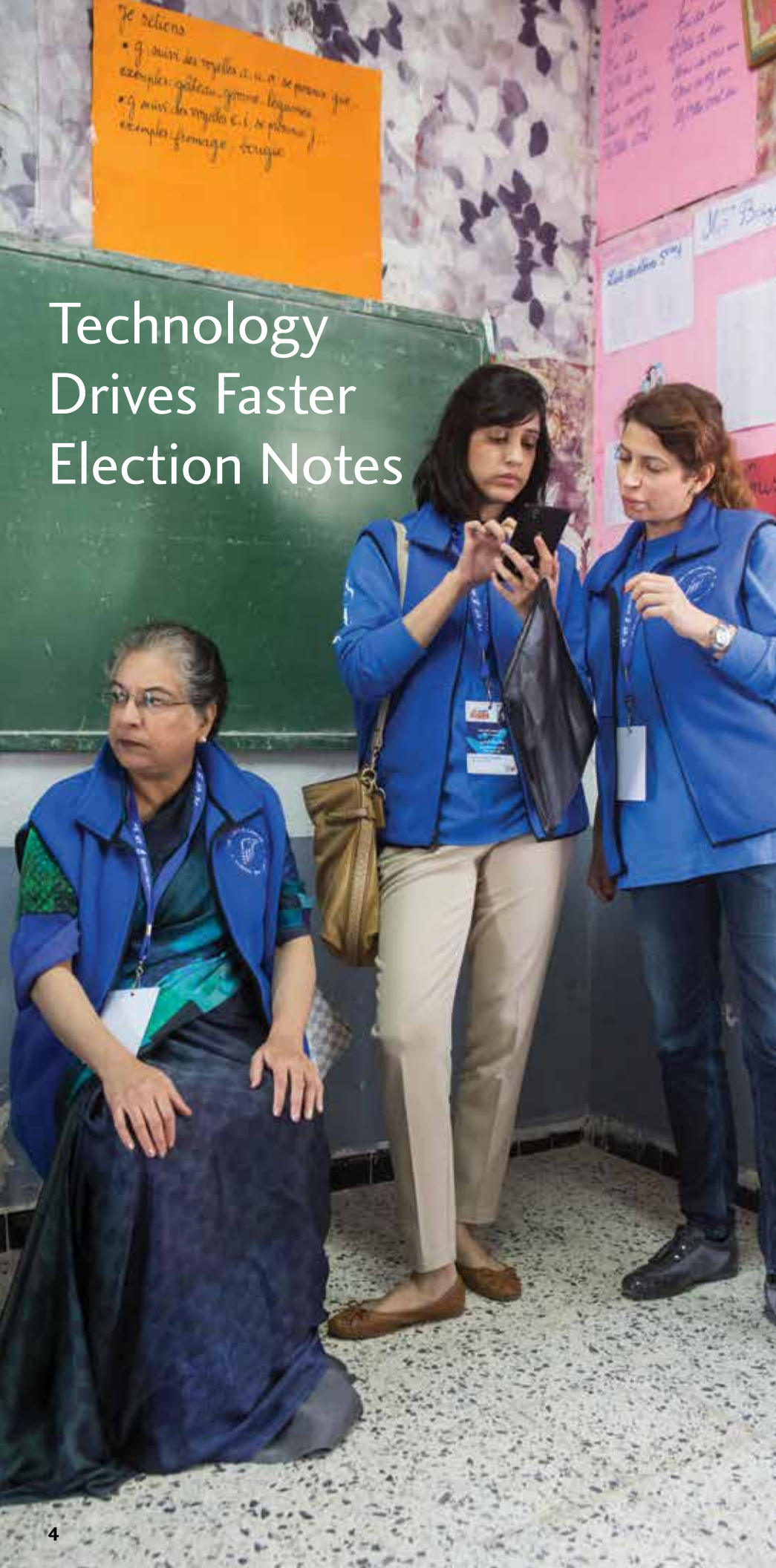
Peters was joined by Joe Preston, chairperson, Lions Clubs International Foundation Board of Trustees, Dr. Tebebe Y. Berhan, Africa representative, Lions Clubs International Foundation Board of Trustees, local Lions clubs members, and representatives of the International Trachoma Initiative, Pfizer Inc, Abbott, and the William H. Donner Foundation, among others.

