



# Empowering Healthier Women and Families Through Smart Investments in Maternal and Child Health

## Findings from the Learning Tour to Rwanda and the Democratic Republic of the Congo

February 13-19, 2016

On this five-day Learning Tour, a group of five Arizona delegates, a technical expert and one of CARE’s board members traveled more than 7,000 miles to visit Rwanda and the Democratic Republic of the Congo (DRC). The purpose of their tour was to learn about the importance of U.S. investments in maternal and child health interventions and prevention of gender-based violence. The group saw how simple interventions, including access to comprehensive health services, can help ensure women, their families and communities are able to survive and thrive.

In too many corners around the world, women and families struggle on a daily basis to stay healthy. Yet health impacts nearly every aspect of our lives. With good health, we can finish school, earn a steady income, support a family and contribute to our community’s economic growth. For this reason, CARE took a group of Arizona delegates from the U.S. Congress, the private sector, academia and philanthropy to Rwanda and the DRC to witness firsthand how good health can be key in breaking the cycle of poverty.



Throughout the trip, the delegation hears from women like Florida Mukankundo, a CARE beneficiary and soon-to-be mother of four, about the importance of healthy timing and spacing of families and investing in maternal and child health.

### ► Day 1: Setting the Scene: Why Rwanda?

Upon arrival in Kigali, Rwanda, the delegation began their learning tour with a briefing by local CARE staff and technical experts. During the presentation, Bena Musembi, country director for CARE Rwanda; Clara Anyangwe, deputy representative of UN Women; and Dr. Stephen Mutwiwa, director of Jhpiego in Rwanda spoke on the challenges facing Rwandans and the development community in continuing to build upon the past successes seen around maternal and child health. However, considering the government’s investments in the health sector, the experts highlighted the potential of Rwanda to meet its health milestones and goal of ending preventable maternal and child deaths.

### Participants:

**Adam Deguire**  
Former Chief of Staff  
Rep. Matt Salmon (R-AZ-05)

**H. Conrad Meyer III**  
CARE Board Member  
Former Managing Director of Gleacher & CO

**Arienne Price**  
Scheduler  
Rep. Krysten Sinema (D-AZ-09)

**Steve Voeller**  
Partner  
Summit Consulting Group

**Dr. Mary Ellsberg**  
Founding Director of the Global Women’s Institute  
George Washington University

**Lea Marquez Peterson**  
President & CEO  
Tucson Hispanic Chamber of Commerce

**Rep. Krysten Sinema**  
U.S. Congress (D-AZ-09)

Following the briefing, the delegates attended a reception with nearly 50 local partners and NGOs in attendance. In his opening remarks, Lee Brudvig, the acting U.S. Embassy deputy chief of mission discussed what more can be done to continue to invest in Rwanda's future and the health of its people. He thanked the Learning Tours delegation for taking the time to visit Rwanda to learn about the successes the country has seen in strengthening the health sector. Congresswoman Kyrsten Sinema (D-AZ) then gave closing remarks, where she thanked the U.S. mission for the work they have been doing in collaboration with the Rwandan government and local partners to reduce maternal and child morbidity and reduce chronic malnutrition.



*The delegation meets with Lucie Mukamama, a senior student in CARE's Keeping Girls at School (KGAS) Program, who talked about the leadership skills, savings skills and mentorship opportunities she has gained from the program and her plans to further her education.*

## ► Day 2: Increasing Access to Education and Health Services

The next day, the delegates visited the CARE Rwanda country office in Kigali, where they sat down with a group of young female students who are program participants in CARE's Keeping Girls at School (KGAS) program funded by the Department for International Development (DFID). The delegates heard from the students about some of the challenges girls in Rwanda face, such as inability to pay school fees, supporting their families, delaying marriage and avoiding early pregnancy. The girls explained how the KGAS program aims to reduce the number of girls that drop out of secondary school. Program initiatives include establishing peer groups, providing skills training and mentorship opportunities, developing village savings and loans (VSL) groups to promote income generating activities and using the community score card model to involve female students, teachers and the school community in assessing the quality, accessibility and use

of academic services. The delegation learned how the KGAS program is being implemented in 30 schools around Rwanda and has reached over 5,000 school-aged girls.

