

IMPROVING HEALTH IN INDIA THROUGH PARTNERSHIPS AND INNOVATIONS



Findings from the CARE Learning Tour to India

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List of Participants:

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Introduction

On this CARE Learning Tour, a group of U.S. Congressional chiefs of staff, policy experts and the media traveled throughout India to explore how U.S. investments

are helping improve the country's health and education outcomes, particularly through empowering women and girls. The chiefs of staff represented a diverse geographical delegation from across the country, including Texas, New York, Alabama and Washington.

During the three-day trip, the group visited programs where strong partnerships between the U.S. government, the private sector and local organizations have yielded tangible improvements. They saw several programs run by CARE, which has worked in India for over sixty years to help people lift themselves and their communities out of poverty. The trip included a visit to the state of Bihar – one of the poorest regions in India – where CARE, the Indian government and other partners are working to provide mothers with comprehensive health services.

India Overview

India is a country of contrasts, with growths and disparities. In the 60 years since India's independence, the country has experienced tremendous progress. Life span has more than doubled, and literacy rates have quadrupled. Today, India is a country of more than 1.2 billion people, with a rapidly-emerging middle class. India is the world largest democracy and fourth largest economy. U.S. interest in the country has grown significantly, especially over the last 20 years. More than 40 percent of Fortune 500 companies currently invest in India. In 2011, U.S. goods exported to India rose to \$21.6 billion, up 12.4 percent from 2010. But these statistics only tell half of India's development story.

Despite these notable achievements, India still lags behind on many social and development measures. More than 400 million people – or more than one-third of the world's poor – still live in poverty in India. Poor pregnant mothers face obstacles to accessing adequate healthcare. One pregnant mother dies every 8 minutes, leaving India responsible for a quarter of all global maternal deaths. Violence against women – often stemming from gender inequality and the country's social structure – continues to be a widespread problem. Equal



Matt Leffingwell, Tony Fratto, Shoba Narayan, Michael Staley, Katie Porter, Jen Kates, Casey Bowman and Justin Stokes participate on a CARE Learning Tour to India.

access to education is also a challenge, especially for girls of India's lower caste and tribal groups. In India's poorest regions, the probability of girls getting primary education is approximately 42 percent lower than boys.

The U.S. government is committed to building healthier societies in India. With India's growing economy and geopolitical rise, U.S. investments have shifted from traditional donor-recipient relationships to partnerships with the Indian government and its public and private sectors. The U.S. is working with India to harness the dynamism of its economy and the entrepreneurial spirit of its population in order to tackle their biggest health and education challenges. These development investments remain crucial to saving millions of lives. These investments are also key to advancing America's core economic interests and diplomacy efforts.

The government of India is also playing a key role and responding in a number of ways to meet the United Nation's Millennium Development Goals (MDGs), especially in reducing child mortality, improving maternal and reproductive health, and fighting infectious diseases. In 2005, India implemented the National Rural Health Mission which implemented a series of community-based strategies for basic health services. This included

integrating reproductive and child health programs and deploying 750,000 new community health workers to improve community and state level health outcomes.

The education sector also plays a role in ensuring children learn about health issues, which leads to stronger and more viable societies. In 2009, the government of India passed the Right of Children to Free and Compulsory Education (RTE) Act, which universalized the quality of elementary education.

► Day 1: Understanding India's Development Challenges

On the first morning of the Learning Tour, the delegation met with the U.S. Agency for International Development to learn more about the current and future strategy of the U.S. government's engagement with India. The delegation met with Kathryn Stevens, who serves as the deputy mission director. Stevens began her discussion highlighting the robust economic growth in India. As a result of India's rise, the U.S has transformed its six-decade-old relationship with India from a traditional donor-recipient relationship to a true partnership where both sides are a part of solving their most pressing development challenges.

India's vibrant private sector, rising financial capital, technological prowess, and growing number of local community based and nonprofit organizations committed to social change have contributed to USAID's decision to "focus on India as an emerging markets partner." More than 50 percent of USAID investments are going towards partnerships and innovations. Part of the strategy will also include building up an agile and flexible team of technical experts that will influence policy and conduct extensive outreach in India's innovation ecosystem.

However, the delegation also heard the other side of India's paradox. India's development challenges continue to be immense, especially with the sheer size and scope of the country. One in 17 children in India die before the age of 5 and more than 43 percent of children are underweight.

India has the highest rate of tuberculosis in the world. There are more than 100 million people living in slums and that number is expected to double by 2020 because of the movement of migrant workers from rural areas into the cities. Women and girls often suffer the most from poverty. To address these challenges, USAID has prioritized their efforts into four sector areas, including health, education, climate change, and food security.

