Faith-Based and Community Engagement Impact Stories

Part II

October 2020

USAID
FROM THE AMERICAN PEOPLE

Cover Photo: Bartosz Hadyniak / iStock

Table of Contents

ACKNOWLEDGMENTS 2

LETTER FROM THE DIRECTOR 3

IMPACT STORIES 4

- "Everyone Deserves the Best" — How the Private Sector is Transforming Aid in the Democratic Republic of the Congo 4
- Partnering with Communities for Tuberculosis Control 7
- "We Expected to Die" — How USAID Helped Contain the First Ebola Case in Goma 9
- Empowering El Salvador's Next Generation of Medical Rehabilitation Practitioners 15
- Zambian Villagers Unite Against Malaria 17
- Healthier Horizons: Strengthening Maternal Health in Uganda 20
- Water Works: How Access to Clean Water Transforms Lives in Madagascar 23
- Standing Tall: Adoy's Story 27
- Women Community Groups Help Break Barriers to Peace in Nigeria 29

ACRONYMS 32

ENDNOTES 33

Acknowledgments

USAID's Center for Faith and Opportunity Initiatives (CFOI) would like to thank the following people and their teams for their stories and time: Jeremy Haldeman, Tad Lunden, and Elizabeth Reim (Asili); Jennifer Jackson (USAID Global Health Bureau's Office of Health Systems); Anne Dix and Angela Forest (USAID/ASHA); Jessica O'Connor (Salesian Missions); Carol Han and Emily Rasinski (USAID's Bureau for Humanitarian Assistance); Bridget Higginbotham, Stefanie Evans, and Karina Frassrand (the U.S. President's Malaria Initiative); Anna-Maija Mattila-Litvak and Betty Kagoro (USAID/Uganda); Katherine Consavage and Carolyn Rodehau (USAID Global Health Bureau's Office of Maternal and Child Health and Nutrition); Debbie Stowell and Becca Brunner-Caple (CURE International); Maurice Amollo and Rahama Baloni (Mercy Corps); and Richard Zack Taylor (USAID/Nigeria).

KATLYN HOLLAND / CRS

Letter from the Director

October 2020

Dear Partners, Colleagues, and Friends:

For more than 60 years, the United States Agency for International Development has partnered with faith-based, faith-inspired, and civil society organizations to help lift communities out of poverty around the world. The Center for Faith and Opportunity Initiatives has commissioned the following compendium of stories to showcase these collaborations' key contributions to the journey to self-reliance.

Faith-based and community organizations' invaluable programming reaches into every corner of the development sector. Often with limited resources, these groups swiftly mobilize to combat extreme hunger, equip communities with clean water and sanitation, provide critical healthcare services, educate community members of all ages, support sustainable agriculture, build resilient and democratic societies, and promote religious freedom around the world.

These stories provide just a few examples of their work. We hope you enjoy them and find them as inspiring as we do.

Sincerely,

Kirsten Evans
Director
USAID Center for Faith and Opportunity Initiatives (CFOI)

“Everyone Deserves the Best” — How the Private Sector is Transforming Aid in the Democratic Republic of the Congo

“When I first saw the Asili clinic, I wanted to live there. It was well-made, clean, and thoughtful. I even asked myself, ‘why is this clinic here, in a poor village?’ But really that was a selfish question. It underscores something that I knew, but was buried deep down: the best things are not for a certain class — everyone deserves the best.”

This is Valéry Namuto’s first impression of Asili, a startup running reliable health clinics, clean water kiosks, and agricultural cooperatives in the eastern provinces of the Democratic Republic of the Congo (DRC). Two years after Valéry first learned about Asili, he now runs business operations at their headquarters in the eastern DRC city of Bukavu. He told us why he joined Asili:

“I saw the hope of the Congo. I knew that I needed to become a part of this initiative. I saw that the organization was established and well organized. The team understood their mission, and they had the backing of international organizations. I saw the promise in what was being done and felt called to join.”

ASILI

Valéry Namuto, Asili’s Business Operations Lead

Asili, which means “foundation” in Swahili, is a social enterprise created jointly by USAID, Alight, IDEO.org, the Eastern Congo Initiative, and, most importantly, Congolese mothers and families. The vision was to elevate industry standards by delivering value in social and economic development services as defined by the customers in the DRC.

The DRC has suffered from a regional war that began in 1996 and developed into a series of violent, local insurgencies and struggles for control over natural resources. The ensuing conflict has displaced millions from their homes.[1] Eastern DRC, where Asili operates, houses most of the country’s 4.5 million internally displaced people as well as 536,000 refugees from Burundi, the Central African Republic, and South Sudan.[2] Armed groups continue to target civilians for robbery, enslavement, and sexual violence. More than one million women and girls have been victims of rape.[3]

Asili has delivered critical services requested by Eastern Congolese communities, including affordable healthcare, clean water, and economic opportunity. In addition to financial support, the U.S. business leaders offered time and guidance. Since Asili was built on market-based principles, it is now fully self-reliant and does not require any additional U.S. government or private sector funds to continue operating.

During the project's first phase, from July 2015 through December 2017, USAID provided $3 million and leveraged $3.2 million in private sector support from philanthropic foundations and Minnesota faith-inspired business leaders. Phase one established four "social enterprise zones" of about 10,000 people each in South Kivu. Each zone serves as an economic hub that houses health clinics, clean water kiosks, and agricultural cooperatives run by Eastern Congolese communities.