In addition, Trachoma Week followed nationwide airings in the United States of the film "Trachoma: Defeating a Blinding Curse," which documents the Carter Center's Trachoma Control Program in Amhara. Check www.cieloproductions.org/projects/trachoma for future air dates.

A health worker records treatments dispensed in Zege, Ethiopia, during the most recent Trachoma Week campaign. Some 9.4 million people in the Amhara region received Zithromax, donated by Pfizer Inc, to prevent trachoma, a bacterial eye disease.



Technology Drives Faster Election Notes



Events can move quickly on election day, but The Carter Center has developed the technology to stay on top of them.

For decades, election observers used paper checklists to assess conditions at polling places. They would mark boxes asking whether the voting location opened on time, whether all the poll workers were present, whether the ballot box was shown to be empty before voting began, whether the environment outside was peaceful, and so forth. At the end of the day, all the observers would return to Carter Center election headquarters and submit their checklists or dictate their data over the phone. Then the slow process of collecting and crunching all the data would begin. The process could take a full day or more to complete, and even then analysis of trends was preliminary at best.

But that's changed now. ELMO (short for Election Monitoring) is a Carter Center-created electronic data collection and analysis system. Since its introduction in 2011, ELMO has gradually rendered paper checklists obsolete. Equipped with ELMO, observers can submit their checklist data—with more detail than ever before—to headquarters in real time using touchscreen tablets or smartphones. Computers continuously aggregate the data for staff to analyze.

"I did a better job observing because of this technology," said Charlotte McDowell, who served as a short-term observer for The Carter Center during Egypt's presidential election in 2012. "Knowing that we will be able to analyze large amounts of data quickly made me put more time and details into my observations and ensured I sent them quickly and correctly. I knew they were a valuable contribution."

Because ELMO does the math, the opportunity for human error is reduced, allowing staff to focus on analyzing key patterns, said David Carroll, director of the Carter Center's Democracy Program.

Carter Center election observers use a handheld device running ELMO to complete a polling station checklist.



Voters, such as this Kenyan couple outside a Nairobi polling station, are the ultimate beneficiaries of quick and detailed aggregation of polling data.

In Egypt, an election monitor gives an up-close view of ELMO. This tool of election observation has replaced the paper-and-pencil checklists used for years.

“The scope of data that we can meaningfully analyze quickly has exponentially increased,” he said.

That speed is important in tense election environments where delays stoke voter suspicion, said Connie Moon Sehat, who leads the ELMO initiative.

“Citizens themselves know about the speed of data, and that has changed their expectations,” Sehat said. “They want more and deeper analysis, sooner.”

Depending on a country’s communications infrastructure, observers using ELMO can send in their data using Internet or wireless connections, or even SMS (text messaging), which is old technology in Silicon Valley but the best available in some parts of the world. Where internet or wireless networks are weak or absent, satellite phones can be used. And there remains the option of saving data on physical media such as memory cards or USB drives.

To use ELMO, Carter Center teams prepare in advance of elections to develop checklist questions, determine the kinds of data that will be needed, and build electronic forms to guide their assessment.

“While election observers always refrain from interfering in the process, if a situation develops for which we want to get information, we can be more dynamic,” Sehat said. “Printed forms required everything to be set in advance. With ELMO, we can actually change what we’re investigating in real time during an election.”

The Carter Center has made ELMO’s technology open source, meaning anyone can use it for free. The command interface is available in English, French, and Spanish; an Arabic version is under development. Election observer forms can be translated into other languages.

