



COVANCE AND CARE
ADVANCING HEALTH.
BUILDING HOPE.



TO COMMEMORATE THE COMPANY'S 10TH ANNIVERSARY,
COVANCE PARTNERED WITH CARE TO SPONSOR
THE CREATION AND LAUNCH OF AN EARLY CHILDHOOD
DEVELOPMENT MODEL IN RWANDA.



^ With cognitive stimulation activities, teacher encouragement to interact with other children, and more affection from her parents, Josette is thriving. Before enrolling in ECD in 2010 at age 4, she was unable to walk, talk, or play with toys. She has started speaking, and enjoys playing with toys and other children.

At Covance, we work to improve the quality of life—through our drug development services and our worldwide volunteerism/charitable giving. In 2007, we marked our 10 years of bringing miracles of medicine to market by partnering with CARE, a leading humanitarian organization that fights poverty. The project began as a two-year pilot to provide early childhood development programs to approximately 200 children in one district in Rwanda. That pilot flourished, so we extended the partnership to four years and three districts. Adding new components, such as building homes for the most vulnerable and launching a home-based program for toddlers, has allowed us to reach thousands of children and adults in multiple communities.

The Covance-CARE Rwanda Early Childhood Development (ECD) program is based on CARE's highly effective 5x5 Model. This model addresses five intervention areas needed for a holistic ECD program to help children survive and thrive: health, nutrition, child development, economic security, and child rights. Today, the program is self-sustaining, and its success helped CARE obtain other grants to develop complementary programs.

As the program grew, so did our commitment to embracing the spirit of global kinship and giving. This book commemorates the four-year Covance-CARE Rwanda partnership. It is a story we tell with few words and many images. It is a story about a beautiful country rich with promise, and incredible people rich with hope.

Joe Herring

Chairman and Chief Executive Officer, Covance Inc.





RWANDA, A DEVELOPING COUNTRY NESTLED IN CENTRAL AFRICA, IS KNOWN AS THE LAND OF A THOUSAND HILLS. THE COUNTRY IS STILL RECOVERING FROM THE 1994 CIVIL WAR AND GENOCIDE THAT TOOK NEARLY ONE MILLION RWANDAN LIVES DURING A 100-DAY MASSACRE.



Field Officer Xaverine Mukansanga has worked for CARE Rwanda since 2003. She is responsible for ensuring that ECD model is accurately replicated in Kuraneza and that the program meets its project objectives.



With improvements in Rwanda’s governance and infrastructure, assistance from humanitarian organizations like CARE, and the indomitable spirit of the Rwandan people, conditions for the nearly 11 million Rwandans are improving, but the majority of the population still lacks access to the health services they need to live and thrive. Covance saw an opportunity to help.

Health is one of the five areas of intervention in CARE’s 5x5 Model. CARE Rwanda staff have trained community health workers (CHWs), local authority representatives, and parents on community management of common childhood illnesses such as malaria, diarrhea, and respiratory infections, as well as family planning.

Basic health services available at each ECD Center include checkups for children entering the program, HIV/AIDS tests (with parental permission), deworming medicine, and vaccinations. Children who have been found to be infected with HIV/AIDS receive follow-up care and treatment.





Children in the ECD program are routinely weighed and measured to track their growth. CHWs counsel parents on the importance of seeking early treatment for their sick children. Advanced health services and treatment are available at regional Health Centers.

<< In April 2011, CARE reported that 70 children who previously suffered from malnutrition are now better due to early treatment at Health Centers.

The strong focus on children's health has helped reduce ECD Center absenteeism caused by sickness by 95 percent.





Dear Donors,

I am happy to write you this letter for thanking you for all good activities you provided to us. I improved my knowledge through training; I got a strong house; while before I had a house with a destroyed roof; the new house I have now has enough rooms for me (and my visitors) and I enjoy it. I know now child rights, family planning and how to protect me against AIDS. I invite you to visit us and see what step we have reached now.

Thanks, Athanasia Nyirahabimana,

Nyarubaka ECD Center parent



Murakaze





^ Just as in playgrounds everywhere, the slide is a favorite at the Musambira ECD Center.





