



Sierra Leone. © CARE

# **CARE 2020 PROGRAM STRATEGY:** Sexual, Reproductive and Maternal Health and Rights



By 2020, as part of the CARE 2020 Program Strategy, CARE has committed to support **100 million women and girls exercise their right to sexual, reproductive and maternal health** and to ensure that **6 million of the 20 million women and girls affected by humanitarian crises will have their SRMH needs met. CARE USA and CARE India have stepped forward to co-lead the organization in advancing these goals.**

## Why does sexual, reproductive and maternal health matter?

Achieving maternal and newborn health remains a significant challenge globally, and among all family health services, disparities in coverage and outcomes based on wealth are greatest for reproductive and maternal health. The latest figures suggest that there are 303,000 maternal deaths per year<sup>1</sup>, nearly all in the Global South. This means almost 830 women die every day from complications related to pregnancy and childbirth. And yet we have many evidence based interventions that could change that picture: two thirds of the 3.3 million newborn deaths per year could be prevented if known and effective health measures are provided at birth and during the first week of life, and satisfying demand for family planning alone could prevent 79,000 maternal deaths annually.

CARE believes that all women, men and young people should have equitable access to the information and services they need to realize their right to the highest possible attainable standard of sexual and reproductive health – free of discrimination, stigma, coercion and violence. Thus, we support access to high-quality, comprehensive sexual and reproductive health counseling, education and services including contraception and voluntary family planning services; STI/HIV prevention and care; antenatal, maternal and newborn care; and postpartum, safe abortion and post-abortion care.



Yemen. © CARE/Holly Frew

Supporting sexual, reproductive, and maternal health and rights is fundamental to CARE's mission; gender equality cannot be achieved without addressing the right to reproductive self-determination and bodily integrity. Further, CARE's SRMH programming is a critical entry point for reaching women and girls. In 2015, CARE International supported SRMH programs in 51 countries and reached more than 31 million women and men with information and access to services.

## Where will we achieve impact?

We have identified West Africa and South Asia as two priority regions to focus for impact in sexual, reproductive and maternal health. West Africa is among the poorest and least developed regions in the world, and has some of the worst reproductive, maternal and newborn health indicators. The largest numbers of women affected by inequalities in SRMH outcomes are in South Asia. Further, both climate change and conflict has significantly increased vulnerability in several parts of these regions. We believe we can help 10 million women in West Africa, and at least 50 million women in South Asia, exercise their rights to SRMH and access in times of crisis.

### What we do

The CARE 2020 Program strategy lays out the three key roles we play for impacting poverty and social injustice, in our efforts to achieve lasting impact at scale.



#### HUMANITARIAN ACTION

Sexual and reproductive health matters in emergencies, and providing essential SRMH services saves lives. Our goal in the challenging environments of emergencies, post-conflict and disaster settings is to protect the health and well-being of women, girls, men, and boys and to promote gender equality by increasing access to essential services across. In 2015, we facilitated access to SRMH services for more than 155,000 people affected by conflict and disasters.



#### PROMOTING INNOVATIVE SOLUTIONS FOR SUSTAINABLE DEVELOPMENT

Our programs catalyze and support scale up of innovative solutions for sustainable development through essential service delivery, building capacities, building resilience for reducing risk, and empowering the most vulnerable, particularly women and girls. Our work is embedded in key human rights principles –not just the right to life and to health, but also the right to reproductive self-determination and bodily integrity, and the principles of equality, non-discrimination and accountability. Our program innovations aim to create the conditions—personal, social and structural—that enable people to realize these rights.

### How we do it

In line with CARE's approach, and based on where we believe we have the strongest comparative advantage, and the resources, capacity and opportunities globally, we have identified **5 key program areas** where we think we should invest over the next several years to achieve our impact: **Gender, Sexuality and Rights; Governance; SRH in emergencies, Health Systems Support & Innovation, and Advocacy.**



#### MULTIPLYING IMPACT

To achieve impact, we leverage learning and innovation from our research and programs to shape policies and programs beyond the communities where we work. We document models and tools for rights-based SRMH programming, generate evidence and advocate for funding and scale-up of innovative approaches. We play a leadership role in key global partnerships and alliances that shape norms, standards, and guidelines for rights-based SRMH programming, in both development and emergency settings, and we partner with and support the leadership of grassroots women's groups and national and global women's rights coalitions.