A lively discussion followed Steven's presentation with participants asking exploratory questions that delved deeper into the underlying causes of poverty, including Indian policies and donor policies. The discussion topics ranged from questions about the Indian government's taxation system to access to education, food aid policies and donor coordination.

Shoba Narayan, a trip participant and freelance journalist who is based in Bangalore, grew up in urban India. She said this session really taught her about the extreme disparities between rural and urban areas.

“I realized that the development still needs to trickle down a lot more,” Narayan said. “That the urban constructs that we all have – that India is improving – is true, but we still need to get a lot more done.”

As the conversation continued, the topic of family planning also emerged as a discussion point. Stevens noted that many poor women have an unmet need for family planning, and the issue is a high priority in the new USAID strategy. Dr. Muhammad Musa, CARE India's CEO and Country Director, added that many of the family planning programs are trying to provide education and access to a variety of methods. Family planning empowers women to be able to make more informed choices in deciding the future of her family. Every dollar spent on family planning can save governments up to 6 dollars that can be spent on improving health, housing, water, and other public services.



The group is greeted by students who are a part of CARE's education program in Mewat, a poor and mostly Muslim community outside of New Delhi.

Education is Essential

While the delegation learned about a wide range of India's development challenges, the struggle for women and girls resonated for many of them. More than 70 percent of India's poor are women and girls. This set the ground work for the delegation's first program visit to a boarding school just outside of New Delhi in a predominantly Muslim neighborhood. **CARE's education program** works to empower girls through integrating education and health interventions.

The innovative program works in partnership with General Mills and Merck to provide girls with educational materials and scholarships for secondary education. The program also has a newborn and maternal health component for young mothers, although on this trip the delegation focused on the education initiatives. To date, more than 500,000 women and their families have benefited from these health services.

To reach the program, the delegation went on a two hour bus ride to the town of Mewat in the Haryana province. While just a short drive away, Mewat is very different from India's capital in terms of infrastructure, culture and traditions. A majority of the population is Muslim, and many suffer from a lack of economic opportunities

outside of mining and farming. Here, fewer than one in four women are able to read. To help improve these rates, the program supports an Udaan (Hindi for “Fly”) school, a bridge-building curriculum for girls who have dropped out of school.

The delegation learned that often times poor girls in India drop out of school because they have to help their families with work or can no longer afford to attend. The program compresses their primary school learning into a year, allowing them to catch up to their peers in school. This particular CARE sponsored school was a residential program.

A group of smiling Muslim girls greeted the delegation with a song and skit about the importance of education. One young girl told the delegation that school teaches a girl how to protect herself. Another girl explained that she had never been able to leave her house before coming to school. Now, she has more freedom. Several of the girls also explained how being in school for the last few months has transformed their personalities. They used to feel more insecure and unable to speak out. One girl said, laughing with her close group of classmates, to the delegates, “we were really scared before we got to go to school. Now, our teachers have to tell us to be quiet.”



The group watches a performance by a group of girls who are able to go to school because of CARE. Udaan programs are a bridge-building curriculum for girls who have dropped out of school.

Despite India’s universalized primary school education, the delegation learned that many poor communities are still unable to access the services, especially marginalized girls. Investments in girls’ education have proven to go further than any other spending in global development. For instance, an extra year of primary school boosts girls’ eventual wages by 10 percent to 20 percent. Education also holds tremendous promise for adolescent girls and their futures. It provides the platform to reach girls at scale and to provide the basic building blocks for a healthier life. Girls who stay in school for seven or more years typically marry four years later and have two fewer children than girls who drop out.

“Investing in these girls is investing in an entire community,” said Matt Leffingwell, Chief of Staff for Rep. Kay Granger. “It is these girls and women, especially in the developing world, that [are] the backbone of a community. If we invest in them, we’re investing in communities, and we’re investing in really the future of new generations.”

The site visit showed the delegation first-hand the positive impact education can have on the young girls, who just a few months earlier had very little hope they would be able to read or write. By the end of the visit, a group of girls, huddled in front of the delegation, and told them they were dreaming big. Each of them told the delegation what they wanted to become when they grew up – nurses, teachers and doctors.

Next, the delegation headed back to the bustling capital of New Delhi where they met with private and nonprofit experts for a briefing over tea and coffee. Dr. Musa, CEO and Country Director of CARE India, moderated the event with Pankaj Mahajan of Cargill, Dr. Bulbul Sood of Jhpeigo (an affiliate of John’s Hopkins University) and Ena Singh of UNFPA (the United Nations Population Fund).