ELMO’s data-gathering ability could be



adapted for other types of projects, including those for monitoring human rights abuses or mapping armed conflicts; health programs tracking the incidence of diseases and the progress of mass drug administration; and environmental groups tracking animal populations or pollution sources.

In Burundi, civil society groups are conducting a pilot program using ELMO to collect data on the human rights environment. Freedom House, an international nongovernmental organization, plans to use ELMO technology in partnership with The Carter Center to help protect human rights defenders in the Democratic Republic of the Congo.

“It’ll be interesting to see where it goes in the next few years,” Sehat said.



See a video of ELMO in the field at <https://youtu.be/O-CGzo3m4PA>.

Carter Center Monitors November 2015 Elections in Myanmar

The eyes of the world turned to Myanmar in November 2015 as the nation emerged from 50 years of military dictatorship and—for the first time ever—invited international observers to monitor its general election.

The very first observer badge issued by the country’s election commission went to a Carter Center staffer, an indication of the Center’s long history in Myanmar. The Center established a field office there in 2013 and began observing in December 2014. On election day, it deployed more than 60 observers across the country.

The Carter Center found election day to be generally well-conducted and reported that Myanmar seems to be on a path to democratic transition. But reforms are needed. Among other things, the constitution gives excessive power to the military, including 25 percent of parliamentary seats. In addition, about a million people—many of them Muslim Rohingya—were disenfranchised.

A small group of Carter Center long-term observers have remained in Myanmar to monitor the transition to the new government.



Citizens wait to vote in Myanmar.



Kinship Powerful in River Blindness Fight

When it comes to eliminating disease, sometimes it's not only what you know, it's also who you know.

River blindness is so pervasive in Africa that many global experts have believed it could only be controlled, not eliminated. But Uganda intends to rid itself of the parasite that causes the disease, and it's using one of its greatest resources to do it: women.

River blindness is an infection that causes intense itching, skin discoloration, rashes, and eye disease that can lead to visual loss and permanent blindness. It is spread by the bites of infected black flies that breed in rushing rivers.

Uganda's Family Ties

"Almost every family I know has someone fighting this disease," said Christine Akello, a river blindness patient in Uganda. She survived decades of civil war in Uganda only to become infected during peacetime.

"What is tough is thinking that you made it through a long, grueling war, that you can rebuild your life, raise your family well and have a little peace, only to be confronted with another war in your very own backyard," she lamented.

The good news is Akello's sight is returning after treatment with the medicine Mectizan®, donated by Merck. Twice-yearly doses effectively treat the disease and halt its transmission.

Uganda's government had been working with The Carter Center since 1996 to educate communities and distribute Mectizan, but the male-dominated volunteer distribution system failed to take advantage of traditional kinship structures and roles, Dr.

Moses Katarbarwa, the Carter Center's senior epidemiologist, found.

However, when the program shifted its strategy in 2014, everything changed.

The new approach moved away from village health teams—usually men appointed by health workers—to community-selected drug distributors, with an emphasis on selecting women. These drug distributors were asked to make sure everyone within their own extended families received river blindness information and Mectizan. This solved several challenges, including volunteer turnover, social taboos, and program penetration into all households.

In Uganda's Lamwo district, the proportion of the population covered by Mectizan treatment soared from 36 percent in 2013 to more than 90 percent in 2014. When The Carter Center in August 2014 celebrated its 200 millionth dose of Mectizan worldwide, the ceremony was held in Lamwo.

It is believed that 2.7 million Ugandans are no longer at risk for contracting this disease, and that transmission of river blindness has been halted in 15 of Uganda's original 17 focus areas. With the Carter Center's help, the country hopes to eliminate river blindness from within its borders once and for all by 2020.

The kinship approach has since been adopted by the Ugandan government as national health policy and has boosted other programs such as malaria control and reduction of infant mortality.