South Sudan. © CARE/Dan Alder

### Investment required

We need investment in all priority areas to advance program quality, technical excellence, and learning; leverage organizational experience and skills; build strategic partnerships for influencing; and identify, advance, and scale innovations emerging across CARE and its partners.

An investment of **US\$ 250 million in programs** will enable us to scale up in West Africa and South Asia, and achieve sustainable impact for a total of 100 million women and girls.

## Examples of our successful programs

**Increasing gender equality and strengthening women's voice.** **Social Analysis & Action (SAA)** is an approach, developed by CARE, designed to catalyze dialogue and reflection and facilitate individual and community actions that support more equitable gender norms and positive SRMH behaviors. It starts with staff reflection, to increase staff understanding of how their own beliefs and attitudes about gender and sexuality may influence their work with communities, and continues with facilitated dialogues with couples, communities and other stakeholders. In Kenya, SAA was used to generate community dialogue about gender norms and family planning, and provide role models for couple communication, equitable gender norms and use of family planning. Evaluation of the program showed significant increases in family planning use, as well as to important shifts in the normative environment. Findings suggest that the program normalized discourse about family planning and contributed to more gender-equitable beliefs and behaviors, which enabled more communication and shared decision-making about family planning and, ultimately, more family planning use.



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**Promoting inclusive governance.** Our governance work focuses on establishing systems of mutual accountability that increase the quality, responsiveness, and acceptability of rights-based SRMH services and products. **CARE's Community Score Card® (CSC)**, pioneered by CARE Malawi, is a social accountability approach we have been using to create and expand inclusive spaces for dialogue and negotiation between citizens, the health system and government. It is an approach that brings community members and local healthcare providers and officials together to build understanding, trust and mutual responsibility for maternal and newborn health services and outcomes in their communities. We completed a randomized controlled trial of the CSC in Malawi and showed that participation in the Score Card process improved service provision, utilization and overall satisfaction with services. Our results suggest that women's participation in the CSC can improve power dynamics at the local level by providing a mechanism for women's involvement in negotiation and monitoring to create more transparent and higher quality health services.

**Increasing resilience and reducing risk.** To build resilience we work to strengthen health systems to ensure that women and girls have access to quality, rights-based SRMH services that are responsive and acceptable in both humanitarian and development settings, and to link community and health systems in a virtuous cycle of quality improvement and respectful, rights-based care. We work in partnership with communities and government to support empowered, equipped and skilled providers, and to ensure acceptable, high-quality, and respectful care. In Bihar, our **Integrated Family Health Initiative** provides support to the government to scale up CARE innovations—including Team-based Goals and Incentives, Mobile Nurse Mentoring, and use of mobile technology to facilitate service delivery and data collection—in a state with a population of 100 million. In Bangladesh we have designed an **innovative public-private partnership** to improve access to, and quality of, maternal newborn health services in remote, rural regions. Further, the **Supporting Access to Family Planning and Post Abortion Care** initiative has succeeded in expanding access to high quality family planning and post-abortion care services for hundreds of thousands of women in crisis-affected settings by promoting data for decision-making by frontline workers and their managers, increasing individuals' knowledge and awareness of healthy practices, and ensuring access to life-saving information and services (**Global Health Science & Practice**, 2015).

PLEASE SEND ANY COMMENTS OR QUESTIONS TO:

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To read the full SRMH strategy, visit: <http://familyplanning.care2share.wikispaces.net/CARE+Global>

<sup>1</sup> [http://www.who.int/gho/maternal\\_health/mortality/maternal\\_mortality\\_text/en/](http://www.who.int/gho/maternal_health/mortality/maternal_mortality_text/en/)