

IMPACT REPORT

Stories and Statistics from the CARE Learning Tour to Malawi, November 2-8, 2019



PARTICIPANTS

Daniel Bleiberg

Foreign Policy Advisor,
Rep. Lois Frankel (D-FL-21)

Vitumbiko Chinoko

Advocacy & Partnerships Coordinator,
CARE USA

Annie Clark

Legislative Assistant,
Rep. Debbie Lesko (R-AZ-08)

Catherine Connor

Vice President of Policy,
Elizabeth Glaser Pediatric AIDS Foundation

Natalia Gandia

Legislative Assistant,
Rep. Jenniffer Gonzalez-Colon (R-PR-ATL)

Maura Gillespie

Communications Director,
Adam Kinzinger (R-IL-16)

Rachael Leman

Associate Vice President of Advocacy,
CARE USA

Patience Mgoli Mwale

Learning and Advocacy Manager,
CARE Malawi

Erica Riordan

Legislative Assistant,
Rep. Dina Titus (D-NV-01)

Jo Stiles

Legislative Assistant,
Rep. Joe Morelle (D-NY-25)

Teresa Tomassoni

Freelance Journalist

Sarah Trister

Deputy Chief of Staff,
Rep. David Cicilline (D-RI-1)



OVERVIEW

A bipartisan group of U.S. Congressional staffers traveled to Malawi with CARE to see how vital U.S. investments in health, women's and youth's empowerment are helping to equip families and communities with the tools and resources necessary to lift themselves out of poverty. The delegation included staffers from Florida, Illinois, Nevada, New York, Arizona, Puerto Rico and Rhode Island. This group was joined by a media representative, a representative from the Elizabeth Glaser Pediatric AIDS Foundation and CARE staff.

Malawi is one of the least developed countries in the world, with half of the population living below the national poverty line. In recent years, Malawi has made significant progress toward achieving the Sustainable Development Goals (SDGs), including reducing maternal and infant mortality by 30 percent in the last 15 years and significantly increasing the rate of girls' enrollment in primary school. Despite this progress, inequality and lack of access to health services for women and girls continue to significantly inhibit the development of the country. Approximately 40 percent of women in Malawi will experience some sort of violence over their lifetime and the country is home to one of the highest rates of child marriages in the world. Nearly 1 in 10 girls in Malawi are wed before their 15th birthday and 42 percent of girls are married by the age of 18. Social issues such as child marriage drive persistently high HIV infection rates— as high as 18 percent in some parts of Malawi, high rates of maternal mortality particularly among adolescent girls and perpetuate the cycle of poverty.

On this five-day trip, the delegation followed the life of a woman in Malawi – starting with challenges and opportunities for girl children, through adolescence, into new motherhood and ending by meeting fully empowered women community leaders – to witness how simple solutions at every stage can support women and girls to escape poverty and reach their full potential.

→ DAY 1

SETTING THE SCENE – WHY MALAWI?

Upon arrival in Malawi, the delegation attended an introductory briefing from local NGO technical experts. The group heard from representatives from CARE, Management Sciences for Health (MSH) and Plan International on the key development, gender and economic challenges and opportunities that women and girls in Malawi face.

→ DAY 2

SUPPORTING THE GIRL CHILD

On the first full day of the Learning Tour, the group had breakfast with representatives of the U.S. Mission, including the U.S. Agency for International Development (USAID), the Centers for Disease Control and Prevention (CDC) and U.S. Department of State, to discuss the priorities and U.S. investments in women's and girls' empowerment, maternal and child health, HIV response, education and nutrition.

Later that morning, prior to transferring to their first field visit, the delegation had a meeting with the Malawian Minister of Health and Population, Jappie Chancy Mtuwa Mhango, who discussed with the group some of the government's priorities in responding to the health and nutrition needs of its people. Mr. Mhango also discussed with the group the shortage of trained medical staff and the challenges of getting trained medical staff out to rural areas.