Dr. Sood discussed maternal health and family planning in rural parts of India. She also stressed the importance of partnerships with local Indian organizations and the

government of India. She spoke to the delegation about the organization's work around providing more family planning education and improving the quality of nurses who work to help mothers deliver their babies.

Dr. Singh, with UNFPA, echoed Dr. Sood's call for more comprehensive health programs for women that include family planning. She also cited other challenges such as the youth population bulge that is proving challenging for India. Lastly, Mahajan, who works on Cargill corporation's social responsibility initiatives, spoke about the struggle to nourish poor Indian populations. Cargill has been on the forefront of investing in feeding centers for the poor.

The delegation delved deeper into the conversation with several questions around the importance of adequate maternal health care. They also asked about the challenges to retaining talented Indian health care providers.



The delegation travels to a remote village in Bihar, India, one of the poorest states in the country, to learn about CARE's Family Health program. More than 40 percent of the population lives below the poverty line.

More than 40 percent of the population lives below the poverty line. Most of these people are in rural areas, where there is inadequate access to health, education, and other services.

Bihar's infant and maternal mortality rates are among the highest in India, as is the state's proportion of underweight, malnourished children younger than three. To solve these challenges, the delegates learned about **CARE's Family Health program**. This five-year program aims to improve survival and health care for women, newborns, and children.

The delegation headed to a remote village in Bihar, where they met with a group of village volunteers called Ashas (which in Hindi means "Hope"), who are accredited social health workers and volunteers. The Ashas work closely with Anganwadis, who are also government health workers. The word Anganwadis means "courtyard shelter" in Hindi, and they are public health centers that combat child hunger and malnutrition. These centers were started by the Indian government in 1975 to provide basic services. Together the Ashas and representatives with the Angandwadis work receive pre-service education on maternal, neonatal and child health and family planning services.



The group listened to a briefing from Dr. Bulbul Sood of Jhpeigo (an affiliate of John's Hopkins University). Dr. Sood discussed maternal health and family planning in rural parts of India.

► DAY 2: Strengthening Women's Health Systems in Rural India

On the second day, the group boarded a plane to the state of Bihar, to learn how CARE is working in partnership with the Bill & Melinda Gates Foundation and the Indian government to improve access to maternal and reproductive health services in rural areas. Bihar is located in eastern India with Nepal to its north.

Anita Kumari, 30, is one of the village volunteers who was trained a year ago. She decided to take on the role as an Asha because she saw how her mother-in-law was able to help other women through the same position. Anita has three children herself and said she's been able to use education and training in her own life. She learned how to use contraception to space her births so that she can stay healthy. She said the most challenging part of her job is dispelling the myths around contraceptive usage to the women in her community. The most rewarding part of her job, she says, is learning from the families she meets. Anita said that once women are educated about reproductive health, many of them voluntarily request the services.

"I like meeting families and sharing what I know. Through this process, I gain knowledge and they gain knowledge," Kumari said.

"It's amazing when we think about their ability to touch these women at an early part of their lives," Tony Fratto, partner at Hamilton Place Strategies said. "We have to presume that they're going to be committed to education and helping these kids get a good start in life. And that's just critical for India."

Voluntary family planning is an important part of CARE's Family Health Initiative. Issues such as contraception and birth spacing are usually not discussed in these poor rural communities. The delegation saw how families who are educated about family planning are empowered. With more economic resources, parents can plan for a better future for their children. They are more likely to be able to afford to send their children to school and feed them nutritious meals.

The delegation split into groups to meet the families who have benefited from receiving visits from the volunteers. One of these mothers was a 22-year-old mother named Hina Kumari, who receives visits from Anita. Hina, who already has two young children, said



Hina Kumari, 22, is one of the mothers who has benefited from CARE's Family Health program.

she preferred to wait on having more children for her health. She credited Anita for helping her learn about different family planning methods.

Another group also heard from, Babita Kumari, 25, who gave birth last month to her daughter. She already has a son who is a year and a half old. Babita said that Anita helped her create a detailed plan on how to get to the health clinic for her delivery. Anita also followed up and taught Babita about the importance of exclusive breastfeeding and the benefits of skin-to-skin contact between the mother and child. Research has shown that these simple health interventions Babita learned can improve the chances of child survival.



Michael Staley hears from a mother who has access to services through CARE's Family Health program. This mother learned about the importance of delivering her child in a proper health facility.

“It was amazing seeing her there with her two children, and how excited she was about their future, and what she felt like what she was giving to them,” Dr. Jen Kates said.