The group heard from Lucie Mukamama, a 20-year-old student in the KGAS program, who talked about the confidence she has gained through the program and her plans and excitement for furthering her education post-graduation from secondary school. Lucie talked about how the savings component of the program has helped her to pay for school supplies and fees and to provide additional financial support to her relatives. Lucie also discussed with the delegation how the mentorship component has helped her to better understand issues affecting her and her peers, such as questions on reproductive health, family planning and why staying in school is important for her and her family's future.

### Community Health Workers and Rural Health Facility

Next, the group traveled to a rural community outside of Kigali, Rwanda's capital where they were greeted by Joseph Mushatsi, director of the Jali Health Center, and other Ministry of Health officials. The group then met with Xoveline and Veronique, two community health worker volunteers who have been trained to provide maternal and reproductive health counseling and nutrition counseling to families, respectively. The delegates split into two groups and sat down with a young mother and her infant child and an expectant mother and her husband, and were able to see how a typical health visit or checkup session would unfold.



*The delegates meet with community health workers who provide an overview of the type of counseling and health services they provide to mothers, children and families in rural communities of Rwanda.*

Later, the delegates visited a local health facility that is supported by the Rwandan Ministry of Health. The group toured the facilities, which included the new patient reception area, the maternity ward and family planning room. The health center director talked to the group about the types of prenatal,

antenatal and reproductive health services available to women, including counseling on how to best time and space pregnancies and education on the types of contraceptive methods offered.

### Minister of Health

Later that day, the group met with Dr. Agnes Binagwaho, the minister for health in Rwanda, who explained some of the current gaps in health service provision, human resources for health and health financing. The delegates were able to participate in an in-depth Q&A session with the minister, during which they had the opportunity to learn about the government's priorities in strengthening the health sector and investing in maternal and child health and nutrition.

### Dinner with Influential Rwandan Women

To close out the day, the delegation attended a dinner with three influential women in Rwanda, namely Monique Nsanzabaganwa, vice governor of the Rwandan Central Bank; Yvonne Krywyj, head of business operations of Sustainable Health Enterprises (SHE); and Joy Ndungutse, co-founder of Gahaya Links. The women discussed with the group their efforts to increase public awareness about women's health and economic inclusion in the country and shared some of the successes and challenges they have seen in advocating for women's empowerment, education and health. The women also discussed the success many Rwandan women have seen in recent years in building and sustaining small businesses.

## ► Day 3: Why DRC? Tackling GBV and Access to Health Services

The next morning, the group boarded a flight to travel from Kigali to Goma, a city located in eastern Congo. The group then traveled an hour outside of Goma to visit the Kirotshe General Hospital, a district hospital which serves a population of 100,000. The group learned how space in the facility and the capacity of medical staff to treat patients are limited, as there are currently just 128 beds in the hospital. The hospital typically receives high-risk referral cases from community health workers and local health facilities and patients are able to access preventive, curative and emergency health services at a low cost.

The delegation heard from Jonathan Kimbala Simbu, administrator of the hospital, and Chantal Namwana Buunda, a nurse at the hospital, who discussed with the group how the hospital regularly receives cases of high-risk pregnancies and that women frequently stay at the

hospital for one month before delivery. Chantal shared that the hospital also provides counseling on nutrition and how to time and space pregnancies, and that family planning is integrated in all the services provided to patients and is free of charge. Jonathan spoke on the challenges the hospital faces in keeping the facilities running, as many patients leave the hospital before settling their bills, since even the low cost of service is high to many families living in extreme poverty. As a result, there is insufficient skilled staff to support the growing number of referred cases the hospital receives. The group then toured the hospital facilities, visiting the maternity ward, family planning room and the ward that accommodates those suffer from severe or chronic malnutrition.



