

THE FIRST 1,000 DAYS

A Window of Opportunity for Women and Children's Health



*Women at their home in Bong County, Liberia –
the third most populous of Liberia's 15 counties.*

Findings from the CARE Learning Tour to Liberia and Ghana

January 9-13, 2012

Introduction

In January 2012, a high-level delegation, including U.S. Representatives Tom Marino (R-PA), Bobby Rush (D-IL) and Hank Johnson (D-GA), traveled to the countries of Liberia and Ghana on CARE's Learning Tour to examine the effectiveness of U.S. Government investments in foreign assistance programs.

Over the week, the delegation visited urban and rural sites in Liberia and Ghana, consulted with senior leaders and civil society groups, and interacted directly with community members and local leaders. Through observation and open dialogue, the delegation examined both the opportunities and challenges faced by governments and organizations working together to improve the health and well-being of women, children and communities.

This Learning Tour encouraged participants to focus on the first one thousand days between a woman's pregnancy and her child's second birthday as a window of opportunity to shape healthier and more prosperous futures. **The right nutrition during this 1,000 day window can have a profound impact on a child's ability to grow, learn, and rise out of poverty. It can also shape a society's long-term health, stability and prosperity.**

The 1,000 Days partnership, a U.S. State Department initiative, brings together a wide-range of partners to help create lasting improvements in maternal and child nutrition. Non-Governmental Organizations (NGOs), donor and private sector partners working across a variety of sectors – including health, agriculture and food security, water, sanitation and hygiene, economic development and gender equality – each have an opportunity to work toward better nutrition outcomes in the 1,000 day window through their priorities, practices and programming. (www.thousanddays.org)

Delegates also learned what a strong partner the United States is by examining how key U.S.-supported programs such as the Global Health Initiative and Feed the Future are working to foster innovation, integrate programs and collaborate with civil society organizations to improve

overall health, education and economic opportunities, and encourage gender equity and women's leadership in Liberia and Ghana.

Participants

- **Congressman Hank Johnson** (D-GA-4)
- **Congressman Tom Marino** (R-PA-10)
- **Congressman Bobby Rush** (D-IL-1)
- **Chloe Marino**
Daughter, Congressman Marino
- **Jonathan Ossoff**
Senior Legislative Assistant, Congressman Johnson
- **Carolyn Rush**
Wife, Congressman Rush
- **Susan Mars**
Mars Family Foundation
- **Dr. Afaf Meleis**
CARE Board Member & Dean of Nursing, University of Pennsylvania
- **JoDee Winterhof**
Senior Advocacy Advisor, CARE



The delegation with U.S. Ambassador to Ghana, Donald Teitelbaum, from left to right: Jonathan Ossoff, Giulia McPherson, Carolyn Rush, Congressman Bobby Rush, Chloe Marino, Congressman Tom Marino, Congressman Hank Johnson, Dr. Afaf Meleis, JoDee Winterhof, Saiqa Panjsheri and Bethann Cottrell.

Two-Country Learning Tour: Witnessing the Contrast

Liberia and Ghana are intimately connected through history and geography, with an abundance of natural resources, including a wide variety of crops, minerals, oil and gas deposits. Both countries also have strong ties to the United States as a partner for sustainable development and economic growth.

Liberia, under the leadership of Africa's first and only female head of state, President Ellen Johnson Sirleaf, is working toward lasting peace and security after 14 years of civil war. It is on the threshold of transformation. Efforts are underway to address poverty reduction, foster economic opportunity and create a more accountable government. Liberia has made progress on the Millennium Development Goals (MDGs), but has a long way to go before achieving lasting improvements in poverty, health and education.

Ghana, on the other hand, has made impressive strides toward reaching several MDG targets by 2015, most significantly MDG 1 (halving extreme poverty and hunger by 2015). Also, according to the World Bank, Ghana ranks as one of the 17 strongest emerging African countries. Dramatic changes in poverty reduction, economic development and political stability designate Ghana as a model of sustainable growth in the region.

