



MALAWI AND KENYA:

Empowering the Next Generation of Women and Girls



Findings from the CARE Learning Tour to Malawi and Kenya

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Introduction

On this Learning Tour to Malawi and Kenya, a diverse delegation from the public and private sectors, including an Ambassador and five members of Congress from California, Florida and Texas, saw firsthand the challenges girls face around the world. In particular, they witnessed how integrated programming is paying off with higher educational attainment and expanded economic resources – both of which improve their access to food and health care to strengthen families and communities.

In the world's poorest communities, girls and women bear the brunt of poverty. When families struggle to earn enough money, it's the girls who are often first to be kept out of school and last to eat. Globally, 62 million girls are not in school.¹ In these same communities, women are frequently denied the right to own the land they've farmed their entire lives. Such inequality perpetuates the cycle of poverty and stands in the way of healthy nations and economies.

But girls and women aren't just the faces of poverty; they're also the key to overcoming it. In places where more women and girls are economically and academically empowered, the rates of maternal and infant mortality, malnutrition and HIV tend to be lower.² An educated young woman is more likely to enjoy greater economic opportunities, delay marriage and childbirth, and have a larger voice in decisions affecting her future and her family. When you empower a girl or woman, she becomes a catalyst for positive change in her family, community and country. Her success creates a ripple effect of change, benefiting everyone around her.



Malawi is one of the least developed countries globally, with more than 50 percent of the population living in poverty.³ While the country has made important strides toward achieving economic growth and strengthening the health sector, Malawi's population suffers from high rates of malnutrition, maternal, infant and child mortality, malaria and HIV. Currently, 1 in 10 adults in the country suffers from HIV infection, a prevalence rate that is 25 times higher than that in the U.S.⁴

Maternal health is also a major issue of concern in Malawi. While the infant mortality rate has decreased over the past 15 years, Malawi still has one of the highest rates of maternal mortality in the world, with approximately one out of every 196 women dying during childbirth.⁵ The delegation had the opportunity to see how U.S. investments in health are helping to address these issues and put Malawi on track toward meeting its Millennium Development Goals (MDGs).

Following their visit to Malawi, the group traveled to Nairobi, Kenya to further explore the importance of investments in comprehensive maternal, newborn and child health interventions, including HIV testing and treatment. While Kenya is one of the stronger and wealthier economies in sub-Saharan Africa, and the country recently reached middle-income status in 2012, it still grapples with high maternal death rates and a decline in the number of births attended by skilled health professionals.

Youth in Kenya are also at risk for poor health outcomes, particularly HIV infection. Much like Malawi, HIV in Kenya is endemic, with one out of every eight adults in rural Kenya and almost one in five adults in urban areas are infected with the disease. Girls in Kenya are especially vulnerable. In fact, girls account for 80 percent of all new HIV infections among adolescents throughout eastern and southern Africa. The group learned how health investments are working to reduce transmission of HIV and provide treatment and opportunity for women and youth, in particular, who have been affected by the disease.

The delegation saw how U.S. investments are helping women, children and families in various ways and across many sectors. From education to economic empowerment to better health outcomes, CARE has worked for almost 70 years in countries like Kenya and Malawi, and in other places across sub-Saharan Africa, to improve access to and quality of health services, as well as provide economic opportunity and training so that women can contribute to their household incomes and provide for their families.



From left to right: Kim Nelson, Janet Fleischman, Joe Blount, Rep. Lois Frankel, Benjamin Frankel Lubin, Rep. Julia Brownley, Mike Johnson, Rep. Barbara Lee, Ambassador Deborah Bix, Rep. Eddie Bernice Johnson, Emily Gibbons, Julie Nickson, Don Andres, David Ray, Sandy Thurman, Hanna McLafferty and Lilly Banda.

► Day 1: Setting the Big Picture in Malawi

Following an afternoon flight into Malawi from the U.S., the delegation started their trip with a roundtable discussion with representatives from CARE, the U.S. Agency for International Development (USAID), PEPFAR and the United Nations Population Fund (UNFPA). The discussion centered on the current health, nutrition and development landscape in Malawi, as well as the challenges and successes of programs focused on the empowerment of women and girls. The speakers included CARE's country director, Michael Rewald, Dan Craun-Selka, the PEPFAR Coordinator for the U.S. Department of State in Malawi, John Edgar, the Office Chief for Sustainable Economic Growth at USAID, and Dorothy Nyasulu, the Assistant Representative for UNFPA in Malawi.