A family walks to a community gathering in Lamwo district, Uganda. Women there have been asked to take charge of ensuring their families receive river blindness treatment.

Success in Sudan

The isolated endemic community of Abu Hamad in northern Sudan was declared free of river blindness after implementing a similar kinship approach.

Abu Hamad stopped transmission of the disease in 2012 and hasn't had a case since. The program relied on local volunteers—particularly women—to educate their own communities and see that each family member received a dose of Mectizan every six months.

“Overcoming river blindness in Abu Hamad is a historic achievement that all Sudanese can celebrate,” said Alkhair Alnour Almubarek, minister of health in Sudan's Federal state. “I hope this success will further inspire us to do more, and encourage our African neighbors to tackle river blindness elimination.”

Dr. Frank O. Richards, director of the Carter Center's River Blindness Elimination Program, said Sudan's decision to try to eliminate the disease rather than just control it made all the difference.

“Once elimination becomes the goal, it is no longer business as usual,” he said. “A program and its partners must ratchet up interventions, and that's exactly what Sudan did in Abu Hamad.”

River blindness nearly robbed Christine Akello of her sight. With treatment, the Ugandan woman's vision is returning, little by little.



Christopher Olanya lost his sight to river blindness, but now that his Ugandan community is receiving ongoing treatment, he may be one of the last to do so.

In this photo from several years ago, a community volunteer in Abu Hamad, Sudan, measures a man to determine proper dosage of Mectizan, which prevents and treats river blindness. Today, the area is free from the parasitic disease.



22 Cases of Guinea Worm Reported in 2015

Nakal Longolio Acii is only 9 years old, but she’s tough. She stoically brushes away a tear as a trained volunteer slowly tugs a long Guinea worm out through a burning blister in Acii’s knee.

Torturous scenes like this one at a village case-containment facility in South Sudan have been playing out for thousands of years, but they are almost history. The Carter Center and its partners are close to eradicating Guinea worm disease from the earth.

The parasite, carried in drinking water from stagnant sources, incapacitates people for extended periods of time, making them unable to care for themselves, work, grow food for their families, or attend school.

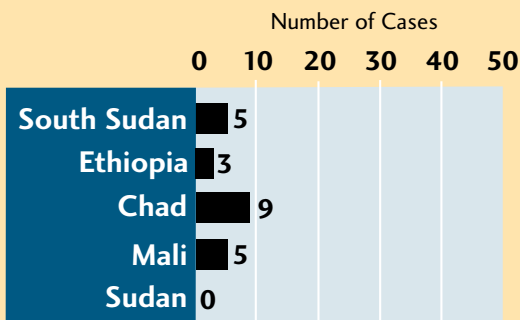
“It’s a terrible thing, but it can be prevented completely,” said Dr. Donald Hopkins, who has led the Carter Center’s Guinea worm fight from the start.

The Center in 2015 documented just 22 cases in four countries: nine in Chad, three in Ethiopia, five in Mali, and five in South Sudan. This was a scourge that in 1986 afflicted an estimated 3.5 million people across 21 nations.



In South Sudan, 9-year-old Nakal Longolio Acii puts on a brave face as a Guinea worm is pulled from her leg. The worm has been extracted little by little over many days to prevent breakage and possible infection.

Reported Cases of Dracunculiasis by Country During 2015



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.

Ethiopia’s three cases were all in Gog district in the Gambella region. Ethiopia also reported three cases in 2014. Political will, security, and surveillance are critical to stopping Guinea worm disease there.

In Mali, insecurity that began with a coup in April 2012 has hindered the program. Nevertheless, security improved last year, and the program reduced cases by 88 percent, from 40 in 2014 to five in 2015.

South Sudan reported five cases in 2015 compared to 70 cases in 2014, a reduction of 93 percent. Despite ongoing political violence there, the Guinea worm program continues to function effectively.