Valéry, when asked what makes his job meaningful, shared that it is "the trust that has been built with our customers. When I speak the name 'Asili', there is already a trust and belief in what I will say. There is mutual respect and love between the clients and the enterprise."

ASILI

Asili health clinic in eastern DRC.

Building on the success of phase one, USAID and Alight are currently partnering on a five-year second phase to expand Asili from its current four zones to ten. USAID is contributing $7 million of the $14 million budget, and the rest will be generated by a series of unique for-profit approaches. First, under USAID's new Acquisition and Assistance Strategy, Asili is able to use the private sector approach of reinvestment for growth, so part of the expansion will be financed through revenue generated by businesses in the initial four zones. Secondly, under a mergers and acquisitions model, the Eastern Congo Initiative (founded by actor and philanthropist Ben Affleck in 2009) became Asili's majority partner in October 2019, helping Asili identify new private sector partners. For example, Asili is now partnering with Nespresso to work with local coffee farmers to source specialty coffee from the Minova region of South Kivu. This collaboration will provide the farmers with access to international markets, generating revenue for Asili to expand its healthcare and water services.

By leveraging private sector capital, expertise, and business insight, Asili has empowered Congolese families to design, finance, and implement sustainable, long-term local solutions to the challenges they face. Asili no longer relies on foreign aid, so people who were once viewed as aid beneficiaries are now rightfully regarded as business leaders and empowered clients. Valéry summarizes this change and why it matters:

"There is a big difference between someone being a client and a beneficiary. When someone is a beneficiary there is no choice. The person that is receiving the service has no choice but to receive. Even when they do not want it they must receive. When

someone becomes a client, it brings them above you [the organization]. They become superior to you. A beneficiary can never complain—a client develops a relationship of reciprocal trust and engagement. And, of course, the client can complain and the enterprise should, or even must, respond."

No matter how much the program grows, its philosophical north star will remain: "that our services are desired by our customers and worthy of our children."[4]

"I'm fortunate that I am part of the team that does assessments for where we will expand Asili," says Valéry. "So when I see that there are problems within the community, I get to be a part of presenting a solution. I can see the change in the eyes of our clients, before, during, and after. As we began building a water point, for example, you can see the expectation and the beginning of hope that their community is improving—and even that is making them content. And after, when water arrives, there is an outpouring of joy."

ASILI

Asili water business.

About the Story

This story was co-written by Asili and USAID's Center for Faith and Opportunity Initiatives in March 2020. To learn more about Asili, visit *wearealight.org/our-work/asili*.

Partnering with Communities for Tuberculosis Control

"Indonesian communities still have a lot of misperceptions about tuberculosis (TB). Many people think it is hereditary or a supernatural force," says Ida Farida, a volunteer community health worker in the Tanah Tinggi area of Jakarta, Indonesia—a country that bears the third largest TB burden worldwide.

Beyond the difficulties involved in accessing and affording health care, misconceptions about TB hamper disease prevention and control efforts for the most disadvantaged communities. The Government of Indonesia faces an uphill battle in realizing its vision for a TB-free Indonesia by 2030, and Indonesia's cultural, linguistic, and geographical diversity make it difficult for the government to communicate TB information to everyone who needs it.

Could a more community-oriented approach work? Indonesian officials are betting the answer is yes.

The Government of Indonesia is unlocking innovative ways to partner with local civil society organizations (CSOs) to deliver information in a way that takes Indonesia's cultural diversity and complexity into account. Key to this approach is activating individuals and organizations that communities trust to help bridge the gap between people and the health system.

USAID/INDONESIA

Ida Farida is a volunteer health worker in Jakarta, Indonesia, who joined USAID's Community Empowerment Against Tuberculosis project to help her community access health care.

In Tanah Tinggi, Ida embodies the critical link between sickness and access to health services. Through the USAID Community Empowerment Against Tuberculosis (CEPAT, or "fast" in Indonesian) project, Ida and other community health leaders work in communities to understand their health care knowledge, misconceptions, and needs. She then shares this information with local health facilities so they can improve their services.

USAID CEPAT also partners with trusted community-based organizations. In addition to training community health volunteers like Ida, the project teamed up with Nahdlatul Ulama, the world's largest Muslim social organization, to help local public health facilities more effectively raise awareness about disease prevention and control. The relationship that Nahdlatul Ulama and other CSOs have built with local communities helps public health facilities reach people with critical information and services through an existing channel that is known and trusted.

Other Indonesian organizations like Jaringan Kesehatan/Kesejahteraan Masyarakat (Health Network/ Community Welfare) and the Roman Catholic Diocese are also helping this effort. Along with many other smaller CSOs, these organizations monitor the health needs of diverse communities across the country and are well-positioned to disseminate health information to their networks of millions of members.

As volunteers like Ida help strengthen links between communities and their health systems, willingness to seek timely care at local health facilities grows. In turn, this facilitates more data collection and research, which builds evidence to inform future anti-TB strategies.

As part of a comprehensive approach to improving health systems, USAID ensures that results at the local level are reported to district and provincial governments, raising government officials' awareness of the public health burden on existing, limited resources.