That evening, the delegation attended a reception with the U.S. Mission and key leaders working in the health and development sector in Malawi. During the reception the U.S. Ambassador to Malawi, Virginia Palmer, gave remarks about the U.S. Mission's work in Malawi, including their programs focused on promoting girls' and women's empowerment in the country. This was the first Congressional visit to Malawi in the past 30 years.



Due to Malawi's heavy reliance on agriculture, combined with climate change and massive flooding, much of the population suffers from chronic food and nutrition insecurity.

► Day Two: A Focus on Girls' Education and Women's Economic Empowerment

Promoting Girls' Education and Empowerment

The delegation traveled to Santhe Village in Kasungu, Malawi, a two-hour bus ride outside of the capital city of Lilongwe, to visit CARE's girls' education program, 'Join My Village' (JMV). JMV is a multi-sector partnership between CARE, General Mills and Merck that aims to expand access to education for girls. The program also provides training programs that improve livelihoods and enrich the broader community.

Many children in Malawi, particularly girls, struggle to advance past the fifth grade. While primary school enrollment in Malawi is compulsory, economic and health pressures stifle the primary school completion rate, which hovers at 35 percent.⁶ The cost of exams, books and school attire can be overwhelming, particularly for parents with larger families and more children to educate. In addition, the distance to commute, poor sanitation facilities, early and forced marriage, teenage pregnancy and malnutrition prevent many children – especially girls – from attending school regularly or at all.

During a visit to a secondary school campus in Kasungu the group met with students who are part of the JMV program. The delegation learned how, in Malawi, JMV is providing primary and secondary school support for youth, particularly through scholarships and training and mentorship programs to help students advance toward higher education.

Mwai, a 13-year-old girl from Kasungu, shared her personal story with the delegation of how she has overcome financial obstacles and avoided societal pressures that force girls out of school, including early marriage and teen pregnancy. Mwai has stayed on the path of continuing her education and focusing on her own growth. She discussed how the JMV program has had a ripple effect on her life, and how she has become a mentor to other girls, helping students in primary school to realize their potential and recognize the importance of education. She said,

“Women’s empowerment, to me, it means that encouraging women to be educated so that they should act as leaders.”

Mwai says she now plans to attend university, become a nurse and save money in order to give her children the same educational opportunity the JMV program has given her.

Following a discussion with Mwai about the challenges she faces in accessing education, Representative Lee said, “When you look at what’s taking place in Malawi, most girls don’t have a chance for educational opportunities. Many young girls don’t even go to primary school. What I saw with Mwai as well as other girls at the school was that, if in fact the opportunity is there, you unlock their potential. Their brilliance. Their intellect. Their passion for change.”

Over lunch, the delegation met with four Peace Corps Volunteers - Gina Althole from Sioux Falls, South Dakota, Kaylee Beck from De Pere, Wisconsin, Simone Collier from Lewisville, Texas and Christine Serwan from Woodstown, New York who are currently working with communities in Malawi on projects focused on education, health and the environment. The volunteers shared more about the projects they are working on to empower girls and their communities in the areas of health and education, using avenues such as girls’ clubs, life skills, hygiene training and sports camps. The members of Congress were enlightened on the important mission of the Peace Corps program, which has focused on building diplomacy and development around the world since its inception in 1961. Currently, there are almost 130 Peace Corps Volunteers serving throughout Malawi.

Linking Savings Groups to Food and Nutrition Security

Later that day, the delegation traveled to another remote village, Nisu, in Kasungu, Malawi to visit CARE’s Village Savings and Loans Association (VSLA) program. The program follows a concept that CARE pioneered in Africa more than two decades ago to create economic self-reliance for women. The VSLA program has helped



Rep. Barbara Lee talks with Mwai, a program participant in CARE’s JMV Program, about the challenges girls face in accessing education.

women build their own successful small businesses and invest the profits in their health and nutrition needs, such as doctors’ visits, medicine and food for their families. These member-managed groups of about 20 to 30 people are led by women and offer basic financial services to those who are excluded from the formal financial services system. Every group receives one year of intensive financial literacy training to make sure they understand how savings, interest, profit and loss, and bookkeeping work. They also learn about selection and management of income-generating activities.



The delegation has lunch with Peace Corps Volunteers where they discussed the health and education projects they are currently working on to empower girls and their communities in Malawi.