In Chad, it appears that both humans and dogs are contracting Guinea worm infections in an unusual way—by eating raw or undercooked aquatic animals. The program is aggressively addressing the issue.

“In 21 countries, tens of thousands of community-based health workers have shown daily acts of courage to improve the lives of their families and neighbors over three decades, often under very dangerous circumstances. Because of them, the end is in sight,” said Craig Withers, acting vice president of Carter Center health programs.

Guinea worm disease is poised to become the second human disease ever eradicated, after smallpox.



Ghanaian Counselor Wants Pupils to Know Their Rights

Asmau Ayub recalls witnessing the abuse of women and girls when she was a child, and having no idea what to do about it.

"I didn't have the voice to speak out," she said. "But as I grew up, I couldn't keep quiet. I had to speak out. I had to be a voice for the young girl."

Now Ayub, a counselor at the Ghana Lebanon Islamic Secondary School in Accra, has taken techniques she learned at a Carter Center-sponsored human rights training program run by the Center's partner, Tostan, and used them to introduce a human rights curriculum in her school.

Ayub's first pupils were junior high girls. She focused on their rights in three areas: the right to be free from violence and sexual abuse, the right to marry whomever they choose, and the right to an education.

The messages were empowering.

"I have the confidence to do anything when I go out, because Madame Asmau taught us to have the confidence," said

12-year-old Fatima Lartey, who wants to be a doctor someday. "It's not a matter of being afraid; it's a matter of using your rights that you have. You can do anything at all that you think is good for you."

Ayub enlisted the junior high girls to help her teach basic human rights to primary school students. The focus at that age is on the right to life, the right to education, the right to health, the right to play. During the sessions, the children often draw pictures illustrating their rights as they envision them.

The classes are beneficial, said Rukayatu Musah, a primary school teacher who has watched her students—and her own children—absorb these lessons.

"It's a good idea for them to know their rights at this age," she said, then added, laughing: "When I was growing up, no one talked to me about my rights. I think that if they had, I wouldn't be here as a teacher. I'd be in the parliament."

In December of 2015, Ayub shared parts of her story with others at the Carter Center's

Holding her youngest child, Asmau Ayub (left) visits with her mother. Ayub is a school counselor in Accra, Ghana, who has used techniques learned from a Carter Center partner to teach her young students about women's rights.

first International Human Rights Defenders Forum, held in Accra.

"Being part of the forum was wonderful for me because I got to meet with some people who have done what I am doing—who are still doing it," she said. "I got an opportunity to learn some of the things that they didn't get right. If I'm lucky, I might not even make mistakes."

Ayub is excited about the journey ahead of her.

"My dream for the girls is actually bigger than what I dream for myself," she said. "They should have better opportunities and achieve their full potential."

It's a message the girls have taken to heart.

"I learned a lot, and I'm using it to guide my life," said Rasheedatu Ibrahim Nyameasem, a high school student in Ayub's school planning a career in journalism. "We are really powerful; we can do many things compared to what the guys can do. We can even do more."

Profile: Jordan Ryan

VP Brings Field Experience from Liberia, Vietnam

Jordan Ryan, vice president for peace programs, may be relatively new to The Carter Center, but his connection to President and Mrs. Carter dates back to the '70s.

It all started at George Washington University.

"I arrived in Washington to start law school the day that Nixon resigned," Ryan recalled. "And I'd been a bartender in college, so I just called the White House and told them I was in town and needed a job. Needless to say the White House operator was surprised, but about four months later, I started working in the Ford administration as a butler. When the new administration came in, I made the transition and worked for a president named Jimmy."

Ryan stayed on through graduation, working his way up from clearing dirty glasses to serving at state dinners.

"It was one of the best jobs I've had," he said with a laugh.

Since, Ryan has worked at a law firm in Saudi Arabia, earned a master's degree in international development at Columbia University, and spent nearly 25 years with the United Nations Development Program, which focuses on eradicating poverty and eliminating inequalities and exclusion.