As health and wellness make their way into the national conversation, communities and health policy makers are strengthening their partnerships with local CSOs. Through partnerships like these, USAID supports Indonesia's journey to self-reliance.

Thanks to the work of Ida and other volunteer community health workers, the local health facility serving Tanah Tinggi now detects more TB cases. As diagnosis and successful treatment rates rise—and as the government, health system, and communities strengthen their united front—fewer people contract and suffer from TB and other similar diseases.

About the Story

This story was written by Jennifer Jackson, Senior Communications Advisor for the Office of Health Systems in USAID's Bureau for Global Health, and first published on USAID's Medium account in 2019.

"We Expected to Die" — How USAID Helped Contain the First Ebola Case in Goma

When the first Ebola case was confirmed in 2018 in Goma, a city in the Democratic Republic of the Congo (DRC) with more than two million people, the world braced for the worst. USAID and partner World Vision helped ensure the virus did not spread.

The Sick Pastor

"The story of Goma's first Ebola case started here," Bishop Bernard Kabamba said as he sat on his front porch. He was thinking back to the second Sunday in July when Pastor Kubiya showed up at his front gate asking for help. Pastor Kubiya was on his way home from Beni, a town more than 200 miles north, where he had spent the last few weeks preaching. But, when his bus arrived in Goma, Pastor Kubiya felt sick and knew he had to get help. So he proceeded to the home of the one person he knew in the city: Bishop Bernard Kabamba.

EMILY RASINSKI / USAID/BHA

Bishop Bernard Kabamba welcomed Pastor Kubiya but immediately knew that something was wrong. He never imagined it would be Ebola.

Bishop Bernard welcomed him, but knew immediately that something was very wrong with the pastor. He called Meshock Byayi-Tchihanza, his church's motorcycle driver, and instructed him to drive the sick pastor to the nearest health facility and help him check in.

EMILY RASINSKI / USAID/BHA

Bishop Bernard and Meshock did not know that while Pastor Kubiya was preaching in Beni, he had attended the funeral of his brother, who had died days earlier of Ebola.

Since the Ebola crisis began in eastern DRC in mid-2018, more than 3,400 cases have been confirmed in the eastern part of the country and more than 2,200 people have died.

Meshock Byayi-Tchihanza, the motorcycle driver, transported the sick pastor to a health clinic in Goma.

IRC

WHO

USAID worked with UN and NGO partners like the International Rescue Committee, the UN International Organization for Migration and the UN World Health Organization to help stop the spread of Ebola in 2018.

The Search

Jonathan Mongello, an official for the DRC Ministry of Communication, was on call when the alert came in that there was a confirmed Ebola case in Goma. Although the disease had been raging through eastern DRC for nearly a year at that point, this was the first known case in a major city. Goma is not only the capital of North Kivu, it is also a major transit hub that borders Rwanda. Without decisive action, they knew the disease would spread quickly.

Because contact tracing—identifying those who have encountered an infected person—has been critical to Ebola response efforts, Jonathan was tasked with finding every single person who had interacted with Pastor Kubiya and encouraging them to get vaccinated. Jonathan started by talking to the hospital staff, who informed him that Pastor Kubiya had been dropped off by a motorcycle driver. Jonathan then used his networks to track down Meshock and Bishop Bernard.

Myths and Rumors

At the same time that Jonathan was hitting the streets to find everyone who had been in contact with Pastor Kubiya, the news of the first Ebola case in Goma went viral. First by word of mouth, then social

media, and finally over the airwaves on local radio. Soon the international media picked up the story. The World Health Organization (WHO) said this case could be a "game-changer" given the city's large population and proximity to the border.

But as the news spread, so did unhelpful rumors. Misinformation about the disease has long been rampant, fueled in part by the communities' deep-rooted distrust of the government and foreigners.

"Some people believe it is a made-up disease, that it is not real," explained Helen Barclay Hollins, World Vision's Eastern Zone Director. "Some believe the disease was made by people to make money and create jobs. Some believe it is for political gain. The communities have been thoroughly confused about what Ebola really is and how they can protect themselves from getting it."

EMILY RASINSKI / USAID/BHA

Jonathan Mongello, an official for the DRC Ministry of Communication, was responsible for finding everyone who had been in contact with Pastor Kubiya.

A Difficult Decision

It didn't take long for Jonathan Mongello to find Meshock and Bishop Bernard. He explained that they had been exposed to the Ebola virus and that they—along with their whole families—needed to get vaccinated.

Both Meshock and Bishop Bernard were hesitant and scared. To make matters worse, Meshock's wife, Shantal, was pregnant.

EMILY RASINSKI / USAID/BHA

Meshock Byayi-Tchihanza and his wife Shantal Bora-Mugege had to make a difficult decision after they were exposed to Ebola.

"I was very afraid. I had heard that pregnant women shouldn't get vaccinated because it could harm the baby and affect its development," Shantal said. "But I was also very afraid of Ebola."

Luckily, Jonathan (who is also a pastor) had recently completed World Vision's Channels of Hope program, which USAID funds. The program is designed to educate Christian and Muslim religious leaders about Ebola to counter misinformation about the disease.

"As a community leader, you need to be equipped," Jonathan said. "From the World Vision training, I learned how to more effectively listen to others and how to help them deal with their fears and emotions."