While progress has been made on MDGs 4 and 5, focused on improving children and women's health, Liberia and Ghana continue to suffer from unacceptably high rates of malnutrition, particularly for pregnant mothers and children under the age of two - leading to chronic health problems. Despite the capacity of the region to produce highly nutritious food, both countries remain food insecure and lack proper diversity in their diets.

Liberia Overview

Liberia occupies 43,000 square miles of the West African coastline and is slightly larger than the U.S. state of Ohio. Its humid and low-lying coastal plain is intersected by numerous marshes and its capital Monrovia



receives an average rainfall of 177 inches per year. Inland Liberia is a densely forested plateau inhabiting 40 percent of West Africa's rainforest.

Following more than two decades of political instability, including 14 years of civil war that cost the lives of more than 200,000 people, Liberia's economy, social services and infrastructure were left in a state of devastation. The war, which ended in 2003, destroyed most of Liberia's basic infrastructure and has prevented farmers from having a reliable crop system.

Liberia now lies near the bottom of the Human Development Index - ranking 176 out of 179 nations (compared to Ghana's ranking of 137). Eighty-four percent of the population lives on less than \$1.25/day (the internationally recognized threshold of extreme poverty), the unemployment rate is over 80 percent, only 25 percent of the population has access to safe drinking water and the maternal mortality rate is one of the highest in the world (994 out of 100,000 women).

During the Learning Tour, the country was preparing to inaugurate President Ellen Johnson Sirleaf for a second term in office. In 2005, President Sirleaf became Africa's first democratically elected female president after the country held the most free, fair and peaceful elections in its history.

“We have suffered years of deprivation and terror, during which democratic principles were exiled from our shores. We have looked into the vacant eyes of a generation of young Liberians whose hope for the future was stolen. We all, together, will never allow those mistakes to be repeated. We will never again shed the mantle of democracy, of freedom, of national unity, of patriotism.”

– Ellen Johnson Sirleaf, inaugural address, January 16, 2012

Despite rich natural resources and potential for self-sufficiency in food production, Liberia’s economy remains less competitive because of a devastated infrastructure, lack of a skilled labor force, low literacy rate and poor health indicators. Support from international donors like the U.S. Agency for International Development (USAID) currently focuses on a post-conflict rebuilding strategy including infrastructure projects, strengthening civil society’s role in delivering services and good governance, as well as providing basic education and health programs.

Liberia is moving toward longer-term development programs including rehabilitating rural infrastructure, improving food security, strengthening local capacity and improving basic health and education services, and expanding economic opportunities.

Ghana Overview

Ghana’s population of 24 million makes it one of the most densely populated countries in West Africa. It covers 92,000 square miles – about the size of U.S. states Illinois and Indiana combined – and is one of the continent’s most stable and promising democracies.

Life expectancy is currently at 64 years, the highest in sub-Saharan Africa, and over the past 20 years the country has seen a 20 percent drop in the child mortality rate, as well as significant growth in primary education enrollment.

Ghana was recognized for its economic and democratic achievements in 2006 when it signed a 5-year, \$547 million anti-poverty compact with the U.S. Millennium Challenge Corporation (MCC), which is now in the final stages of implementation. The compact focused on accelerating growth and poverty reduction through agricultural and rural development, including supporting smallholder farmers, rehabilitating roads and improving living conditions in rural communities (building schools, providing electricity and establishing facilities for water and sanitation). During this trip, the Learning Tour delegation learned that Ghana is in the process of developing a proposal for a second compact from the MCC.



While Ghana has made tremendous strides, it still faces challenges in improving the lives of 20 percent of the population, predominantly in the northern regions that still lives on \$1.25 a day. The entire country struggles with pervasive gender inequality as well.