*The group visits the Kirotshe Hospital in eastern Congo, a rural health facility that provides maternal and reproductive health services, as well as pre-and post-natal care and nutrition counseling to high-risk referral cases.*

### Ushindi Project and HEAL Africa Hospital

Afterward, the delegation returned to Goma, where they had lunch at the HEAL Africa guesthouse and were greeted by Congolese orthopedic surgeon Jo Lusi. Dr. Lusi co-founded the HEAL Africa Hospital in the North Kivu region of the DRC with his late wife Lynn, a prominent social activist, to address gaps in health care. Dr. Lusi talked about the successes the hospital has seen to-date in providing comprehensive care and treatment to victims of sexual and gender-based violence (SGBV). The group learned how the hospital works in collaboration with the national police and legal body to provide treatment, psychosocial care and legal counseling to survivors.

The HEAL Africa Hospital is partially funded by the U.S. Agency for International Development (USAID) through the Ushindi project, which provides specialized training to health professionals. The Ushindi project is directed by IMA World Health and

partners with Heal Africa, CARE, the American Bar Association and the Panzi hospital. The delegates had an opportunity to hear from Dr. William Clemmer, the chief of party of IMA World Health in the DRC, who discussed how the program aims to operate in 10 districts and provides three levels of care to over 200,000 vulnerable women in the DRC. This care, which includes psychosocial, legal and socio-economic support, uses components of the CARE VSLA model to help promote income-generating activities for SGBV survivors. As nearly 48 percent of those who experience sexual violence in the DRC are under 18, the program also aims to get girls back in school, provide literacy training and develop behavior change strategies. These strategies include working with community members to develop and enforce positive masculinity for men and boys to decrease the stigma faced by victims upon returning to their communities and prevent future cases of SGBV.

Next, the group sat down with survivors of SGBV and former program beneficiaries of the Ushindi project who received services from the HEAL Africa and Panzi Hospitals, located in North and South Kivu, respectively. The women spoke to the group about the types of health and psychological services they received, and of how they have learned to cope with their traumatic experiences and continue to support their families through new crop production or the small businesses they have each created.

#### **MONUSCO Briefing and U.S. Government Briefing**

The delegation then attended a meeting with the U.N. Organization Stabilization Mission (MONUSCO) to learn about the security and humanitarian landscape in the DRC. The group heard from Daniel Ruiz, head of the MONUSCO Bureau in Goma, and Sophie Kesselaar, a women protection adviser, and Josiah Obat, a political affairs officer. The three spoke to the delegation about the work the mission does to promote human rights, HIV/AIDS prevention, child protection and prevention of SGBV, as well as promoting stabilization and peace consolidation in the country.

Finally, the group closed the day with a U.S. government briefing from Marcel Ntumba, a food assistance specialist at USAID. Marcel provided an overview of the U.S. government's strategy in the DRC and key interventions around improving infrastructure, addressing issues of poor governance and corruption and efforts to promote peace and security.

## **► Day 4: Exploring Interventions to Gender-Based Violence**

The next morning, the delegation continued its journey in eastern Congo and met with Charles Guy Makongo, country director of the American Bar Association (ABA) in the DRC. Charles talked about the program ABA is implementing in Goma to help provide legal services to victims of SGBV and strengthen the capacity of the local legal system and national bar to support and defend the rights of survivors. The delegation also met with Mary Bagole, a commissioner of the police division dedicated to preventing and responding to cases of GBV. Mary spoke about the cases that have been tried and the offenders who have been prosecuted for their crimes. The ABA works closely with the National Police Force to receive new clients and refer them to receive the appropriate health and psychological care.

Following the ABA site visit, the delegation sat down with Johannes Schoors, the country director of CARE in the Democratic Republic of Congo, who spoke to the delegation about CARE's work in Goma. Johannes highlighted the importance of prioritizing engagement at the community level and the national government level as well. The conversation that followed covered a range of topics including mainstreaming gender equity, CARE's work with the Congolese women's movement and civil society partners, the successes and challenges in working with the Congolese government along with evaluating the impact of GBV programs in the region.