WORLD VISION

EMILY RASINSKI / USAID/BHA

Left: Pastor Jonathan Mongello presents at a World Vision Channels of Hope training. Right: Jonathan's Channels of Hope certificates.

Through the Channels of Hope program, religious leaders learn how the virus spreads and how to keep their communities safe. They are encouraged to find ways to incorporate this messaging into their sermons, religious teachings, and daily practices. To date, this program has trained nearly 900 faith leaders and community influencers.

CAROLE ST. LAURENT / WORLD VISION

World Vision's Channels of Hope program teaches religious leaders how to educate their communities about Ebola using scripture, science, case studies, personal experience, and interactive activities.

"There are so many examples of people refusing to get vaccinated or refusing to go to a health center until their priest, pastor, or imam intervened and encouraged them to go and get tested, seek medical advice, or get vaccinated." Helen Barclay Hollins said. "In many cases, they have been the person that has had the most influence in helping to change behavior."

A Living Testament

Even after Jonathan convinced Bishop Bernard, motorcycle driver Meshock, and their families to get vaccinated, their ordeal was not over. It can take up to 21 days for Ebola symptoms to appear. The wait was excruciating. During that time, they felt ostracized and alone.

"It was not easy for us," Bernard's wife Caroline-Okawo said. "People started asking if he had slept here, if he had come to our church. People would not talk to us. Children would point. We expected to die."

But they survived Ebola, and not a single person who came in contact with Pastor Kubiya in Goma got sick. They now share their story to enforce their message and better educate their community.

"Afterwards, the first thing we did was tell our church to get vaccinated," Bernard said. "They listen to us as spiritual leaders and we now have something to say about Ebola. We went through this and survived it. We are a living testimony."

EMILY RASINSKI / USAID/BHA

Bishop Bernard Kabamba and his wife Caroline-Okawo were vaccinated after coming in contact with Pastor Kubiya. They now encourage their congregation to get vaccinated.

EMILY RASINSKI / USAID/BHA

Left to right: Shantal Bora-Mugege, Meshock Byayi-Tchihanza, Jonathan Mongello, Bishop Bernard Kabamba and his wife Caroline-Okawo.

About the Story

This story was originally written by Emily Rasinski, Press Officer for USAID's Bureau for Humanitarian Assistance, and published in February 2020.

On June 25th, 2020, the DRC declared an end to the Ebola outbreak in the eastern provinces. However, USAID's response is not over. On June 1st, 2020, the DRC Ministry of Health declared a new outbreak in Équateur Province in northwestern DRC. USAID is working with partners to assess needs on the ground and scale up response operations.

Read more about USAID's humanitarian efforts in the DRC at *usaid.gov/humanitarian-assistance/democratic-republic-of-the-congo*.

Empowering El Salvador's Next Generation of Medical Rehabilitation Practitioners

Don Bosco University in San Salvador, El Salvador, is empowering the next generation of medical rehabilitation practitioners to transform the lives of people with mobile disabilities through its "Walking Anew!" project. This project was made possible thanks to a grant from USAID's American Schools and Hospitals Abroad (ASHA) program secured by Salesian Missions, the U.S. development arm of the Salesians of Don Bosco.

The "Walking Anew!" project, which runs from March 2017 to March 2021, is expanding and upgrading the facilities at Don Bosco University's School of Rehabilitation Science as well as the equipment used to train medical rehabilitation professionals. The project will pioneer innovative techniques to treat people with disabilities.

The project's construction phase will develop a two-story building that will house new laboratories, practice centers, classrooms, and a research center. The new building will incorporate solar electricity to improve energy use and reduce global carbon emissions.

The project will upgrade 50 percent of the current technology and install modern equipment for the four laboratories used to teach and apply rehabilitation techniques for people with disabilities. Additionally, labs focused on mobility, orthotics, and prosthetics will be updated, and new labs will be built for podiatry and specialized practices.

In early 2020, USAID/ASHA Director Anne Dix, Ph.D., visited Don Bosco University and was impressed with the school's leadership. The Prosthetics and Orthotics Technical Program has been the only accredited program in Latin America since the civil war in El Salvador (1980–1992). It has already trained visitors from El Salvador, Central and South America, Haiti, Angola, and the Democratic Republic of the Congo.

Dix was most impressed with the progress on the new lab construction. "The architectural and engineering firm supervising construction efforts is focused on energy conservation to manage temperature gradients, air flow, and lighting. The construction plan also conserves existing tree cover in the vicinity. A set of ramps and a green roof have been incorporated into the staircase to achieve Americans with Disabilities (ADA) compliance, while also helping the building seamlessly blend into the existing landscape."

SALESIAN MISSIONS

USAID/ASHA Director Anne Dix visiting Don Bosco University.

The "Walking Anew!" project will also establish a research center for innovation within the parameters of educational and medical practice. The center will stimulate the exchange of knowledge and experience with

scholarly and medical centers in the United States. It will include an information center dedicated to researching health issues specifically related to the rehabilitation of people with disabilities, orthotics and prosthetics, material science, physical medicine, and medical innovations across Central and South America. Professors, students, researchers, and health personnel will have access to rehabilitation databases and digital libraries subscriptions.