NEARLY 90 PERCENT OF RWANDA'S POPULATION IS ENGAGED IN MAINLY SUBSISTENCE AGRICULTURE. DESPITE ITS FERTILE ECOSYSTEM, RWANDA'S FOOD PRODUCTION OFTEN DOES NOT MEET THE POPULATION'S NEEDS, AND MOST CHILDREN ARE MALNOURISHED.



Malnutrition may not always be a direct cause of death, but it can make a child more vulnerable to physical stunting, intellectual impairment, or death from other diseases, such as pneumonia and diarrhea.

CARE health officers conduct parent training at the ECD Centers to make parents aware of the importance of balanced meals and the health risks associated with malnutrition. Programs to improve crop yields also support efforts to provide better nutrition for the children and their families. Better crop yields produce more food as well as income for the families.

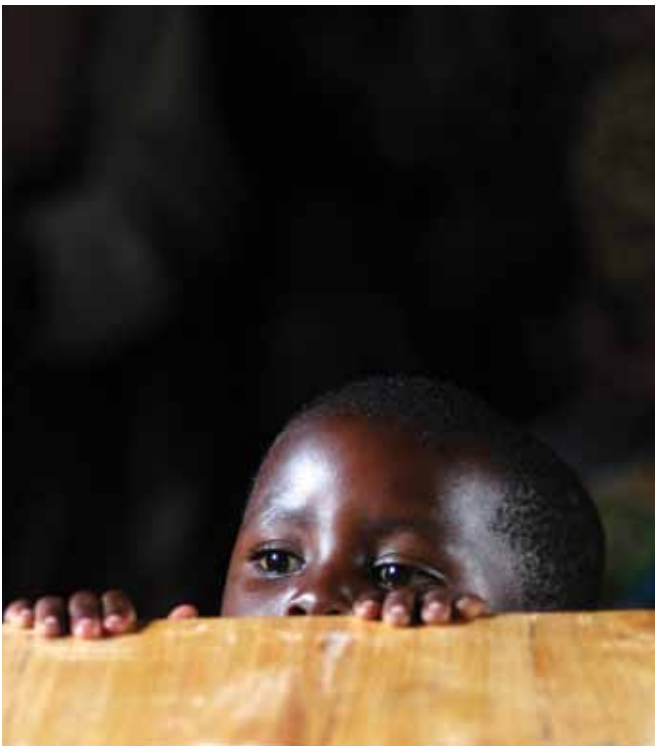
SOSOMA—a blend of soy, sorghum, and maize—is one of the most effective tools in the fight against malnutrition. Children receive vital calories and nutrients in a daily serving of SOSOMA porridge at the ECD Centers.

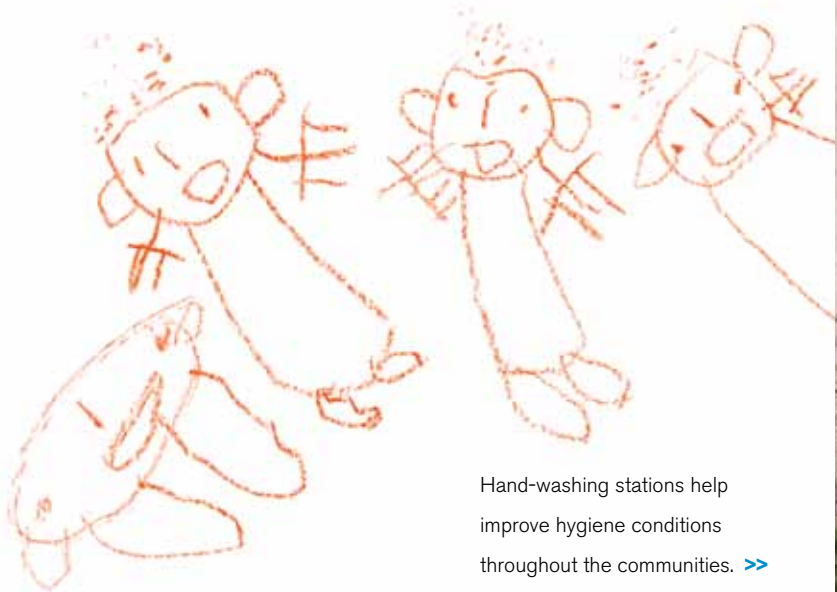
✓ SOSOMA helps promote the children's growth and overall health.