Rep. Debbie Wasserman Schultz talks with CARE VSLA program participant Estery Chilomba, a mother of 8 in Kasungu, Malawi.

Sitting in a circle in the shade, the delegation watched as the group members conducted their session which started with the group leader taking attendance. Then, the members took turns to put money into a savings box, each of them saying how much money she was putting in the savings box. Many of these women never thought about amassing savings before CARE taught them financial literacy. At the end of the meeting, the women made out loans to each other and provided support to meet urgent needs through a small social fund. The loans have an interest rate of 10 percent and commonly go to farming equipment, seed, fertilizer and livestock medicine. All of the members of the VSLA are also part of CARE's *Pathways* program, which teaches women smallholder farmers proper techniques to promote sustainable agriculture and improved nutrition for their families.

The group heard from several VSLA participants, including Estery Chilomba who has been a member of the program since 2010. Estery is a smallholder farmer and mother of eight children ranging in age from five months to 19 years. She spoke of how, through this program, she has learned how to save and better manage money. Over the years, Estery has been able to save and invest in building a new house for her family, send her children to school and expand her agricultural production to not

only grow her household income, but also to ensure there is enough healthy food on the table each day.

Representative Wasserman Schultz was able to spend some extra time with Estery toward the end of the visit and listen to her story. She was deeply impressed by the VSLA program and its ability to provide transformative changes to women and their families like Estery. She said,

“It’s empowering when you can see how much change and how much can happen just from one person. One person can make a difference. And CARE helping to empower one individual woman can change the lives of generations of her family.”

After returning to Lilongwe, the group concluded the day with an informative dinner discussion with several influential Malawian women; present in the dinner were Members of Parliament Juliana Lunguzi, Hendrina Mildren Givah, the National Coordinator for the Forum for African Women Educationalists (FAWE) Malawi Chapter, Address Mauakowa, Professor and Principal of the University of Malawi’s Kamuzu College of Nursing, and Alice Shackelford, the U.N. Women Representative for Malawi. The speakers shared about their contribution in the efforts to increase public awareness on the importance of girls and women’s empowerment and the role that they play in shaping policy in the country. They also discussed the challenges in advocating for girl’s education and gender in the national political system. In particular, Juliana spoke of how Malawi is a place with all of the right plans and legislation in place, but that their main challenge lies in implementing these policies. Juliana said one solution to this problem would be to decentralize services throughout Malawi and provide stronger leadership at the local and community level. She said, “It goes beyond capacity; it’s about the willingness of leaders.” This dinner set the tone for the trip, and the congresswomen that attended discussed their interest in seeing how economic empowerment and education have helped women in Malawi, particularly in developing their self-image and who they are as women and mothers.

► Day Three: Enhancing Food Security and Access to Quality Health Services in Rural Communities

On the morning of the third day, part of the delegation met with the President and First Lady of Malawi, Peter Mutharika and Gertrude Maseko. The discussion focused primarily around providing opportunities for adolescent girls, including education and skills training. Congresswoman Debbie Wasserman Schultz asked the First Lady and Vice President what the Malawian government will do to increase access to higher education for girls. The Government of Malawi has placed an emphasis on improving learning outcomes in education through the Ministry of Education's Second Education Sector Implementation Plan (ESIP II), which prioritizes that 50 percent of students reach grade-appropriate literacy and numeracy rates by 2017. Furthermore, on February 12, 2015, the Government of Malawi passed the Marriage, Divorce and Family Relations Act (Marriage Act) of 2015, following President Mutharika's assent, who declared the legal sanctioning of child marriage as a national disgrace. Presently, Malawi's child marriage rates are among the highest in the world, with one out of two girls married before they turn 18.

Improving Food and Nutrition Security Outcomes for Mothers and Families

The other part of the delegation traveled to Nasala Village in Greater Lilongwe, situated about an hour's drive outside of the capital city, to see USAID's Integrating Nutrition in Value Chains (INVC) program. The INVC program focuses on teaching sustainable agriculture practices and linking smallholder farmers to local markets to help increase productivity and eliminate food insecurity. In particular, the program aims to strengthen local institutions in order to improve agriculture value chain competitiveness, specifically for groundnuts (peanuts), soy and dairy. Participants are also trained on how to use these local ingredients to cook healthy meals for their families and encourage healthy eating habits, particularly for children. The project is designed to implement USAID's Feed the Future (FTF) and Global Health Initiative (GHI) strategies with the goal of sustainably reducing rural poverty and improving nutritional outcomes.