Although health services in Ghana have improved in recent decades, many health challenges still remain. Malaria is a major cause of morbidity and mortality

– contributing to low productivity and reduced school attendance. In addition, unsafe drinking water, inadequate sanitation and poor hygiene are major causes of diarrhea among children under five – posing a significant problem throughout the country in both urban and rural communities.

Ghana’s current development goals are focused on accelerating economic growth, improving the quality of life of Ghanaians and reducing poverty through macroeconomic stability, higher private investment, broad-based social and rural development, as well as direct poverty-alleviation efforts.

► Day One: Setting the Stage in Liberia

The Learning Tour delegation began its visit to Liberia with an informative briefing, with various stakeholders representing the Liberian government and international community. This group included Hubert Charles, Country Director, CARE Liberia; Dr. Walter Gwenigale, Liberian Minister of Health and Social Welfare; Dr. Talak Hussain, Health Specialist, UNICEF; and Michael Boyd, Economic Growth Officer, USAID. Each of the speakers shared recent progress and challenges in Liberia’s growth, specifically in terms of maternal and child nutrition in the years after the conflict.

Hubert Charles provided an overview of CARE’s work throughout the country. He noted that Liberia has made significant progress since the war, but that it is important to sustain these gains. Through agriculture conservation programs, CARE has introduced conservation techniques to smallholder farmers, increased access to land (especially for women) and helped empower women to play a greater leadership role in their communities.

CARE Liberia has also established 100 Village Savings and Loan Associations (VSLAs) which have generated over \$100,000 in savings over two years. These groups, comprised mostly of women, have helped individuals and families generate incomes through small businesses, which primarily pay for education and health care costs.



Dr. Afaf Meleis talks with the delegation and national officials at the scene-setter breakfast on the first day in Liberia.

The Liberian Minister of Health and Social Welfare, Dr. Gwenigale, spoke about the state of Liberia after the war when infrastructure was destroyed and the entire government budget was a mere \$80 million. With a lack of skilled health workers, their strategy was to focus on simple interventions to address infant mortality, including providing vaccinations, promoting breastfeeding and addressing the issue of malaria among children.

Dr. Gwenigale also presented a frank picture of the lack of capacity within the Ministry of Health and Social Welfare and the challenges they face to manage programs and budgets. He emphasized the important role of the donor community by stating,

“We depend on you and we are very grateful for the help you are giving us through your office of development.”

– Dr. Gwenigale, Liberian Minister of Health and Social Welfare



Congressman Tom Marino poses with community members in Liberia.

UNICEF, as presented by Dr. Hussain, is working with the Ministry of Health and Social Welfare to implement a nutrition program as well as an integrated measles campaign focused on children.

Michael Boyd of USAID noted that food security and nutrition are intimately linked, and as a result, USAID has designated Liberia as a Feed the Future initiative country. This Obama Administration program will help address malnutrition while developing markets – noting that Feed the Future is integrated with both economic and health programs.

The delegation's first site visit was to a Farmer's Resource Center, which empowers women, including many who are widows from the war, and men to grow crops that nourish their families, sustain the rainy season and generate additional income for their families. The program, coordinated in partnership with ZOA International, also includes training on entrepreneurship, marketing and bookkeeping skills.



Congressman Rush with 2011 Nobel Laureate, Leymah Gbowee.

primarily individuals displaced by the war, including former combatants. Since CARE first introduced VSLAs to this community in 2010, over 72 groups have been formed, comprised of 1,700 participants. Over 80 percent of the participants are women and the groups have generated \$60,000 USD in loans. One woman, Jimama Gbarnja, joined the VSLA in 2010 and has taken out three loans. The first one was to pay for her children's school fees, the second was to construct her home, and the third was to start a business selling coal, which is used for fuel. She said, *"The savings group allowed me to put my children in school and taught me how to save my own money, accept a loan and then pay it back."*

The delegation concluded its first day by taking part in a private meeting with 2011 Nobel Laureate, Leymah Gbowee. Ms. Gbowee was awarded the 2011 Nobel Peace Prize, alongside Liberia's President Ellen Johnson Sirleaf and Tawakkol Karman of Yemen. Ms. Gbowee launched a peace movement led by women, which helped end Liberia's civil war. She continues to work on behalf of human rights in her country as coordinator of Liberia's National Reconciliation Initiative and noted during her remarks that, *"as leaders, we must reignite the culture of hope to address the challenges that still face our country and its people."*



Jimama Gbarnja, a CARE VSLA participant, discusses the impact of VSLA programs on her community.