The delegation then boarded a flight back to Kigali, where they continued to explore interventions to GBV and women's health in Rwanda.

#### **Isange Hospital One-Stop GBV Center**

After returning to Rwanda that afternoon, the group visited the Isange Hospital in Kigali, a one-stop center that provides holistic care and health services, including medical treatment, psychosocial and legal support to women and girls and other community members affected by gender-based violence. The delegation had a chance to tour the facilities and compare the services and quality of care available to women and other survivors of SGBV in Rwanda, to those services available in the DRC. The group heard from Shafiga Murebwayire, coordinator of the Isange Hospital, who provided the delegation with a deeper understanding of Government of Rwanda's priorities in addressing gender-based violence and services provided in the facility.



*Dr. Mary Ellsberg hears from Shafiga Murebwayire, coordinator of the Isange Hospital, a one-stop center that provides comprehensive legal, health and psychosocial services to survivors of SGBV.*

### **Briefing with the U.S. Embassy in Rwanda**

Next, the delegates visited the U.S. Embassy for a briefing by Bryan Dwyer, director of programming and training at Peace Corps in Rwanda; Canisious Musoni, pediatrics care and treatment specialist at the Centers for Disease Control and Prevention (CDC); Adriana Hayes, acting deputy mission director of USAID; and Maria Kabanyana, senior reproductive maternal newborn and child health advisor at USAID.

The group learned from the technical experts about how the nonprofit sector has worked to make rapid SMS technology, reproductive health, antenatal and prenatal care, family planning, training of health care providers and nutrition – particularly during the first 1,000 days – a priority, all of which align with the country’s health sector strategic plan. The delegates learned about several key development challenges that persist, including the need for increased private sector engagement, quality management, improved monitoring and evaluation systems and improved health care financing models. The delegates also learned about the work of the Rwandan government to reduce the mother-to-child transmission (PMTCT) of HIV. Since 2010, 245 health care facilities have provided PMTCT services, and PEPFAR has been supporting 42 percent of these facilities. As a result, Rwanda has seen marked progress in reducing mother-to-child transmission rates, from 6.7 percent to 1.8 percent in the year 2015.

Finally, the group was briefed on the work of the Peace Corps in Rwanda to strengthen the capacity of local health care providers; he told the delegation that

the Peace Corps provides English as a foreign language (TEFL) training to local care providers and technical support to community health workers. Peace Corps volunteers help ensure that mothers receive everything included in the Rwandan nutrition plan, including antenatal care, water and sanitation counseling and food supplements. As a result, Peace Corps has become more integrated with the Rwandan Ministry of Health and with the U.S. Mission.

### **Taking Action Back Home**

To end the day, the group came together for a closing dinner to reflect on the trip’s goals and learning objectives. The dinner, which was facilitated by David Ray, vice president of advocacy at CARE, provided the group with an opportunity to reflect on their most memorable experiences from the trip. They discussed ways in which each of the delegates could ensure the development programs they learned about continue to provide life-saving care and support to women and families in Rwanda and the DRC.

### **► Day 5: A Day in the Life of an Empowered Woman**

On the last day of the trip, the delegation had an opportunity to explore the impact education and financial inclusion can have on the health and well-being of women and adolescent girls. The group began the day with a visit to one of CARE’s VSL groups, where they heard from Jeannette Nduwamariya, information and communications manager for CARE Rwanda, about the history of the VSL model in Rwanda. Jeannette spoke to the group on how the VSL model serves as an entry point to other program components, including family planning, GBV prevention and leadership skills building.



*The delegation meets with a group of women who are part of CARE village savings and loans (VSL) program and learn how the program has helped them to invest in health care for their families, school fees for their children and small businesses to support their families.*

The Learning Tours delegation learned that the VSL model has been scaled up in recent years, and that there are currently nearly 1,000 CARE VSL groups throughout Rwanda, reaching close to 28,000 people, most of whom are women. Furthermore, the group learned how the government of Rwanda is seeking to scale up the VSL model even further to become a nationwide program that aims to promote economic empowerment of women around the country.