Don Bosco University is one of the most prestigious higher education institutions in El Salvador, particularly in the technology sector. The university has nearly 6,000 students and maintains a strong link to the local employment system through research, technology transfer programs, continuing education courses, and consultancy services. It offers degree programs in engineering, social sciences, humanities, economics, aeronautics, and others.

About the Story

This story was originally published in March 2020 by Salesian Missions, a USAID faith-based partner that collaborates with Salesian missionaries in more than 130 countries, helping to fulfill the material and spiritual needs of poor and abandoned individuals, especially youth. To learn more about their work, visit *salesianmissions.org*.

Zambian Villagers Unite Against Malaria

In front of an audience of more than 100 people, a young man acts out the symptoms of malaria. The woman playing his mother takes him to see an elderly medicine man who provides an inaccurate diagnosis. Both men end up in the hospital where they test positive for malaria. The health provider prescribes a medication and emphasizes the importance of completing it in order to avoid contracting different strains of malaria in the future.

The message of the story is three-fold: seek treatment from a health provider at the first sign of symptoms; malaria strikes both the young and the old; and finishing medications is key to preventing new strains of drug-resistant disease.

This educational dramatization by the Zambia Youth Federation was designed to draw crowds during a Day of Reflection on Malaria held in Chongwe, Zambia. The November event was hosted by the People's Process on Housing and Poverty in Zambia, Zambia Homeless and Poor People's Federation, and ABESU Women's Housing Cooperative. Attendees included two village leaders, two local teachers, and community members from six villages. Two local companies provided banners and water for the event.

In addition to the youth skit, the event included a presentation by a health worker from the local clinic on preventing and treating malaria. Community members were able to ask questions about malaria myths and see demonstrations on how to properly set up and sleep under an insecticide-treated bed net. Pregnant women were given new nets to take home.

Veronica Katulushi, National Health Facilitator of the Zambia Homeless and Poor People's Federations, spoke about how malaria contributes to poverty and reduces productivity: children missing school, parents missing work to care for their sick children or themselves, and people missing work to attend funerals.

BERNADETTE NKHOMA / ZAMBIA YOUTH FEDERATION

Members of the Zambia Youth Federation perform during the 2019 Day of Reflection on Malaria.

Veronica was one of eight representatives from Zambia who had attended an August meeting in Arusha, Tanzania, organized by the U.S. President's Malaria Initiative (PMI) with funding from the Bill & Melinda Gates Foundation. Senior religious and community leaders from institutions with strong networks throughout their countries—particularly in hard-to-reach communities—were invited from Zambia, Rwanda, and Tanzania to discuss their existing resources, opportunities, and the challenges they face.

The November event was part of a larger Month of Reflection on Malaria organized by these senior leaders in Zambia as a result of the PMI-convened meeting in Arusha. The Girl Guides taught 650 girls about bed nets during their International Day of the Girl activities. The Baha'i faith community invited health professionals to promote good malaria practices among the 7,000 people participating in the two-day bicentennial celebration for the birth of the Baha'i faith's founders.

At the event in Chongwe, Veronica reminded the crowd that the government of Zambia has set a target to end malaria by 2021 and created the National Malaria Elimination Center and an End Malaria Council.

She then called the community to action and asked them to do their part as well. Everyone was encouraged to pledge that they would share what they had learned about malaria prevention and treatment with their families and neighbors. This community-level engagement and ownership of the problem, coupled with national-level commitment, is vital to saving lives and ending malaria in Zambia.

BERNADETTE NKHOMA / ZAMBIA YOUTH FEDERATION

A mother and her children demonstrate how to sleep under a net during the Day of Reflection on Malaria.

BERNADETTE NKHOMA / ZAMBIA YOUTH FEDERATION

Veronica Katulushi, National Health Facilitator of Zambia Homeless and Poor People's Federations and a health worker from the Shiyala clinic, tells the crowd about malaria treatment and prevention.

BERNADETTE NKHOMA / ZAMBIA YOUTH FEDERATION

Left: Village leaders John Ngalande and Peter Mayupa thank attendees for taking action in ending malaria in their communities.
Right: A community event in Chongwe capped-off a month's long reflection on malaria in Zambia.

About the Story

This story was originally published by the U.S. President's Malaria Initiative (PMI) in 2019.

Led by USAID and co-implemented with the Centers for Disease Control and Prevention, PMI works in 24 partner countries in sub-Saharan Africa and three programs in the Greater Mekong Subregion in Southeast Asia—representing about 90 percent of the global malaria burden. Through partnerships with host country governments, national malaria control programs, civil society, faith groups, the private sector, other donors, and multilateral organizations, PMI is saving lives, driving down malaria cases and deaths, and making eradication within a generation an attainable goal. Learn more at *pmi.gov*.

Healthier Horizons: Strengthening Maternal Health in Uganda

In Uganda, 375 out of 100,000 live births result in maternal death—often the result of giving birth at home instead of a hospital.

Gerversio Muheereze, a farmer in the village of Kayonza in southwestern Uganda, knows firsthand the danger that expectant mothers face. His wife passed away while giving birth to their eighth child at home, though the baby survived.

"Soon after my wife's death, the local health center came to talk to me about what happened. I learned about the importance of antenatal care and getting regular health services for my family," said Gerversio.

A Lifeline for Families

Gerversio later married Maria Scarlet Tukamuheebwa, and when she became pregnant, he did not wait to go to the health center. "I wanted her to get regular check-ups and give birth in a medical facility," he said. "We both thought it was important."