The second site visit was a VSLA which CARE coordinates on the outskirts of Monrovia in an area called "Peace Island." The residents of this community are

► Day Two: Understanding Maternal, Newborn, and Child Health and Nutrition

In the aftermath of the 14 year civil war in Liberia, which ended in 2003, 90 percent of communities in Liberia did not have a functioning health facility and 95 percent of the country's health facilities were damaged or destroyed. To achieve long-term stability and growth, the country's leadership recognizes that investment in its health infrastructure is critical.



Chloe Marino holds a baby at the health clinic in Bong County, Liberia.

One of the areas of greatest need is maternal, newborn and child health. Today, Liberia has one of the world's highest maternal mortality rates: 994 women out of every 100,000 die during pregnancy or delivery. This is compared to 24 out of every 100,000 in the United States. Only 28 percent of the population is immunized and malaria and diarrhea are among the major causes of death among children under five. High rates of malnutrition further exacerbate these persistently high rates of mortality and morbidity.

In 2007, Liberia developed a National Health Plan which established policies to address these issues and set forth goals to strengthen the health sector. On the second day, the Learning Tour delegation visited a community health clinic in the town of Zeansue, established by Save the Children in partnership with the Liberian

Ministry of Health and Social Welfare, which is reaching a population that had no access to basic medical care.

The clinic trains traditional midwives to become skilled birth attendants, including Polan Raerae, a 52-year-old member of the community, whose home now also serves as a "birth waiting home." Polan helps identify pregnant women in the community, ensures that they receive prenatal care and provides them a place to go when they are preparing for labor and delivery. The clinic also provides immunizations for children and adults, stocks a pharmacy with medical supplies and hosts a children's club.

In this particular county, maternal deaths have dropped from 13 out of every 1,000 women in 2010 to seven out of every 1,000 women in 2011. Community members are learning about nutrition, breastfeeding and family planning, and are equipped with this critical information as they prepare to welcome the newest member of their families.

Inherent in the conversations regarding access to health and education are the basic principles surrounding human rights and accountable governance. The delegation was able to witness and hear directly from community members in rural Suakoko who are learning to exercise those rights with the partnership of the Carter Center's Access to Justice Project.



The delegation observes a youth role play with traditional leaders in Liberia.

Since 2006, the Carter Center has worked to raise awareness about justice and the rule of law in rural communities by using drama, community forums, radio programming and music. In partnership with the Ministry of Justice and traditional leaders, they train community members (mainly youth) to use these techniques to share information about new and existing laws that address issues of inheritance, rape, domestic violence, land disputes and more. In an area with little access to a formal judicial system, this approach has been extremely successful.

► Day Three: The Importance of Governance

The Learning Tour delegation had the honor of meeting President Ellen Johnson Sirleaf to discuss plans for her second term in office; the challenges her administration is currently tackling and how the U.S. can continue to be engaged in efforts to bring stability and prosperity to the country. *“The United States is Liberia’s most important partner, and bilateral cooperation is strong,”* said President Johnson Sirleaf. *“I thank this delegation for visiting and commend CARE for restarting their critical work in Liberia.”*

By many accounts, including the Carter Center, presidential and legislative elections in Liberia were declared



The delegation with Liberian President, Ellen Johnson Sirleaf, from left to right: JoDee Winterhof, Carolyn Rush, Congressman Bobby Rush, Congressman Tom Marino, Dr. Afaf Meleis, Congressman Hank Johnson, Susan Mars, Jonathan Ossoff, Saiqa Panjsheri, Chloe Marino and an official from the foreign ministry.