Babita and Hina both demonstrated how education about maternal and reproductive health can help them make better choices for their children – and the rest of their families.

► Day 3: Health Innovations and Technologies

The third and final day of the trip was dedicated to seeing how technology and other innovations are contributing to better health and nutrition outcomes. The group began their day in Agra, India to visit the majestic Taj Mahal. Not only is the Taj Mahal a UNESCO World Heritage site, but it is also a memorial built in 1648 to commemorate Queen Mumtaz Mahal, who died during the birth of her fourteenth child. This visit coincidentally provided the group a better understanding of the long history behind India’s maternal health challenges.



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Although India’s health indicators have improved, maternal and child mortality rates remain very high and, in some states, are comparable to those in the world’s poorest countries. The inability to reach women in remote and poor settings is one of the main reasons India struggles



Michael Staley, Chief of Staff for Rep. Spencer Bachus, and Matt Leffingwell Chief of Staff for Rep. Kay Granger, learn about ZMQ’s “Women Mobile Lifeline Channel,” an integrated mobile channel to provide critical services to women to address their health needs.

with a high maternal and child mortality rate. Only about 40 percent of deliveries are done in the hospital and 48 percent by skilled health workers nationwide.

The delegates headed back to the New Delhi area to see how modern technology is helping mothers stay healthy throughout their pregnancies. The delegation heard from **ZMQ Development**, a non-profit Indian organization that uses mobile technologies to equip poor and rural women with better health information. Currently, there is a huge disconnect between the information rural women receive and the kinds of healthcare services that are available to them. The delegation learned how ZMQ is using mobile technology to bridge that information gap.



ZMQ launched a channel designed for millions of semi-literate women using icons with audio and text to track pregnancies, immunizations, menstrual cycles, family planning and infectious diseases.

In 2012, ZMQ launched the “Women Mobile Lifeline Channel,” an integrated mobile channel to provide critical services to women to address their health needs. The channel is designed for millions of semi-literate women using icons with audio and text to track pregnancies, immunizations, menstrual cycles, family planning and infectious diseases.

The delegation heard how the organization is focused on creating more content so that the mobile phone can be a one-stop shop for all women needs. ZMQ is also looking to add new channels like functional literacy, disaster preparedness, rural entrepreneur development, financial literacy, English learning games, vocational training and tools. The delegation then spent time with some of the women who have adopted ZMQ’s services.



The group visits USAID’s Health for the Urban Poor program in a slum in New Delhi.

The group still had one more site to visit before the trip ended. Their last stop was the Sanjay Gandhi urban settlement, a slum in central Delhi. The delegation walked through the dirt path where they saw families living in makeshift homes constructed out of metal scraps and stones. The group heard from USAID about their **Health for the Urban Poor program (HUP)** that is working to promote behavior change to improve child health among 8,000 people. The program also focuses on new-born care, control of diseases like diarrhea and pneumonia, immunization, nutrition and sanitation.

The group saw how education on proper sanitation was crucial to controlling these diseases. A group of children



The children who are participating in the Health for the Urban Poor program demonstrate how they learned to wash their hands.

demonstrated the lessons they learned about washing their hands. This emphasis on personal hygiene and keeping their surroundings clean has helped the families learn to prevent common diseases such as diarrhea.

“When I go home, I think I can help educate my colleagues about the importance of U.S. aid, and that it’s not really one-size-fits-all or black and white,” said Michael Staley, Chief of Staff for Rep. Spencer Bachus (R-AL). “We have to have a commitment, and then we have to have dedicated people, like the resources that CARE has on the ground, to be able to come in and really learn about the differences that they’re making one-on-one working with people.”

Conclusion

The U.S. Administration has called its relationship with India to be “the defining partnership of the 21st century.” The Learning Tour showcased the dynamic relationship between the United States and India in tackling poverty through improving access to health and education. The group saw firsthand how the U.S. government is shifting its former traditional donor-recipient strategy to harnessing India’s own strengths and opportunities by working closely with the Indian government, public and private sectors. Through program visits to CARE’s Family Health

program in Bihar and the ZMQ mobile health program in New Delhi, the group witnessed how effective partnerships can have a positive effect on women's health.



Matt Leffingwell, Chief of Staff for Rep. Kay Granger, learns about USAID's water and sanitation initiatives through their Health for the Urban Poor program.