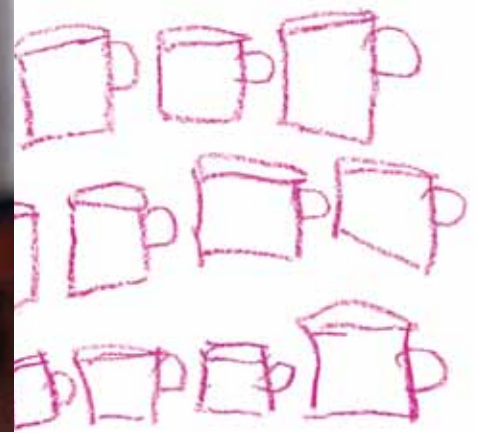


<< When ECD mothers saw their children gain weight and demonstrate improved cognitive development after SOSOMA was added to the children's diet, they began teaching other parents how to make the porridge to help reduce malnutrition within the communities.





Hand-washing stations help improve hygiene conditions throughout the communities. >>



<< With new income-generating activities, such as piggeries and beekeeping, ECD families have more financial resources to provide better health, nutrition, and quality of life.





THE TRAGIC LEGACY OF THE 1994 GENOCIDE, THE DEVASTATION OF THE HIV/AIDS PANDEMIC, AND THE DAMAGING EFFECTS OF EXTREME POVERTY HAVE LEFT RWANDA WITH THE WORLD'S HIGHEST PROPORTION OF ORPHANS AND VULNERABLE CHILDREN.



Originally, the focus on Rwanda's 1.3 million orphans and vulnerable children (OVC) had been geared toward school-aged children. However, poor performance in school caused by a lack of intellectual stimulation in early development, combined with a high incidence of violence against young children, prompted the Rwanda Ministry of Education to develop an ECD policy.

CARE Rwanda was able to launch its ECD work in the Kamonyi district with the Covance Charitable Foundation's grant. In just four years, the CARE ECD model, which has child development as one of its core elements, has evolved to become a prototype that CARE and other organizations will replicate throughout the country.

CARE's five-day teacher training includes emotional, psycho-motor and cognitive/ language development for children aged 0-6; nursery school activities; the use of play and games as learning strategies; lesson planning; and appropriate interaction, communication, and discipline. Teachers also receive instruction on child rights, as well as on health, hygiene, and nutrition.

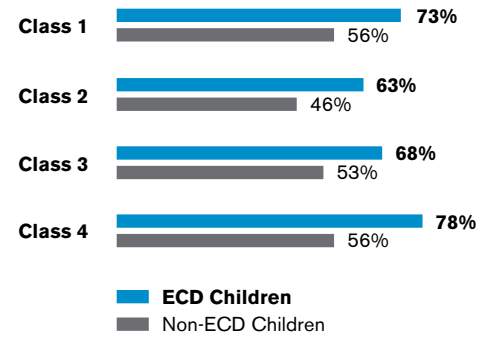
✓ Parent-Teacher Committees (PTCs) and local authorities select trusted community members to train as teachers.