Below are some of the program highlights from the day:

One Community (One C) Determined, Resilient, AIDS-Free, Mentored and Safe (DREAMS) Project

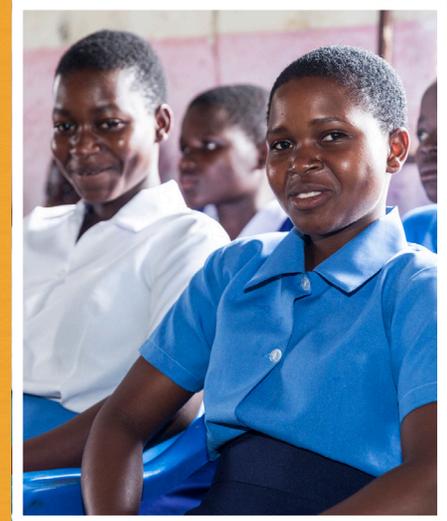
LOCATION: Machinga and Zomba Districts – Malawi

BACKGROUND: Better known as DREAMS, the Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe initiative focuses on keeping girls in secondary school and addresses a range of factors that contribute to HIV infection among girls and young women. The project offers a core package of interventions to reduce vulnerabilities and prevent new infections. The interventions also include increasing access to and uptake of high impact HIV prevention and impact mitigation services. The DREAMS project also provides social/emotional support for adolescent girls and young women, helping them to resist child marriage and early pregnancy and encouraging them to stay in school. Presently rolled out in Machinga and Zomba, the project uses clubs called *Go Girls! Clubs* as a platform to mentor adolescent girls and young women and expose them to an array of topics and services around: HIV prevention, care and treatment, sexually transmitted infections, gender-based violence, positive gender roles and parenting skills and financial literacy and economic strengthening. The goal of the *Go Girls! Club* is to increase social assets (knowledge, efficacy, risk reduction skills) and ultimately prevent infections among its members. The project also partners with health service implementers to connect girls' clubs with mobile health clinics providing screening and treatment services.

IMPACT: DREAMS activities are implemented in 26 health facility catchment areas in Zomba, Machinga and Blantyre Districts. One C implements similar activities in 39 sites in the four non-DREAMS districts (Mangochi, Mulanje, Chikwawa and Phalombe). In collaboration with Population Services International (PSI) in Machinga and Banja La Mtsogolo (BLM) in Zomba, One C also facilitates outreach activities to connect adolescent girls and young women with high-impact and quality HIV risk reduction services. From inception, One C has recruited and enrolled 89,855 youth in *Go Girls Clubs*. Out of this number, 23,541 have completed the DREAMS package of interventions, while 59,030 are currently active in clubs. One Community has also lost 7,284 girls to attrition occasioned by many factors, especially relocation.

DONORS: President's Emergency Plan for AIDS Relief (PEPFAR) through USAID and CDC

IMPLEMENTING PARTNERS: One Community (One C); Population Services International (PSI); Johns Hopkins University Center for Communication Programs (JHUCCP); Banja La Mtsogolo (BLM)



While access to primary education has been free and compulsory in Malawi since 1994, many challenges remain for children and adolescents, particularly girls, in attending and staying in school. These challenges include poor infrastructure, an extremely low teacher to student ratio along with difficulty affording school supplies – these challenges are further compounded at the secondary level. Less than 50 percent of girls will graduate primary school and only six percent will graduate high school. Pictured here are participants aged 14-19 in a *Go Girls! Club*, which provides group learning activities to help adolescent girls stay in school and develop social assets, skills and knowledge on HIV prevention.

→ DAY 3

PROMOTING HEALTH AND EDUCATION SERVICES FOR ADOLESCENT GIRLS

On the third day of the trip, the delegation continued to look at interventions impacting adolescent girls, young women and mothers in Malawi, particularly around access to education and timely and quality health services.

Below are some of the program highlights from the day:

REAL Fathers Project

LOCATION: Balaka, Machinga, Phalombe, Mzimba and Chikwawa Districts – Malawi

BACKGROUND: REAL Fathers project in Malawi seeks to deliver a range of district specific activities to mitigate the barriers to girls' enrollment and retention in school. The project works in five priority districts including Balaka, Machinga, Phalombe, Mzimba and Chikwawa, targeting girls aged 10-19 in both upper primary and secondary schools. Led by Save the Children, REAL Fathers project works with local and international NGOs as well as the research institute NORC at the University of Chicago and the Ministry of Education in Malawi, and plans to partner with USDA to mitigate the barriers to girls' enrollment and retention in school. The project has developed a package comprised of targeted yet competitive bursaries, construction of secondary schools, extracurricular and in school activities to empower girls, including strategies to transform gender norms and reduce school-related gender-based violence. This project focuses on the reduction of child marriage and teen pregnancy for the purpose of increased school access, performance and retention.