Now parents of 2-year-old twin girls, Gerversio and Maria Scarlet continue taking their children for check-ups and immunizations. "Even when we don't have money and get sick, we get help at the health center. We pay when we can," said Maria Scarlet.

The Rushooka Health Center has become a lifeline for the family. It is run by Sister Marlene Webler, who is proud of the gradual change the center is making in the community.

"USAID's support has made it possible for us to provide reliable services and really help these communities," said Sister Marlene.

Prenatal care is at the core of the health center's work. Comprehensive prenatal care includes HIV testing, other lab tests, and regular monitoring of the baby's overall health.

The Mama Kit, a gift of basic baby-care items given to the mothers on their fourth prenatal visit, has become a hit. The kit, which includes hygienic products and baby clothes, incentivizes pregnant women to visit the clinic.

"Some women come for the check-ups only because of the Mama Kit," said Sister Marlene. "But then they start to understand the importance of these visits for their and their baby's health."

Now, more than 70 percent of pregnant women in the surrounding villages come for the four prenatal check-ups required by Uganda's national health standards, she said.

To get the kit, fathers, too, must be checked for HIV and syphilis on the first visit. Fortunately, Gerversio and Maria Scarlet both tested negative. For couples who test HIV-positive, the Rooshoka Health Center starts antiretroviral treatment to increase their chances of having a healthy child.

Teaching People To Help Themselves

Sister Marlene has found malnutrition to be one of the biggest health challenges. In southwestern Uganda, stunting—inadequate growth due to poor nutrition—affects 30 percent of the children.

"Mothers come to ask for medicine when their children are malnourished, but the solution is to know which foods to grow," she said.

The other problem affecting the community is poor hygiene, often contributing to parasitic diseases. Changing behavior and attitudes of community members is key.

"We need to educate people to help themselves," said Sister Marlene. Community volunteers are organized into Village Health Teams to provide basic guidance and refer people to the center, as part of a strategy developed by the Ministry of Health.

Men’s Involvement Is Important, Too

While change happens slowly, Rushooka clinic is making an impact. “All children are fully immunized,” said Sister Marlene. “And a majority of the mothers are getting antenatal care.” By testing and involving men, the center is also making progress in treating HIV/AIDS and changing reproductive behaviors.

And there is an additional benefit in involving men in health decisions.

“When a man is supportive of medical care, there is less violence in the family,” said Maria Scarlet.

“We are better parents and even the older children of my husband (from his previous marriage) respect both of us,” said Maria Scarlet, looking at their twin girls joyfully playing on the lawn.

About the Story

The Rushooka Health Center featured in this story is supported by USAID’s Regional Health Integration to Enhance Services in the South West (RHITES-SW) Uganda initiative, implemented by the Elizabeth Glaser Pediatric AIDS Foundation. The center provides integrated health services that help women, men, and children be healthier, more resilient, and productive.

This story was originally published by USAID/Uganda in 2018 on USAID’s Exposure account. To learn more about USAID’s work in Uganda, visit *usaid.gov/uganda*.

Photos by Anna-Maija Mattila-Litvak and Betty Kagoro for USAID.

Water Works: How Access to Clean Water Transforms Lives in Madagascar

In the village of Sabotsy Anjiro in Madagascar, a simple water tap installed outside Voahangy Rasoanantenaina's door has changed her life.

"Before the fountain, I had to get water from the public pump, a half-hour walk away," said Voahangy, who has four children. "Having to do that twice a day meant that I lost two hours trying to access water and carry it home."

"Now, the fountain is right in front of my home, and I can get as much water as I need, whenever I need it," she said.

Filtration System Brings Clean Water

From Voahangy's picturesque backyard, she can almost see the new filtration site where her clean water begins its flow. There, a group of bright blue buildings are perched high in the hills and adorned with white stones spelling out "USAID."

Like in many parts of Madagascar, the people of Sabotsy Anjiro often suffer from diarrhea, which is associated with contaminated water and food. Thanks to the new tap, Voahangy's water is cleaner and safer than it used to be.

More than 8,000 residents benefit from the new water treatment facility, which provides water for drinking, cleaning, and other daily needs. The treatment plant filters and chlorinates water from a nearby reservoir before piping it down to communities.

USAID worked with private sector partners to build the system. These partners invested in the system's development and will use money generated from water sales to pay taxes to the local government and maintain and improve the system.

USAID also partners with a local Protestant faith-based non-governmental organization to educate community members on healthy habits related to water, sanitation, and hygiene. At community outreach events, members like 24-year-old Harisoa Vololonirina learned about the importance of drinking clean water, using a latrine, and washing hands before eating.

"Having the tap outside my door allows me more time to devote to other things, such as my household chores," Harisoa said. "Now, my family and I can bathe every day and wash our clothes at home. We no longer have to take our laundry down to the river."

After paying a small fee to install a private or shared water connection at their homes, community members like Voahirana Rafaliniaina pay a fraction of a cent per liter of water. Those who cannot afford the installation cost can borrow money from the local Village Savings and Loan Association. Since the tap was installed, Voahirana said:

"Everything is shiny now. Even the children!"

To ensure accountability of the water delivery system, the project engages civil society organizations to track and report on any issues affecting water quality and maintenance of the system.