Congressman Hank Johnson and Bobby Rush are briefed by Kevin George and Kpadeson Sumo from the American Bar Association.

free, fair and transparent and signified important progress towards the country’s broader goals of peace and stability. The Government of Liberia is working to restore public confidence in political, social, economic, and judicial institutions, while addressing the regional disparity and poor governance that contributed to its many years of conflict.

The delegation learned more about Liberia’s civil and judicial system during a special lunch with Kevin George, the American Bar Association’s (ABA) Country Director in Liberia and his Liberian colleague, Kpadeson Sumo. The ABA’s Rule of Law initiative began its Liberia operations in January of 2006 and is committed to promoting access to justice in Liberia.

The ABA plays a critical role in promoting legal education throughout Liberia. In partnership with Liberia’s only law school, the Louis Arthur Grimes School of Law at the University of Liberia, they are promoting legal education by ensuring that lawyers and citizens alike have access to the law code, providing training for judges, magistrates and court staff and has worked to improve prison conditions, inmate welfare and access to justice.

These efforts are critical to ensuring that the citizens of Liberia feel confident in their legal and judicial systems – the cornerstone of any free and prosperous nation.

Before leaving Liberia, the Learning Tour delegation visited a government hospital to see firsthand the impact that governance has on public institutions. Redemption Hospital in New Kru Town, a district of Monrovia, serves a population of 300,000 people and has maternity, pediatric, medical, surgical and emergency wards. They see 900 patients daily and perform over 300 deliveries every month.

Redemption Hospital is unique in that it provides a supplemental feeding program for infants suffering from malnutrition. The delegation was able to spend time with the doctors, nurses, patients and their mothers, who are part of this program. Children who are malnourished are treated in the hospital and then take part in an outpatient therapeutic program to monitor their progress.



JoDee Winterhof is briefed by Dr. Sankor at Redemption Hospital.

The delegation saw firsthand how Redemption Hospital's staff is working to save newborns and young children suffering from malnutrition and infectious diseases. Sadly, a young infant passed away from severe malnutrition while the delegation was touring the hospital.

The delegation spoke with the hospital staff about the underlying causes including poverty, which prevents mostly poor, rural families from seeking adequate health care for their families. The visit further highlighted the need for education of and access to lifesaving interventions, especially for the most vulnerable populations.

► Day Four: Setting the Stage and Immersion in Ghana



Dr. Anirban Chatterjee, UNICEF, briefs the delegation at the scene-setter breakfast on the first day in Ghana.

On the first day in Ghana, the delegation received a briefing on the state of nutrition, health and gender equity from in-country experts. This group included Phil Christensen, Country Director, CARE; Bethann Cottrell, Nutrition Specialist, CARE; Mina Okwabi, Nutrition Specialist, Ghana Health Services; Dr. Anirban Chatterjee, Director of Nutrition, UNICEF; and an independent gender specialist, Cherub Antwi-Nsiah.

A robust discussion, moderated by Dr. Bethann Cottrell, delved deeper into the underlying causes of malnutrition and anemia. The delegation learned more about the Ministry of Health's implementing agency, Ghana Health Services, and its role in intervening to provide adequate awareness and services to mothers and children with poor feeding practices.