IMPACT: The REAL Fathers project has reached 1,960 fathers and their families.

DONORS: USAID

IMPLEMENTING PARTNERS: Save the Children (prime); Concern Worldwide; Grassroot Soccer; NORC – University of Chicago; World Food Program (WFP); USDA; Peace Corps



Jo Stiles is pictured here with Boast, REAL Fathers mentor, his daughter and his wife Phoebe. Boast spoke to the delegation about how his relationship with his wife and children has improved significantly since he himself went through the REAL Fathers curriculum. Boast also talked about how much it means to him, both as a male in his community and as a father, to be able to work with other young men and fathers to change beliefs and attitudes around gender equity, household responsibilities and equal access to education for boy and girl children.

Organized Network of Services for Everyone's (ONSE) Health Activity

LOCATION: Malawi (Nationwide)

BACKGROUND: The United States Agency for International Development's (USAID) Organized Network of Services for Everyone's (ONSE) Health Activity supports the Government of Malawi in its efforts to increase maternal, newborn and child health and wellbeing. The \$92 million-dollar, five-year investment targets major improvements in health through sustainable approaches and increased country ownership. Led by Management Sciences for Health (MSH) and delivered in partnership with Banja la Mtsogolo (BLM), VillageReach, Dimagi, and Overseas Strategic Consulting (OSC), ONSE delivers a package of health interventions to strengthen the health system and bring maternal, newborn and child health; family planning and reproductive health; malaria; nutrition; and water, sanitation and hygiene services to 16 districts, reaching over half of the country's population with primary health care services. The ONSE program also works with Community Health Action Groups (CHAGs), which provide platforms for communities to work together to explore health and nutrition-related problems and develop community action plans to address those challenges.

IMPACT: The activity aims to reduce maternal, newborn and child morbidity and mortality. Working in 16 districts, the activity provides support to more than 400 health facilities which deliver essential primary health care services to over half of Malawi's population. From October 2018 to September 2019, 11,182 newborn infants received antibiotic treatment for infection, compared to 4,891 in the previous financial year. The number of children under five years of age suspected to have contracted pneumonia who received antibiotics by trained facility or community health workers in U.S.-assisted programs reached 831,684. In the 11 ONSE family health districts, 86 percent of all supported facilities sampled provided priority child health services and family planning services in the recent reporting periods. The number of young people accessing youth-friendly health services reached 1,384,509 (205% of target). With regard to Malaria, 96 percent of suspected malaria cases were tested by either microscopy or rapid diagnostic test through ONSE Health and 45 percent of pregnant women had received three or more doses of antimalarial medicine. In the ONSE Health districts covered, 100 percent of health facilities providing nutrition services maintained international standards for treatment of severe acute malnutrition and 35,750 people gained access to a basic drinking water source as a result of the program activities.

DONORS: USAID; CDC; U.S. Department of State

IMPLEMENTING PARTNERS: Management Sciences for Health (MSH); Banja la Mtsogolo (BLM); VillageReach; Dimagi; Overseas Strategic Consulting (OSC)

→ DAY 4

EMPOWERING WOMEN TO LEAD COMMUNITIES

The next day, the delegation explored interventions supporting women in becoming fully equal community leaders. Projects focused on helping them prevent and overcome gender-based violence, seek leadership opportunities and greater political participation. The women are also empowered to engage in income-generating activities to support themselves and their families as well as improve the nutritional status of their children.

Below are some of the program highlights from the day:



Gender-based violence (GBV) remains a challenge and serious concern in Malawi. Nearly 4 in 10 women in the country report having experienced physical or sexual violence in their lifetime and 42 percent of girls will marry before their 18th birthday.