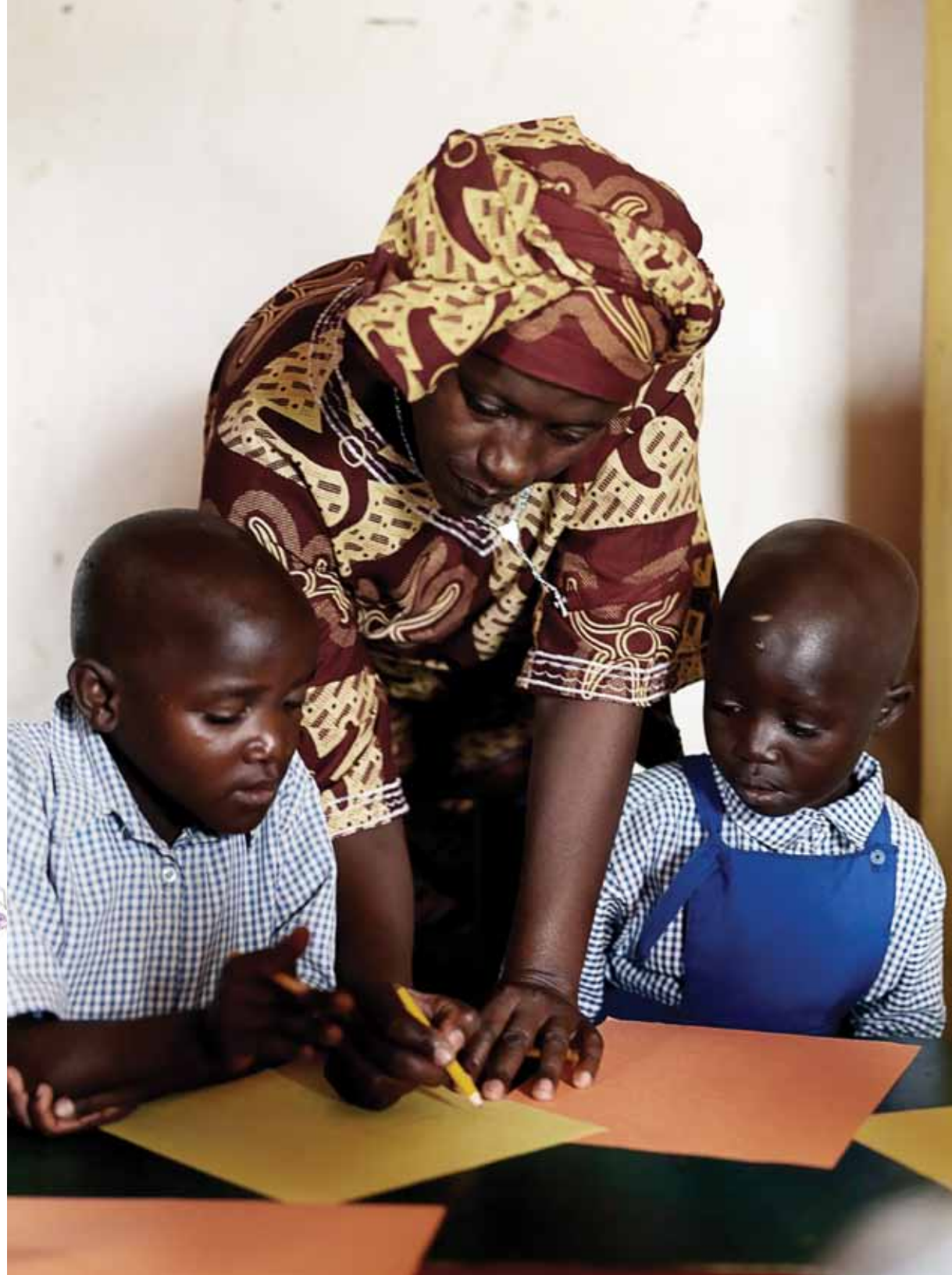


When demand for enrollment outpaced capacity, the three ECD Centers in Kamonyi district expanded to two daily shifts. More than 1,000 children have been enrolled in Covance-sponsored ECD Centers. >>



Nyakabuye Primary School First Grade Year-End Marks







Each ECD Center has spacious, cement-floor classrooms, a safe water supply, latrines and hand-washing stations, child-sized furniture and playground equipment, and a supply of toys and learning games. >>



The PTC sets tuition fees for ECD Center enrollment. Families pay about 1 or 2 USD per month, depending on their income. Families who can't afford the fees provide labor and support for the school instead. >>





WITH THE PREVALENCE OF POVERTY IN RWANDA'S RURAL COMMUNITIES, DEDICATED EFFORT IS HELPING BREAK THE CYCLE OF POVERTY AND IMPROVING LIVING STANDARDS FOR VULNERABLE POPULATIONS.



According to the United Nations, a majority of Rwandans live on less than 50 cents (US) per day. Those in rural areas are the hardest hit and the least likely to have economic security—the bridge to better nutrition, health, education, and opportunities. CARE took a two-pronged approach to help ECD families increase their household earnings: developing income-generating activities and creating village savings and loan (VSL) groups.



By October 2011, three PTCs had started farming vegetables, cassava, sorghum, and soya, and others had launched beekeeping businesses and piggeries to earn money to purchase food and healthcare, pay school fees, and improve quality of life.

Nearly 400 community members have formed 33 VSL groups. They save money collectively and lend funds to members who want to start small businesses at the household level.





✓ With their children safe in an ECD Center, mothers are relieved of some childcare responsibilities and can increase their earning power because they have more time to work.