He started as a glorified volunteer in China, analyzing donor data, and ended as an assistant secretary-general, directing UNDP's Bureau for Crisis Prevention and Recovery in New York.

"We had programs to work on both natural disasters and



Jordan Ryan

manmade disasters," he said. "We weren't the humanitarian side, but the development side, trying to get people back on their feet. So, for example, cash-for-work programs in Haiti after the earthquake, working with those affected by that incredible typhoon that devastated the Philippines."

During Ryan's time as the U.N.'s resident coordinator in Vietnam in the early 2000s, he worked to change the Communist-led government's approach to handling the rapid spread of HIV, which it saw as a social evil.

He created a consortium that eventually persuaded the government to let an HIV-positive person speak live on television.

"It was the first time that many people had ever seen a person with HIV," he said. "She was young, from a fishing village outside of Hai Phong, shaking like a leaf... She just looked straight into the camera and talked about what it was like to live with HIV and what it felt like to be discriminated against."

It was one of the most moving moments of his career.

Ryan also was moved by the horrors he saw while helping oversee the U.N.'s peacekeeping mission in Liberia following its 14-year civil war, recalling a country of devastated people, looted buildings, collapsed infrastructure. While there, he chose The Carter Center to serve on the steering committee he created to help disburse peacekeeping funds.

"The Center was very active and very well-regarded and well-respected," he said. "I had no idea that I'd wind up working here one day."

Ryan started at the Center in June 2015 and has spent his first months familiarizing himself with the Center's programs and operations. That included making a trip back to Liberia to see the Access to Justice Project, Global Access to Information Program, and Mental Health Program in action.

"We were able to travel into the countryside and meet the men and women whose lives have been changed because of The Carter Center," he said. "It was incredibly uplifting."

Ryan is looking forward to finding more ways for the various peace programs to collaborate with each other, and with the health programs, as they do in Liberia: "One of the things I learned from mentors at the U.N. is that these problems are big, and you can't solve them alone."

This an exciting time to be at The Carter Center, he said, and he is looking forward to carrying out the Carters' vision.

"It's an opportunity to push for things that President Carter and Mrs. Carter deeply believe in that are also things that move me," he said, "making life better for people—especially those that are the poorest and the most neglected."



Ryan visits Suakoko in Bong County, Liberia, to assess multiple Carter Center projects there. Traditional leaders named him an honorary paramount chief.

Grants Fund SAFE Strategy for Trachoma in Mali, Niger

Grants from the Conrad N. Hilton Foundation and the OPEC Fund for International Development (OFID) support the Center's work to fight trachoma in Mali and Niger. Trachoma is the world's leading cause of infectious blindness, with the World Health Organization estimating that 2.2 million people are visually impaired and 1.2 million are blinded by the bacterial eye disease.

The funding from the Hilton Foundation and OFID assists with implementation of the World Health Organization's SAFE strategy for trachoma control: surgery, antibiotics, facial cleanliness, and environmental improvement, such as the building of latrines.

Conrad N. Hilton Foundation

The Conrad N. Hilton Foundation established a four-year challenge grant in 2013 to match up to \$6.44 million in donations to The Carter Center to eliminate trachoma in Mali and Niger.

The grant provides a dollar-for-dollar match of donations to the Carter Center's Trachoma Control Program in the two countries from governments, foundations, individuals, and other organizations. The work is coordinated under the national program in each country with other organizations, including Helen Keller International, Sightsavers, and Lions Clubs of Mali and Niger.

The Hilton Foundation is a philanthropic organization that provides funds to nonprofit organizations, working to improve the lives of disadvantaged and vulnerable people throughout the world. It was founded in 1944 by hotel entrepreneur and business leader Conrad N. Hilton.

A shared dedication to improving health prompted the partnership between The Carter Center and the Hilton Foundation in 1991.