Delegates heard from Dr. Mina Okwabi who is leading the government's Scaling Up Nutrition (SUN) initiative in

Ghana. SUN promotes and encourages proper health and nutrition practices through the replication of successful interventions across the country, such as exclusive breastfeeding practices. While Ghana has made progress in decreasing the prevalence of underweight children under five (from 25 percent in 1998 to 14 percent in 2008), major child health challenges remain. Nearly one-third of children nationwide are “stunted” and 78 percent are anemic. Moreover, national averages for child health and nutrition mask substantial disparities within the country. The northern regions (Upper East, Upper West and Northern) have greater rates of underweight and low birth weight children, which are linked closely to food insecurity. Chronic malnutrition in these regions is linked to household poverty levels, disease burden (malaria, HIV/AIDS, intestinal worms and diarrheal diseases), inadequate sanitation facilities and infant and young child feeding practices. SUN is working with international and local groups in Ghana to promote proper nutrition-focused interventions, which illustrated the contrast between programs they visited in Liberia.

Members of the delegation then met with Ghana’s First Lady, Ernestina Mills, to discuss her role in mobilizing civil society leaders to accelerate the reduction of maternal mortality rates in Ghana. First Lady Mills further affirmed her commitment to maternal and child health related initiatives, including women’s



The delegation meets with the First Lady of Ghana, Ernestina Mills.

empowerment through greater participation in governance and economic opportunities.

The delegation’s first site visit that day was outside the capital, Accra, to a USAID-funded program called the HealthKeepers Network (HKN). This innovative program recruits and trains local women to become “Health Keepers” who sell health protection products, including water purification tablets, oral rehydration solution for dehydrated children, contraceptives and hygiene products. On this particular site visit, CARE’s delegation was joined by the ONE Campaign delegation who were also traveling in Ghana to learn about U.S. government partnerships and Ghana’s progress on health, education and sustainable growth.

HKN also provides insecticide-treated nets to prevent malaria, as well as working with the local community to raise awareness about the importance of using bed nets. Each delegate was invited to hang a net in a community member’s home, which is designated by HKN as a symbol of solidarity and partnership. A few delegates visited the home of Grace Tetteh, the mother of three sons, who just received her family’s first bed net a month ago. During the visit, Grace received her second bed net, a critical step to ensuring that her family is protected from malaria.



Congressman Hank Johnson and Jonathan Ossoff help a community member install a malaria bed net.

Ghana is a strategic and longtime partner of the United States. USAID has been working in partnership with the Government of Ghana since 1957 on a wide range of development programs, including economic growth, health, education and democratic governance, with a priority on strengthening Ghanaian institutions. During the U.S. Mission's country strategy meeting, led by the U.S. Ambassador to Ghana, Donald Teitelbaum, the delegation received a private briefing on the progress and challenges facing Ghana. Following the briefing, the Ambassador hosted a reception, which concluded the delegation's day, Rep. Tom Marino (R-PA) noted that,

“We Americans are known for being humanitarians –we have a moral obligation to improve the lives of people around the world.”

– Tom Marino

► Day Five: Integrated Programs and Solutions

The final day provided the delegation with another example of innovative programming that is engaging the community in solutions that address their most pressing challenges. En route to the Western region of Ghana, the delegation made an important visit to Elmina Castle. This fort was built by the Portuguese in 1482 as a trading post and later became one of the most important stops on the Atlantic slave trade route.

This visit was a stark reminder that West Africa was a trade hub for nearly 6.3 million people who were captured, sold and transported across the Atlantic where they labored on plantations of the “New World.” This coast is historically known as the “gold coast” and the “ivory coast” for the abundance of natural resources.

The delegation then visited programs that are providing effective health care solutions and economic support, including one that focuses on clean water hygiene practices in the Western region of Ghana.



The delegation visits Elmina Castle in Ghana.

Unsafe drinking water, inadequate sanitation and poor hygiene are major causes of diarrhea among children under five in Ghana. About 5.5 million people in Ghana – more than half of the urban population – live in slum settlements. Due to the informal nature of these settlements, water supply and sanitation services are inadequate.

Using a community-driven approach focusing on “Queen Mothers” – traditional female leaders – the Queen Mothers Association is working to improve availability and access to water and sanitation in a marketplace area called Kojokrom Market. Forty-three percent of the population within this area do not have access to safe water.