Another important component of the program is Social and Behavior Change Communication. INVC has established 537 Care Groups, which use community volunteers to deliver messages on infant and young child feeding, basic hygiene and sanitation and diet and health practices to about 99,000 households twice a month.⁷ To reinforce these messages, INVC also supports community drama performances on issues such as dietary diversity, maternal nutrition and exclusive breast-feeding. In addition, INVC uses local farmers' organizations and its network of volunteer lead farmers to spread the message of "sell some, save some" in regard to both of the promoted value chains, soy and groundnut.⁸

The delegation had a chance to observe the Care Group meeting focused on best practices for family nutrition. They also observed a drama skit by the community addressing the importance of proper nutrition for pregnant mothers. After the skit, the delegation visited the weighing station where children in the community are monitored for stunting and malnutrition and their details tracked on a chart using colored stickers.



As part of the INVC Program, children's weights are publicly monitored and tracked to ensure adequate growth and child development.



Julia Brownley learns how to make peanut butter from groundnuts, an excellent source of protein and nutrients for children.

After spending time in the village center, the group walked to the home of Katerina, a mother and participant in the program. Katerina took the group on a tour of her home and compound, where she grows vegetables, soy and groundnut. Katerina and several other participants provided an interactive demonstration of the typical foods they prepare, including peanut butter made from ground nuts and nsima made from ground corn. Katerina discussed how this program is benefiting her, particularly equipping her with education on improving nutrition and farming techniques, which have, in turn, helped her provide her children with healthier, more nutritious meals, which support their growth and development.

A Focus on Improved Access to Health Services and Education

In the afternoon, the delegation traveled to Dowa, Malawi, an hour outside of Lilongwe, to visit USAID's Support for Service Delivery Integration Services (SSDI) project, led by Jhpiego and implemented in partnership with Save the Children, CARE, Plan International, and 10 local community-based organizations. The project

focuses on improving access to services and enhancing the quality of care through training, clinical mentoring, supervision and facility improvements, as well as increasing community participation for better health outcomes. Under this project, the consortium has implemented interventions in maternal and child health, family planning, HIV, malaria and nutrition.

The delegation had the opportunity to tour the health facility and see the various services provided to patients, including family planning, HIV testing and treatment and nutrition. They heard from head midwife Scholastica Kapeta and Dr. Simon Diketa, who both provided an overview on the types of services offered to women who visit the health clinic. During this visit, the delegation was able to gain a deeper understanding of the linkages between the program and the national health care system and learn more about the referral system and the limited number of qualified health care workers in rural areas.

After visiting the health center, the delegation met with a group of community health workers and mothers to see the type of counseling that is provided, including family planning, exclusive breast-feeding and hygiene. The community health workers use communications materials and key health messages to provide health education to the mothers. New mother Grace Magombani shared on the importance of receiving family planning education, which will help her to plan for and space her pregnancies. While contraceptive use has increased in the last decade in Malawi, access still remains a challenge, with usage estimated at 46 percent.⁹ This is due to a lack of education and access around the country. Over 80 percent of the population lives in rural areas in Malawi where health facilities are often not easily accessible. Community health workers are indispensable for their ability to reach a greater number of mothers with health education information and resources where health care is scarce.

► Day Four: An Introduction to the Challenges of Living with HIV

Malawi has one of the highest HIV prevalence rates in the world.¹⁰ Young people 13-24 years old, especially

girls, are particularly vulnerable to HIV.¹¹ In 2014, the Government of Malawi launched the national campaign, Protect the Goal. The campaign, spearheaded by UNAIDS, aims to raise awareness of HIV and mobilize young people through the game of football to commit to HIV prevention. The Protect the Goal campaign also stresses the need to ensure that all of the 15 million people eligible for life-saving antiretroviral treatment globally can access it by 2015.

In the morning, the delegation met with a group of HIV-positive youth that UNAIDS and Face-to-Face, a U.S.-based nonprofit, are working with on their Protect the Goal campaign. The delegation received a briefing from Sande Amakobe, Country Director for UNAIDS. Sande set the context for HIV-positive youth in Malawi and how UNAIDS is working with PEPFAR and the Malawi AIDS Commission. Sande discussed how much of the current HIV/AIDS efforts in Malawi tend to focus primarily on treatment, and that many of the behavioral and structural challenges have been ignored.

“We have the tools we need but we still need political leadership and civil society support.”