India was described by many of the delegates to be a country of paradoxes. While the delegation saw the robust private sector – including some familiar U.S. companies in the expanding business districts of New Delhi, they also witnessed the extreme poverty in rural villages and urban slums. More than 400 million people live in poverty in India – more than the entire population of the United States. And, many of those who have recently escaped poverty, about 53 million people between 2005 and 2010, are highly vulnerable to falling back. These stark realities are roadblocks to India's future success.

“India and countries throughout the world are trade partners, and so paying attention to those factors that matter to the stability and development of these countries – that benefits the U.S. in the end,” said Casey Bowman, Chief of Staff for Rep. Jaime Herrera Beutler (R-WA). “It’s a matter of jobs. It’s a matter of security.”

But the heart of the trip was spending time with program participants, at their homes and their community health centers. The delegation met with mothers and their families affected by health and education challenges, as well as frontline community health workers, nurses and local leaders, whose work is improving the lives of people in these poor communities. Through interactions with the local communities, the group saw how healthy mothers are instrumental to advancing investments in health and education for their families. For many of the trip participants, the experiences with the mothers in Bihar and school girls in Mewat made an indelible impression on how U.S. foreign assistance saves lives.

“Every dollar counts and every dollar is important, and it’s great to see that in action,” said Justin Stokes, Chief of Staff for Rep. Richard Hanna (R-NY).

Policy Recommendations

Support Smart Foreign Assistance

U.S. foreign assistance is critical to building a stable and secure world. U.S.-funded programs produce real change in the lives of children and families living in extreme poverty, while at the same time strengthening U.S. economic security, defending against global health threats and creating the basis for respect and goodwill toward the U.S. in countries around the world. By emphasizing self-reliance and sustainability, U.S. foreign assistance helps people help themselves.

One of the most important things the U.S. can do to fight global poverty is devote sufficient resources to these programs. The International Affairs budget is just one percent of the total federal budget, and yet it helps to feed millions, reduce mortality for women and children, and enables the U.S. to respond to humanitarian crisis like the catastrophic earthquake that hit Haiti or the more recent typhoon that leveled entire communities in the Philippines. While we recognize the significance of this difficult budget climate, CARE advocates for the U.S. to maintain and strengthen its support for the International Affairs budget.

Support Investments to Empower Women and Girls

CARE advocates for the U.S. Government to integrate gender equality and women's and girls' empowerment throughout its foreign assistance programs, including strong policies and robust resources to promote girls' education and leadership, prevent child marriage, and combat gender based violence.

In August of 2012, the U.S. government released its first ever *U.S. Strategy to Prevent and Respond to Gender Based Violence (Strategy)*. The *Strategy* is largely derived from and has long been a core component of the International Violence Against Women Act (IVAWA) and its release is a historic and unprecedented effort by the United States to address violence against women and girls globally.

In 2013, a new version of IVAWA was introduced in Congress that directs the U.S. government to implement its Strategy to reduce violence against women and girls in at least 5 countries high-prevalence. Enhanced data collection and transparency of results is also a component of the bill that ensures accountability and continued use of best practices.

IVAWA recognizes that violence intersects with nearly every facet of women's lives and therefore supports health programs and survivor services, encourages legal accountability and a change of public attitudes, promotes access to economic opportunity projects and education, and addresses violence against women and girls in humanitarian situations. IVAWA also emphasizes support and capacity-building for local women's organizations already working to stop violence against women and girls.

The legislation makes ending violence against women and girls a top diplomatic priority. It permanently authorizes the Office of Global Women's Issues in the State Department as well as the position of the Ambassador-at-Large for Global Women's Issues, who is responsible for coordinating activities, policies, programs, and funding relating to gender integration and women's empowerment internationally, including those intended to prevent



The chiefs of staff pose with some of the children in the slum in New Delhi. There are more than 100 million people living in slums and that number is expected to double by 2020 because of the movement of migrant workers from rural areas into the cities.

and respond to violence against women. Codifying this position will help to raise the profile of women's empowerment within the Executive Branch and support better coordination and communication between offices within the Department of State and USAID.

Support Comprehensive Women's Health Programs

CARE advocates for the U.S. government to support policies and allocate robust resources to increase the quality, access, and availability of international family planning services as part of a comprehensive approach to sexual, reproductive and maternal health. CARE knows that U.S. policies and resources must target barriers to accessing health services, such as: inequitable gender and social norms, poor governance, and meeting the needs of the most vulnerable populations.

In addition to advocating for strong support for U.S. investments in international family planning, CARE is also seeking bipartisan support for authorizing legislation that would help to reduce maternal and newborn mortality through a number of key interventions, including family planning.

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 India a success. CARE specifically thanks the Bill and Melinda Gate Foundation for its generous financial support to the Learning Tours.

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