### Akilah Institute

Later that afternoon, the delegation visited the Akilah Institute, a post-secondary school for girls in Rwanda that provides technical and vocational training to students looking to enter the tourism, hospitality and technology sectors. The group met Aline Kabanda, the Rwanda country director of the school, Julian Nyagahima, the student affairs director, and Nadine Niyigeka, development and recruitment associate and graduate of the Akilah Institute. Aline gave an overview of the school's curriculum, provided background on the institute and described the recruitment efforts of the school. Julian spoke about the school's commitment to ensuring the success of all of its students and provided an overview of services offered to students by the school's administration and from fellow students. For example, students have created a fund to contribute to each trimester that assists classmates in need of financial assistance. Nadine then spoke to the group about some of the challenges and barriers to education that girls frequently face and highlighted the successes, including how many people have been reached by the institute.



*The group hears from Prisca, a student at the Akilah Institute studying entrepreneurship, who talks to the group about the importance of education in helping her to realize her goal of promoting economic opportunity in her community.*

The group then had the opportunity to sit down with four current students in the institute and hear from them how their education has helped advance their career goals and support their families. Rose told the delegation that she is a tourism major who works as a freelance tour guide to earn additional funds outside of school to support her family. With the money she earned and saved, she was able to bring her father back to Rwanda from Uganda where he had been living as a refugee since before the genocide. Another student, Prisca, originally from a rural community in Rwanda's eastern province, shared how the institute had helped her develop her English language skills. In addition, as an entrepreneurship major, the Akilah Institute is helping her develop the necessary skill set to realize her goal of developing economic opportunities in her home community.

The group closed the day with a visit to Gahaya Links where the group met with the company's co-founder, Joy Ndungutse, who was one of the influential women that joined the delegation for dinner earlier in the week. At Gahaya Links, Joy lead the group on a tour of the facility where they had an opportunity to purchase products made at Gahaya Links.

### Conclusion

As the delegation saw, the effects of a continuous and comprehensive cycle of care are tenfold. When women are healthy, they are able to earn a living. With access to finances, women, more than men, tend to spend money on improving the lives of their children and communities. Increases in income typically translate into greater investment in children's education and health care. Education for girls and women plays a vital role in the next generation's health and well-being, particularly as children born to mothers with an education are 40 percent more likely to survive beyond the age of five.<sup>1</sup>

In partnership, we can build a smart, strategic, long-term approach to health policies that emphasizes the implementation of proven solutions in Rwanda, the DRC and elsewhere. Leveraging the influence and special capabilities of the United States will motivate others to do more and create lasting collaborations that could transform the lives of millions – in Africa and around the world.

## 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 to devote sufficient resources to these programs. The international affairs budget is just 1 percent of the total federal budget, yet it helps to feed millions, reduce mortality for women and children and enables the U.S. to respond to humanitarian crises like the conflict in Syria or the Ebola epidemic in West Africa. 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, including funding for maternal and child health and gender equality.

### Invest in 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. This can be done by creating strong policies and robust resources to

promote girls' education and leadership, prevent child marriage and combat gender-based violence.

CARE supports the recently introduced Reach Every Mother and Child Act of 2015, a bill which would leverage existing resources to ensure that proven interventions in maternal and child health are integrated and scaled up across the world. This bipartisan legislation would advance the U.S. government priority of ending preventable maternal and child deaths by 2035. This is a meaningful and achievable goal that requires broad support to uphold.

CARE also supports the bipartisan International Violence Against Women Act (IVAWA), which makes ending violence against women and girls a top diplomatic, development and foreign assistance priority. IVAWA focuses on preventing violence by transforming social norms about the acceptability of it; promoting political, legal, and institutional reforms that recognize such violence as a crime and training police and the judiciary to both hold violators accountable and to respond to the needs of survivors; and reducing women and girls' vulnerability to violence by improving their economic status and educational opportunities

#### NOTES:

1. World Bank (1994)

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

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

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