Sande also talked about the disease burden on women and children, stating that there are approximately 11,000 new HIV infections in Malawi each year, and one out of three are women. Despite this high transmission rate, Sande discussed what international and local actors like UNAIDS are doing to reduce stigma and provide opportunity and treatment for those living with HIV. Sande particularly stressed the importance of not leaving HIV-positive children behind.

To get a U.S. government perspective of the work being implemented in Malawi, the delegation heard from Cornelius Baker, the Acting Deputy Coordinator for Affected Populations and Civil Society Leadership at the Office of the U.S. Global AIDS Coordinator and Health Diplomacy. Cornelius talked about the history and evolution of the U.S. Government’s work around HIV/AIDS domestically and how that has had a profound impact on interventions around the world.

“We began to work together and save our lives and the lives of our community.”

Later that morning, the delegation divided into two groups. Representatives Barbara Lee and Eddie Bernice Johnson remained in Malawi to take a deeper dive on HIV/AIDS programming in-country. Their agenda included a visit to the Queen Elizabeth Central Hospital in Lilongwe where they saw programs at the Biwala and Lighthouse Centers. The programs both aim to reduce the rates of HIV transmission from mother to child, and provide services such as education, counseling, testing and medication to patients. The delegation toured the facilities and followed the path of a woman when she visits the Queen Elizabeth Central Hospital.

Later that day, Representatives Lee and Johnson continued to Blantyre, a large city located roughly four hours south of the capital city of Lilongwe. That evening, the remaining delegation sat down to dinner with a group of leaders in the public health sector who focus on policy programs aimed at reducing the rates of HIV/AIDS and treating those living with HIV/AIDS. They included Beth Barr, Branch Chief for Health Services at the Center for Disease Control, Dan Craun-Selka (mentioned above), Ritu Singh, HIV Team Leader for USAID and Peter Halpert, Health Officer Director for USAID. During the dinner, they shared some of the best practices and challenges in effectively implementing PEPFAR-funded programs throughout the country.

Meanwhile, the rest of the delegation flew more than 1,000 miles to Nairobi, Kenya where they were hosted for dinner that evening by the U.S. Ambassador to Kenya, Robert Godec. Katherine Perry, the PEPFAR Coordinator in Kenya, was also present at the dinner.

PEPFAR is a major U.S. government initiative to help save the lives of those suffering from HIV/AIDS around the world. This historic commitment is the largest by any nation to combat a single disease internationally, and PEPFAR investments also help alleviate suffering from other diseases across the global health spectrum,

including malaria and TB.¹² The USG works closely with the Kenyan Government to combat HIV/AIDS through PEPFAR. This collaboration represents one of the largest USG investments in HIV globally, and includes a wide variety of activities for prevention, care, support and treatment throughout Kenya. PEPFAR is now working to redirect its resources to western Kenya where prevalence rates are notably higher.

CARE collaborates with PEPFAR in several countries throughout southern and eastern Africa to achieve PEPFAR goals of preventing 12 million new infections, providing antiretroviral treatment to six million individuals, and ensuring that 12 million people, including five million orphans and vulnerable children, receive HIV-related care.

► Day Five: Case Study: Overcoming HIV in Urban Kenya

The final day of the Learning Tour continued with a focus on HIV/AIDS interventions in Kenya in Malawi.

In Malawi, Representatives Lee and Johnson traveled to the Zingwanga Health Center in Greater Blantyre. There, doctors and staff provided a briefing on the integrated HIV/AIDS services provided to the health center's patients, with a special emphasis on the Mothers 2 Mothers (M2M) program. The goal of this program is to provide essential health education and psychosocial support to help women cope with the shock and stress of learning that they are HIV-positive. Mentor mothers work with the women, encouraging them to stay on treatment, minimize their risk of transmission and make healthy choices for their families.

Emmie, a M2M mentor, shared her experience, including her history with the program, her training and her approach to engaging other mothers who participate in the M2M program. Following the briefing, the delegation toured the facility where they spoke with some of the mothers visiting the clinic and saw sections of the clinic dedicated to antenatal care and testing for HIV/AIDS on children under two years old.

In Kenya, the group began the day with a roundtable discussion with CARE, Women Fighting AIDS Kenya



The delegation visits the Lea Toto program in Kibera, one of Nairobi's largest urban slums.