Local civil society members like Richard Rafidimanantsoa serve as liaisons to ensure sustainability of the system even after the USAID project is completed.

Harisoa, Voahangy, and thousands of other Malagasy citizens are benefiting from the installation of water taps like these near their homes, ensuring improved access to safe and reliable water and preventing deadly diseases.

About the Story

This story was originally published in March 2019 by USAID's Bureau for Global Health's Maternal and Child Survival Program on the Agency's Exposure blog account.

To learn more about the Bureau for Global Health, visit *usaid.gov/global-health*. More information about USAID's work in water and sanitation can be found at *usaid.gov/what-we-do/water-and-sanitation*.

Photos by Anne Daugherty and Amy Fowler for USAID.

Standing Tall: Adoy's Story

John Arnold, also known as "Adoy" to his family and friends, is full of character. He is jolly, friendly, and polite. Although he is the kind of kid that you would want to hang out with all day, he is bullied due to his disability. His left foot is clubbed and does not have complete toes. He was born without his right foot, due to amniotic band syndrome, and walks on his knees. "He ties a pair of flip flops to them so they would not be calloused," shared his mom Charrilyn.

HOPE KIM PRANZA / CURE PHILIPPINES

Adoy walks with his prosthetic leg during physical therapy.

Adoy's childhood struggles have drawn him and his mother closer to God for refuge, and they believe that God answered their prayers.

During Adoy's treatment at Tebow CURE Hospital, a pediatric orthopedic hospital in Davao City in the Philippines, he and Charrilyn stayed with Seeds of Dignity (SOD), a partner organization that paid for their airline tickets from another island to Davao City. SOD also covered their housing and transportation throughout Adoy's entire treatment process.

After a series of casting, surgery, and follow-up visits, Adoy waited patiently for his prosthetic leg. Mike Hulland, Tebow CURE's Executive Director, has an extensive background in building prostheses. He worked with Larry, an orthotic technician, to build Adoy's new leg. Adoy was able to see its construction firsthand and cheer them on in their work. Mike also gave him a tour of their workshop and facilitated the fittings.

"When I imagine my child standing for the first time, I couldn't help but have joy knowing that our trip will be worth it," Charrilyn said. She could not hold back the tears of joy when Adoy stood on both legs for the first time. "I can finally stand! I can finally stand!" Adoy cheered as he walked on the platform.

HOPE KIM PRANZA / CURE PHILIPPINES

Adoy before he was fit with the prosthetic.

HOPE KIM PRANZA / CURE PHILIPPINES

Adoy getting fit with his prosthetic at Tebow CURE Hospital.

Since it is his first time standing with both legs, he will need to learn how to balance and build muscle memory to walk upright. Mike took the time to sit and walk with Adoy in physical therapy, making sure that the prosthetic leg fit well.

Answered prayers do not usually come in big prosthetic packages, but they did for Adoy. He is grateful for his new prosthetic leg and is excited to sing, dance, and become a maestro as he has always hoped.

HOPE KIM PRANZA / CURE PHILIPPINES

Adoy with his prosthetic leg.

About the Story

This story was written by a Storyteller at CURE Philippines, Hope Kim Pranza, and originally published in December 2019 by CURE International.

CURE International is a faith-based organization operating eight hospitals in Ethiopia, Kenya, Malawi, Niger, Philippines, Uganda, United Arab Emirates, and Zambia. Since opening its first hospital in Kenya in 1998, CURE has worked to heal children with physical disabilities in the world's poorest populations. CURE also aims to nurture the spiritual health of children with disabilities and their families since they have often been told their condition is due to a curse.

Women Community Groups Help Break Barriers to Peace in Nigeria

In Central Nigeria, violence, discrimination, and segregation between the country's Christian and Muslim communities are at catastrophic levels. With a population of more than 203 million, 53.5 percent of Nigerians identify as Muslim, 45.9 percent as Christian, and 0.6 percent hold other beliefs. Longstanding ethno-religious divides have shaped politics and culture.

Between March 2015 and June 2020, close to 40,000 people have lost their lives to this violence.[5] Between January 2019 through August 2020, 8,138 people have been killed in eleven North-central and Northwest states.

Farmers and herders in central Nigeria have fought over resources for decades. In the past two decades, the conflict has been exacerbated by increased population growth, farm expansion, and environmental deterioration in northern states. Although the Government attempted to discourage discrimination through citizenship policy reform in 2006, the legal changes have marginalized certain ethnic and religious groups.

Nigeria's government has been partnering with local religious leaders, media influencers, and country-wide radio shows to curb hateful and dangerous speech. However, the Nigerian government has made little progress in de-escalating religious tensions.

Since 2018, ethno-religious conflict over resources and rights between citizens has grown in central Nigeria's Middle Belt region. USAID partner and global humanitarian non-profit, Mercy Corps, tracked 26 religious-based violence incidents that resulted in 291 deaths between January and December 2019 in Kaduna state alone.

Despite ongoing conflict, civil society groups in the Middle Belt region have worked to identify solutions. In 2019, USAID supported Mercy Corps to implement the program, Community Initiatives to Promote Peace (CIPP), which was designed to elevate women's voices to address religious-based violence.