A market queen discusses the impact of water & sanitation in the marketplace.

Queen Mothers in Ghana are traditional leaders for girls and women and have tremendous influence in the community. They are taught proper hand washing techniques and basic sanitation, which they then teach to others in their community. Hand washing stations have also been strategically placed within the marketplace to prevent the outbreak of disease like chronic diarrhea and cholera.

“Once we have the women with us, we will succeed in what we are trying to do,”

– Dr. Linda Vanotoo, Western Regional Director of Health, Ghana Health Service.

The final program visited by the delegation was *Hen Mpoano (Our Coast)*, an integrated coastal and fisheries program funded by USAID. This particular community in the town of Abuesi historically supported themselves by fishing in the local waters. Yet they are now experiencing a decline in the fish supply and continued marginalization.

Hen Mpoana is addressing these issues by working with the community to gather information about the



A women sells yams in a market near the Hen Mpoana program in Ghana.

challenges they are facing and develop a governance system to resolve issues and plan for the future. The program trains fishermen, fishmongers and young people about sustainable fishing practices, as well as establishing a process to address issues of concern. The community is empowered to take control of their livelihoods through this very effective and established participatory process.

Conclusion

This unique Learning Tour showcased two countries connected through history and geography. In Liberia, under the strong leadership of President Johnson Sirleaf, progress is being made to address the health and education gaps that continue to plague the country. In contrast, Ghana is one of the 17 strongest emerging African countries due to its onward success of reaching the MDG targets and seeking innovative economic methods to address a growing population and agriculture boom.

Successful societies are gauged by the advancement and status of women, their ability to access health care and the success of their children growing up properly nourished and educated. Improving the conditions of women and children is one of the most basic commitments we can make to humanity. It's also one of the biggest problems yet to be fulfilled in many poor countries. This is a pressing need we can all make a priority.

Policy Recommendations

Support U.S. Investments: While recognizing that there are significant strains on the federal budget, we urge Congress to support strong, smart investments in international development and humanitarian programs and oppose efforts to cut modest funding for these cost-effective programs. The International Affairs (IA) Budget funds America's global economic, diplomatic and humanitarian programs overseas while representing only one percent of the U.S. federal budget. Programs supported by the IA budget help alleviate poverty, fight global hunger and famine and combat HIV/AIDS and maternal mortality in developing countries. It also enables the U.S. to respond to humanitarian crises like the catastrophic earthquake that struck Haiti in 2010 or the famine in the Horn of Africa. It represents a practical and smart investment in building a prosperous, stable and secure world.



A farmer in Ghana who participates in a Village Savings and Loan Association (VSLA).

Special Note: On February 13, 2012, President Obama released his FY13 budget request. While the budget reflects a difficult budget environment, with cuts to important poverty-fighting programs like maternal and child health, its commitment to issues like food security and climate change will go a long way toward addressing the root causes of hunger and poverty and to help prevent crisis such as the 2011 famine in the Horn of Africa.

Advance the status of women: Although health system reform in developing countries is critical, we must address some of the underlying issues that keep women trapped in the cycle of poverty and poor health, including gender inequities. Empowering women as change agents and engaging men, boys and power brokers, can lead to improvements in the health and equity of women and increase their participation in their communities.

Promote good governance: In order to support healthy societies, we must promote accountability and governance activities in Liberia and Ghana, and ensure participation from both men and women.

The CARE Learning Tours program introduces policymakers and other influential individuals to the importance of U.S. investments, particularly as it relates to family health outcomes for women and girls. The goal is to utilize these individuals in ongoing advocacy efforts and help inform recommendations for a long-term U.S. strategic approach to these issues.

We are deeply grateful to the many individuals who generously gave of their time to make this visit to Liberia and Ghana a success. CARE specifically thanks the Bill and Melinda Gate Foundation for its generous financial support to the Learning Tours.

If you are interested in CARE's Learning Tours program, please contact:

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