Previous Hilton Foundation support includes a 2008 grant of \$10 million to help Ghana meet its target for trachoma elimination and contribute to significant progress against the disease in Mali, Niger, and South Sudan. A 1998 grant of \$13.6 million helped combat trachoma in Ghana, Mali, Niger, Nigeria, and Yemen.



In Mali, two women who have suffered from trachoma infections await treatment outside a health clinic.



A health worker in Niger performs a simple surgery to correct eyelids that have been damaged by the most advanced stage of trachoma.

OPEC Fund for International Development

The OPEC Fund for International Development (OFID) helps sustain progress toward the elimination of blinding trachoma in Mali and Niger through a two-year, \$500,000 grant to The Carter Center. The amount doubles to \$1 million through the Hilton Foundation matching grant.

Trachoma spreads via hands, towels, and flies that carry bacteria from person to person. It affects people — especially children and the women who care for them — in areas that lack sufficient hygiene, clean water, and sanitation infrastructure. Recurring infections can cause trichiasis, in which the eyelids turn inward, eventually progressing to blindness if left untreated. At present, 232 million people in 51 countries are at risk of contracting trachoma, and 4 million are at immediate risk for blindness.

Frequent face washing, regular mass administration of antibiotics, and sanitary disposal of human waste can reduce transmission. Minor eye surgery corrects trichiasis.

Since 1998, The Carter Center has assisted several countries in over 560,000 eyelid surgeries, supported the distribution of 140 million doses of the antibiotic Zithromax® (donated by Pfizer Inc), provided health education to 12,300 villages, and supported the construction of about 3.4 million latrines.

OFID is the development finance institution established in 1976 by OPEC member states to support other developing countries' socioeconomic development efforts. Since inception, it has provided over \$19 billion in support of 134 countries. OFID has been a Carter Center partner since 1997.

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Chris Hale is associate director of the Carter Center's Global Access to Information Program.

NOTES FROM THE FIELD

Guatemalan Girl's Notebook Inspires Staff

By Chris Hale

She was a little girl at a meeting for grown women, scribbling in a black-and-white composition notebook.

Drawing pictures, I assumed, or writing notes to friends.

I was in the small, western highlands town of Santa Cruz de Quiche, Guatemala, as part of a Carter Center project aimed at improving women's access to information. Studies by the Center have found that women in Guatemala—and Liberia and

Bangladesh—have a harder time accessing governmental information than do men.

This is information to which they have a right. Information that has the power to transform their lives, shedding light on things like land rights, education, and small business opportunities.

At a community meeting in Guatemala, an 11-year-old girl took notes for her grandmother about access to information. A glance at her notebook revealed words such as "justice" and "participation."

The meeting in Santa Cruz de Quiche was one in a series of awareness-raising sessions we're holding with local partners as we move from documenting the problem to generating and implementing possible solutions for it. About 50 women, most of them indigenous, had turned out. When they broke into small groups, I walked the room and stopped to listen in as one group discussed what kinds of information might be most useful for improving their lives.

I also took a peek at the little girl's notebook.

It turns out she wasn't just whiling away the time while the grown-ups talked—she was taking notes. Gisela, I learned, was 11 and in fourth grade. Her 74-year-old grandmother couldn't write, but she wanted to remember the things she heard at the meeting, so she'd brought Gisela along to help.

Seeing words like "justice," "participation," "equity," and "fights corruption" scrawled in Gisela's handwriting reminded me that for all the planning and strategizing we do in Atlanta, we can't always predict the ways our work will resonate in communities far from our own.

Our next steps in Guatemala include working with partners on things like creating information campaigns in local languages for women who don't speak Spanish, setting up information kiosks in public markets where women shop, and conducting gender sensitization and access to information training for public officials.

The picture I took of Gisela's notebook page will serve as inspiration as we continue to work to empower women by making the right of access to information meaningful for girls and women like Gisela and her grandmother in Guatemala and all over the world.