Essential Gender-Based Violence Prevention and Services Project

LOCATION: Blantyre, Chiradzulu, Kasungu and Mzimba Districts – Malawi

BACKGROUND: The Essential Gender-Based Violence (GBV) Prevention and Services Project is a two-year U.S. Department of State funded project that seeks to reduce GBV incidences and increase coordination of multi-sectoral responders. In order to simultaneously address the full social ecology of GBV at all levels, the project applies a comprehensive and multi-sectoral approach that creates synergy between prevention and response interventions by: Increasing the level of primary prevention efforts by targeting the root causes of GBV (harmful and rigid social, cultural and gender norms); strengthening the link between informal and formal justice sectors; holding duty bearers accountable to the safety of women and girls; building leadership of women and girls to demand their right to live free from violence; meaningfully engaging with men and boys to promote positive masculinity and challenge patriarchal social norms that perpetuate the use of violence. The project is being implemented in the four districts of Blantyre, Chiradzulu, Kasungu and Mzimba in partnership with five local organizations already engaged in GBV prevention programming and/or service delivery. Through grants provided by the project, these local partners will implement activities to sustainably scale up successful existing GBV programming as well as develop and implement innovations. While the project focuses most of its interventions within the four project implementation districts, some targeted activities on coordination and policy are national in scope.

IMPACT: To date, the project has reached 186,155 community members in the four districts where activities have been implemented and 104 child marriages have been annulled. The project has also reached 737 vulnerable, out-of-school young women.

DONOR: U.S. Department of State

IMPLEMENTING PARTNER: EngenderHealth

50:50 Campaign

LOCATION: Malawi (Nationwide)

BACKGROUND: The goal of the 50:50 Campaign is to achieve an improved participation and representation of women in leadership and decision-making positions in Malawi, eventually leading to equal representation among men and women in public office. The program follows an integrated electoral cycle approach through messaging, mentorship, policy, reform, paper development and skills building to prepare women in Malawi to successfully run for public office.

IMPACT: The program has helped support 310 female candidates in the 2019 tripartite elections in Malawi, of whom 45 were elected, helping to increase women's participation in the National Assembly by 6.3 percent. The program also helped elect the first female speaker of parliament and the second female deputy speaker. Six of the female members of parliament are under the age of 35.

DONOR: USAID

IMPLEMENTING PARTNER: World Vision



"I am so happy and proud that your delegation came from the U.S. to meet with us as women leaders. I hope you will take our discussion back to the U.S. and share with your colleagues."

—Olipa Chimangeni, Malawi Member of Parliament

A Story from the field



Charles is a small-scale farmer from Dowa, Malawi. In recent years, Charles and his community began to notice weaker and less consistent rainfall. These droughts created more dry and arid farming conditions and frequently devastated his crop production and ability to produce enough produce beyond consumption to be able to financially support his family. Through CARE's Scaling Up Nutrition Initiative activities, Charles was trained to be a "Lead Farmer," where he was taught how to make simple organic fertilizer to help improve soil quality and moisture levels and enhance yields, even in times of no or more limited rainfall. Charles is glad to know he can use simple and easy-to-access inputs, such as water, manure and ashes to create low cost, but highly effective fertilizer for his community. Charles now teaches other farmers on how to replicate this organic fertilizer production method to help them improve their yields and better support their families.

Southern Africa Nutrition Initiative

LOCATION: Malawi, Mozambique and Zambia

BACKGROUND: The Southern Africa Nutrition Initiative (SANI) is a USD \$18,604,930 multi-country project addressing undernutrition in women of reproductive age (15-49) and children under 5 years in Malawi, Mozambique and Zambia. SANI is designed to give women, families and health providers the tools they need to end malnutrition in children under five and in pregnant and nursing women. SANI helps achieve lasting change in the lives of beneficiaries by: providing individual and group nutrition counselling for women and men, supporting community and backyard gardens by providing seeds, tools, equipment and training to produce a healthy and diverse range of food for families and empowering women and expanding their economic opportunities through VSLAs, which strengthen women's economic status, autonomy and their ability to generate income.

IMPACT: SANI aims to improve the nutritional status of women of reproductive age and children under five while working with local health authorities and communities. Specifically, SANI is expected to contribute to the improved health of approximately 224,000 women, children and men directly and over 825,000 individuals indirectly throughout Malawi. To date, the project has trained and equipped 163 government health workers and 226 care group promoters to deliver quality nutrition and health services such as nutrition and health education, counselling and implementation of Community-Based Management of Acute Malnutrition. Through this training, the project has reached a total of 206,374 direct participants with different interventions, including care group implementation. The project has also reached 35,632 people (22,332 females and 13,300 males) with gender messages through gender dialogue sessions, which are conducted by 376 trained volunteers composed of care group promoters, lead farmers and Village agents. Furthermore, care groups have collectively reached out to 56,378 households, comprised of 147,453 men, women and children under five years of age, with different nutrition and health messages. In addition, the project has helped create 16,205 household backyard gardens, built the capacity of 110 water point committees and promoted hygiene and sanitation intervention resulting in adoption of handwashing facilities for 29,064 households. Finally, the Village Savings and Loans Associations (VSLAs) and community dialogues component of the program have resulted in a total of USD \$235,757 generated through VSLA groups as of December 2018.