In October 2019, CIPP created a series of Women's Critical Discussion Groups (WCDGs) across five Middle Belt states: Kaduna, Katsina, Kano, Plateau Benue, and Kogi. The discussion groups consist of Christian and Muslim women that meet weekly to identify ways to solve ethno-religious conflict. Each

week they listen to a radio program broadcasting peaceful messages that counteract the widespread hate speech in the media. A CIPP-trained mediator leads the women's groups through discussions aimed at finding ways to build peace in their communities. The groups even record features for radio programs to air in each state.

As a result of these discussions, one of the WCDGs invited their counterpart group in a neighboring state to host a series of peace events across five states where CIPP operated. The first peace event, held in January 2019 in Kaduna state, convened more than 50 women, several religious leaders, and heads of local government from both faiths. They discussed the benefits of peace and ways to mitigate interfaith violence. Following the first event, the WCDGs hosted a festival, where Muslims and Christians sang songs, performed theatrical demonstrations about peaceful coexistence, and led conversations about avoiding causes of extremism, such as religious hate speech.

In addition to the festival, the women's groups in each state began hosting regular public meetings with Muslims and Christians. Male community and religious leaders regularly attend to share words of encouragement for the women, recognizing their effort and place in building peace.

One of the WCDGs in the state of Kogi convinced their traditional leaders to include them in a town hall meeting where they presented on the benefits of the peace events and why women should be part of community decision making. This was the first time women presented in this community's town hall meeting.

From mid-January to August 2020, no religious-based violence has occurred in 12 of the 16 local government areas (LGA) of Taraba State, a state where the USAID conflict mitigation activity is implemented in some LGAs.

Between January and March 2020, the women organized 12 peace events and resolved 40 percent of the disputes reported to the women mediators trained through CIPP's Interest Negotiation and Mediation program. None of the resolved disputes have recurred, demonstrating the women's understanding of local conflict and ways to resolve them. This progress helps disprove that only men are capable of resolving disputes. As a local youth leader shared, "our mothers are getting better at navigating the cultural constraints and other structural barriers to their participation in peacebuilding. Several have joined [CIPP] peace activities."

Through CIPP's mediation trainings, weekly meetings, and community peace events, the women have gained skills and confidence to help resolve interfaith conflict. As WCDG member Hafsat Mohammed noted:

"I had no idea how to address the issues in my community. I felt limited by my capabilities because I am a woman. Now the story is different. The CIPP women's discussion group has helped me build my capacity and confidence. I dialogue with community leaders and security agents to provide solutions to pressing issues in the community. In the past, I had certain limitations as a woman, but now I have a different view about leadership. Now I know that women are as capable as men to contribute to the development of the community."

The events have empowered community leaders to address other conflicts the community faces. School teacher Mallama Gambo Nasir is applying the mediation skills she gained by teaching her students about the dangers of drug abuse, including increased vulnerability to recruitment by violent extremist groups. The women's efforts have brought such relief to residents of Kasuwan Magani that a once polarizing religious leader commented at one of the community events that, "for the first time in many years, I have a lot of hope for my country because I now see that when people discuss their differences and work through them together, the stage is set for positive change to occur."

About the Story

This story was co-written by Mercy Corps and USAID in 2020. To learn more about USAID's work in Nigeria, visit *usaid.gov/nigeria*.

Photos by Mercy Corps.

Acronyms

ADA	Americans with Disabilities
ADRA	Adventist Development and Relief Agency
ASHA	American Schools and Hospitals Abroad
BHA	Bureau for Humanitarian Assistance
CFOI	Center for Faith and Opportunity Initiatives
CIPP	Community Initiatives to Promote Peace
CMM	Conflict Management and Mitigation
CMMB	Catholic Medical Mission Board
CSO	Civil Society Organization
CEPAT	Community Empowerment Against Tuberculosis
DRC	Democratic Republic of the Congo
FBO	Faith-Based Organization
IOM	International Organization for Migration
IRC	International Rescue Committee
LEED	Leadership in Energy and Environmental Design
MNH	Maternal and Newborn Health
NGO	Non-Governmental Organization
RANO WASH	Rural Access to New Opportunities in Water, Sanitation, and Hygiene
RHITES-SW	Regional Health Integration to Enhance Services in the South West
SOD	Seeds of Dignity
TB	Tuberculosis
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WCDG	Women's Critical Discussion Groups
WHO	World Health Organization

Endnotes

[1] "History of the Conflict." Eastern Congo Initiative. *https://www.easterncongo.org/about-drc/history-of-the-conflict/*.

[2] "Democratic Republic of the Congo." UNHCR | USA. *https://www.unhcr.org/pages/49e45c366.html*.

[3] "The Eastern Congo." Council of Foreign Relations. *https://www.cfr.org/interactives/eastern-congo#!/?cid=soc-at-interactive-the_eastern_congo_infoguide-121015*.

[4] "Raising Industry Standards for Human-Worthy Services." Asili | ALIGHT. *https://wearealight.org/our-work/asili/*.

[5] Campbell, John. "Nigeria Security Tracker." Council on Foreign Relations. Council on Foreign Relations. *https://www.cfr.org/nigeria/nigeria-security-tracker/p29483*.

USAID
FROM THE AMERICAN PEOPLE

Center for Faith and Opportunity Initiatives
usaid.gov/faith-and-opportunity-initiatives
CFOI@usaid.gov