I am a mother of Bertine Muyumbukazi, I thank Covance so much because they have supported our children to come out of loneliness. We got animal husbandry which provided us manure, some parents got shelter while it was a great problem in our community, we know preparing an appropriate meal for our kids, our kids do no more face problems of sexual exploitation and abuse. As parents who have children in ECD, we meet regularly and do savings and ask loans and give advice each other or share experience between us. All of this came from Covance support.

Thank you, Xavela Ingabire

Musambira ECD Center Parent

COVANCE

None memo mdo-shimiro ama





^ VSL groups meet regularly to discuss proposed business plans and money management. CARE staff provided basic financial literacy training where VSL members learned how to calculate and set interest and track monthly cash flow.



PROVIDING RWANDA'S 1.3 MILLION ORPHANS AND VULNERABLE CHILDREN WITH THE SAFE, STABLE, AND NURTURING RELATIONSHIPS AND ENVIRONMENTS THAT ALL CHILDREN NEED TO THRIVE LAYS A STRONG FOUNDATION FOR THE COUNTRY'S FUTURE.



CARE recognized that with many ECD parents living in poverty, being marginalized by society, and having limited education, parental obligations and child rights weren't always understood or upheld. A survey of ECD parents prior to training indicated that few encouraged their children to play or made toys for them. All reported that they previously angrily scolded their children when they made mistakes and would strike them when the mistake was repeated. Following training and overall improvements in their quality of life, parents were aware of child rights as well as laws and punishments for child exploitation and child abuse, and have changed their behavior.



Within the ECD communities, child rights are now more regularly recognized. Child abuse cases are rare, and parents know the procedures to follow should abuse occur. In addition, men are more likely to spend time with their children, parents respond to their children's questions instead of ignoring them, and parents register previously unregistered children so they will be recognized by the local authorities.

✓ Teachers and parents receive complementary cognitive/language milestones, nutrition, hygiene, and discipline training so that policies and behaviors used at school will be reinforced at home.



When the Wihogora ECD Center first opened, Celestin Munyanziza did not spend time with his children. By becoming involved with the ECD Center, he gained confidence as a parent and member of the community, and he is now president of the PTC. ✓



Covance employees worldwide wanted to personally help and voluntarily raised funds for a community housing program to provide safe, secure housing for the ECD communities' most vulnerable families. Inadequate housing can increase mortality, disease, and risks to physical safety, undermining the progress made through other relief efforts.

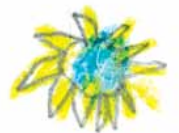
The 60 new homes have sturdy roofs, internal and external plastering, paved floors, and secure doors and windows. These dryer, larger, better-ventilated homes have helped reduce the occurrence of childhood illnesses.



<< Clementine Batamuriza and her four children live in one of the 60 homes built by the Covance-CARE community housing initiative.



^ ECD parents have expressed a new confidence and enjoyment in child-rearing. Parents who didn't support education before now follow their children's progress and envision them going on to university.





<< Community health workers lead classes on maternal and child health for ECD parents.



<< Before the ECD program was introduced, when parents had to work in the fields, some took their children with them, which slowed the pace of work, and others locked their children in the house or left them outside unsupervised, where they could be hurt or abused.



Covance, one of the world's largest and most comprehensive drug development services companies, helps our clients bring critical new medicines to patients around the world. To learn more, visit www.covance.com

CARE is a leading humanitarian organization fighting global poverty. Through our community-based efforts focused on empowering women, we work to improve basic education, prevent the spread of disease, increase access to clean water and sanitation, expand economic opportunity, and protect natural resources. CARE also delivers emergency aid to survivors of war and natural disasters.

How you can help: To make a tax-deductible gift to help CARE fight poverty, visit www.care.org.

The drawings in this book were created by children in the Covance-CARE Early Childhood Development program and represent some of the elements of the CARE 5x5 Model.



Photography:

Josh Cole: Pages 1-8, 9BR, 10-11, 12T, 14-17, 18R, 19TR, 19BR, 20, 21 BL, 21R, 22T, 23-24, 25TR, 25BR, 26, 27T, 27BI, 28L, 29TR, 29BL, 30, 31L, BR, 32R

Riccardo Gangale: 3BR, 10BL, 13T, 13B, 18TL, 22B, 25TL, 27BR, 28R, 31T (2), 32L

B= Bottom, T=Top, L= Left, R=Right



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