(WOFAK) and the Independent Television Service (ITVS). The discussion focused on the current health and development landscape in Kenya and the key interventions and challenges taking place around HIV/AIDS education and awareness, testing and treatment, particularly for women and girls. The speakers included Bogdan Dumitru, Country Director for CARE Kenya, Dorothy Onyango, the Executive Director for WOFAK and HIV-positive advocate in Kenya, and Josephine Karianjahi, the Country Engagement Coordinator for ITVS Kenya.

Home-based Care Program for HIV-Positive Children

Kenya has experienced rapid urbanization in recent years, with many people leaving rural areas in search of employment opportunities. Due to the higher cost of living near urban city-centers, many of these individuals end up in the urban slums of major cities like Nairobi. However, when this search for better livelihoods is met with high rates of unemployment and limited opportunities, many individuals become more susceptible to drug abuse and risky sexual behavior, exposing them to possible HIV transmission.

Next, the group visited an Integrated HIV/AIDS facility to see how investments in the health sector are helping to prevent HIV transmission, provide HIV testing and offer treatment to orphaned children currently affected by the disease. This facility, Lea Toto (Swahili for "to raise

the child”), is located in Kibera, which is approximately three miles from the center of downtown Nairobi and home to an estimated one million people in an area the size of central park in New York City.¹³ Kibera is Africa’s largest slum and Kenya’s government does not formally recognize the settlement. Thus, the people of Kibera’s 12 villages are denied basic social services, including education, health care, sanitation, clean water, electricity and roads.

Lea Toto is one of 82 health centers throughout Nairobi that have been created through the Nyumbani Community Outreach Program. This program provides counseling for more than 3,000 children currently living with HIV throughout Nairobi. Children also receive nutritional support and economic empowerment from the caregivers of these medical facilities.

The delegation had the opportunity to hear from two teenage girls who receive treatment from the Integrated HIV/AIDS facility. One girl, Mercy, who is a senior in high school, talked about how she has struggled with figuring out how to live with her HIV-positive status.

“Are you living your life or someone else’s life? I have got to accept myself. It’s me and it’s my life.”

Another participant in the Lea Toto Community Outreach Program, Brenda, talked about how she joined the program in 2004 when she found out she was HIV-positive. Now, 11 years later, Brenda is living a successful, self-sufficient life. She wants people to know it is possible to live with HIV; in fact, Brenda plans to become a social worker to help other HIV-positive teens.

The group also met with Sister Mary, the Executive Director for the Nyumbani Community Outreach Program, who discussed how accessing treatment is still an ongoing challenge because there is still a great deal of stigma around being HIV-positive. In addition to access to treatment, Sister Mary also discussed how it is difficult for these children and young adults to access nutritious foods.

Providing Comprehensive Care to HIV-Positive Youth

The delegation concluded the trip with a visit to Coptic Hope Center for Infectious Diseases, a comprehensive Highly Active Antiretroviral Therapy (HAART) treatment facility jointly established by the Coptic Mission and the University of Washington (UW) in Nairobi. The Hope Center offers HIV clinical care and treatment free of charge. This comprehensive care includes voluntary counseling and testing (VCT), clinical assessments, counselling, nutrition, social work and post-test club support groups. His Grace Bishop Paul welcomed the delegation to the Hope Center where they received a briefing on the Center and the types of services provided to patients. Following the briefing, the group toured the facility to see the clinic and the pediatric and counselling rooms.

The group then had the opportunity to meet with HIV-positive youth and hear about their personal stories living with HIV, including stigma and realities. After receiving the proper care and treatment, these youth are thriving and living healthy lives. One girl explained her precarious health condition just eight years ago, weighing less than 80 pounds before she started receiving treatment. She did not know she was positive until her mother died of AIDS and she got tested after continuously falling ill. Today, she is strong and healthy, serving as a role model for other HIV-positive youth in her community.

The visit ended with a traditional song and dance led by the community participants in the program and a farewell from His Grace Bishop Paul.



The delegation poses with staff from the Coptic Health Center, a hospital in Nairobi that provides treatment and counseling services to HIV-positive youth and adolescents.

Conclusion

Malawi and Kenya, while at different stages of development, face significant challenges for women and girls in terms of health, education and food security. To ensure healthy families, strong communities, and a bright future, countries must ensure that women and girls are being empowered. For example, CARE knows that countries with more girls in secondary school tend to have lower maternal mortality rates, lower infant mortality rates, lower rates of HIV/AIDS, smaller families and better child nutrition. But often, due to simply where a girl is born or the cultural norms of her village, she never has that chance.