DONOR: Government of Canada

IMPLEMENTING PARTNER: CARE (prime); Cuso international; Interagency Coalition on AIDS and Development; McGill University and the Governments of implementing Countries

That evening, the delegation attended a reception hosted by CARE and the U.S. Ambassador to Malawi, Robert Scott. At the event, the delegation met with NGO and local academia representatives, private sector partners and representatives from the U.S. Mission and Malawian government, including Mr. Mahara Longwe, Adolescent Girls and Young Women Coordinator within the Ministry of Labor, Youth, Sports and Manpower Development. The discussions featured the current development challenges in Malawi and how the U.S. government, in partnership with the Malawian government and other key stakeholders, is working to improve health and nutrition outcomes and create opportunities for small-scale farmers, particularly women farmers throughout the country.

TAKING ACTION BACK HOME

On the last day of the trip, the delegation had a closing brunch discussion where they reflected on the program visits of the trip and discussed opportunities for next steps and linkages to relevant legislation in Congress before boarding their return flight home.



Ambassador Robert Scott gives remarks on the importance of U.S. leadership and investments in women's empowerment, health and education in Malawi and thanks the visiting CARE delegation for their time visiting U.S.-supported programs in country.

→ POLICY RECOMMENDATIONS

INVESTMENTS 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. Women and girls around the world face deep-rooted inequality where their rights are not respected and their voices are unheard. This inequality is at the center of the cycle of poverty. By placing an emphasis on empowering women and girls to exercise agency and influence through education, health, leadership and economic opportunity, we can support communities to attain the tools needed to sustainably lift themselves out of poverty. This, in turn, creates more stability and self-sufficiency at a national level and helps build a more prosperous and secure world. Strong policies and robust resources to promote women and girls' education and leadership, prevent child marriage, combat gender-based violence and foster food and nutrition security are at the center of sustainable development.

Achieving these goals means prioritizing smart investments from national governments, but to truly be effective, these investments need to be leveraged by support from the international community, including the United States. The **International Affairs Budget** is the U.S. government's primary funding source for international programs for emergency response and long-term development. Although the International Affairs Budget is roughly one percent of the overall U.S. budget, it is routinely targeted in budget cuts. Proposals to dramatically cut the International Affairs Budget

raise serious concerns about the future of American leadership and how we will achieve the benefits of addressing poverty. An increasing concern is the continued erosion of base funding levels within the International Affairs Budget, which have dropped in recent years despite record-breaking levels of need. CARE advocates for a FY 2020 International Affairs Budget at no less than the House passed FY2020 total of \$58.41 billion.

CARE advocates for the timely and effective implementation of the **Women's Entrepreneurship and Economic Empowerment (WEEE) Act**, which was passed into law in December 2018. This piece of legislation improves USAID programs and activities focused on women's entrepreneurship and economic empowerment globally. The WEEE Act recognizes critical barriers to women's economic empowerment, focuses on expanding women's access to and control over resources such as property. The Act supports the financial inclusion necessary for women to grow their businesses, savings and for prosperity. Passage of this bill signals a step forward in U.S. efforts to make development assistance work effectively to lift women, their families, communities and nations out of the cycle of poverty. Importantly, the WEEE Act also recognizes many of the critical barriers that women face in achieving economic empowerment, such as gender-based violence, poor access to health, education and underlying norms that perpetuate discrimination.

CARE also advocates for the timely passage of the bipartisan **Safe from the Start Act**, which galvanizes resources to prevent and respond to gender-based violence in humanitarian emergencies. This bipartisan bill focuses on building the capacity of effectively identifying GBV from the onset of an emergency, develop necessary responses to meet the needs of survivors and empower women to play an active role in leading and participating in humanitarian aid.



Photos: All Images: Ilan Godfrey/CARE

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



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

CARE USA
1899 L Street NW, Suite 500
Washington, D.C. 20036

202-595-2800
CARELearningTours@care.org
www.care.org/learningtours

twitter.com/care

facebook.com/CAREfans