During this trip, the delegation saw how entire communities are working to raise themselves out of poverty, thanks to important investment and collaboration between national governments, donors and civil society groups. Such investments have led to the creation of health policies and coordinated development interventions that emphasize long-term impact and integrated delivery of quality health services in the region. More importantly, women, children and families who have benefited from these investments are now equipped with important life-skills and have been empowered to realize their own potential – resulting in higher educational attainment, greater household incomes and better health outcomes for themselves and future generations.

To continue building upon this success, coordination between partners will be necessary. Malawian and Kenyan governments will need to continue to prioritize maternal and child health and education. Support from the international community will also be critical and our continued investments at higher levels will contribute to long-term strengthening of health systems in important countries like Kenya and Malawi. Lastly, the private sector must follow the lead of companies such as General Mills and play a more active role in investing in innovative solutions to poverty. Private sector investments will be crucial in growth of economies and the improvement of health outcomes for communities throughout sub-Saharan Africa.

U.S. leadership is critical to ensuring the empowerment of future generations of women and girls in Malawi and Kenya, and globally. The U.S. has played a pivotal role in helping to build the capacity of local actors and the ability of national governments to respond to the development needs of millions in Kenya and Malawi. U.S. government investments have helped to boost food security in the region; raise the priority of maternal and child health needs; reduce tropical and non-communicable disease prevalence, including HIV/AIDS; and build partnerships and prompt interventions that could better the lives of millions of families which in turn promotes global stability and economic prosperity.

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 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.

Support Long-Term Food Security

CARE advocates for U.S. food and nutrition security programs to adopt a comprehensive approach that addresses all aspects of hunger and malnutrition. Food-insecure households often struggle to grow or buy enough nutritious food because of poor soil quality, small plots of land, water scarcity or low incomes. Often, they have no

access to a variety of nutritious food. Small-scale farmers also face challenges because traditional weather patterns have become more unpredictable, increasing the uncertainty they already face with tenuous livelihoods. Women are particularly constrained, given their unequal access to financial, information and economic resources. Many households are just one disaster away from a full food crisis.

It is vital then that programs to address food and nutrition security adopt a comprehensive approach that enables vulnerable families to increase their agricultural productivity, protect the natural resources on which agriculture depends and find ways to diversify their sources of income. Effective programs also must integrate nutrition, to ensure the best possible development outcomes for children under two. Comprehensive food and nutrition security programs also build families' ability to recover more quickly from natural disasters or other shocks and stresses to their livelihoods.

In addition to advocating for strong U.S. investments in food and nutrition security programs, CARE advocates for support of bipartisan legislation, such as the Global Food Security Act (H.R. 1567) that calls for a comprehensive food and nutrition security strategy, increased program effectiveness and sustainability and ensuring continuity of these programs.

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 voluntary family planning services to promote healthy timing and spacing of pregnancies as part of a comprehensive approach to maternal and child health. Healthy timing and spacing of pregnancies represents one of the most effective interventions to reduce maternal and child deaths and is a critical component of the continuum of services needed to improve the health of mothers and children. 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 strong support for U.S. investments in international family planning, CARE is also seeking to build bipartisan support for legislation and policies that would help to reduce maternal and newborn deaths by improving and better coordinating a wide variety of interventions, including healthy timing and spacing of pregnancies.

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.

In August 2012, the U.S. government released its first *United States Strategy to Prevent and Respond to Gender-based Violence Globally*. The strategy's release is an unprecedented effort by the United States to address violence against women and girls globally. CARE supports this strategy and efforts to codify it through the *International Violence Against Women Act (IVAWA)*.

IVAWA makes ending violence against women and girls a top diplomatic priority. It recognizes that violence intersects with nearly every facet of a woman's life 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 crises. IVAWA also emphasizes support and capacity-building for local women's organizations already working to stop violence against women and girls.

Endnotes

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|------------------------------------|------------------------------|
| 1. USAID (2015) | 7. USAID (2015) |
| 2. The White House (2015) | 8. Ibid. |
| 3. UNICEF (2012) | 9. UNICEF (2013) |
| 4. UNAIDS (2013) | 10. World Bank (2013) |
| 5. World Bank (2013); USAID (2015) | 11. UNICEF (2013) |
| 6. World Bank (2010) | 12. PEPFAR (2015) |
| | 13. Kibera Law Center (2015) |

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