Sexual, Reproductive and Maternal Health & Rights

DRAFT STRATEGY

December 2014

CARE's Sexual, Reproductive and Maternal Health and Rights Program Strategy
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Our value proposition

Supporting sexual, reproductive, and maternal health (SRMH) and rights is fundamental to CARE's mission of empowering women and girls, promoting social justice, and reducing poverty around the world. A woman's social, economic, and physical status is inextricably linked to her ability to exercise her reproductive rights—unwanted pregnancies can reduce opportunities for girls to access education, expose women to health risks associated with pregnancy and childbirth, strain a family's resources and constrain women's ability to invest in themselves and achieve economic empowerment.

CARE cannot be credible as an organization committed to empowering women and girls without addressing SRMH and rights in both development and humanitarian settings. Thirty seven CARE International (CI) countries are engaged in maternal health programming, reaching approximately 78 million program[1] participants (2013 PIIRS Report), thus sexual, reproductive and maternal health programs are a critical entry point for reaching women and girls and helping them exercise not only their rights to reproductive health and a life free from violence, but also their rights to adequate food and nutrition, a secure livelihood, and hope for themselves and their families.

Inequitable access and outcomes

Among all family health services, disparities in coverage and outcomes based on wealth are greatest for reproductive and maternal health.[2] Globally, reducing maternal and newborn morbidity and mortality remains a significant challenge. Latest figures suggest that there are 289,000 maternal deaths per year[3], nearly all in the global south, and 13 percent of them are due to complications of unsafe abortion.[4] An estimated 200 million women have an unmet need for family planning; as a consequence, there are 74 million unplanned pregnancies per year.[5] Of the 8.2 million under-five child deaths per year, about 3.3 million occur during the neonatal period —in the first four weeks of life. And yet we have many evidence based interventions that could change that picture: two thirds of newborn deaths could be prevented if known and effective health measures are provided at birth and during the first week of life-- in developing countries, nearly half of all mothers and newborns do not receive skilled care during and immediately after birth[6]; and satisfying demand for family planning alone could prevent 70,000 maternal deaths annually.[7]

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[1] 2013 PIIRS Report for FY13 on project participants by Region. Note: Of the 78 million participants, approximately 53 million participants were part of maternal health programming, with the remainder making up child and family planning participants. Available at: http://thevillage.care.org/performance/Shared Documents/FY13 CI Report/CI projects and participants for FY13 by region.docx

[2] Ronsmans C. and Graham, W. (2006). Maternal mortality: who, when, where, and why. *Lancet*, 368:1189-1200.

[3] World Health Organization (2014). Trends in Maternal Mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. Geneva: WHO.

[4] World Health Organization (2011). Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008, sixth ed., Geneva: WHO.

[5] Singh S., Darroch JE, Ashford LS. (2014) *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014*, New York: Guttmacher Institute, 2014. Available at: <https://www.guttmacher.org/pubs/AddingItUp2014.html>

[6] The Partnership for Maternal, Newborn and Child Health. (Updated 2011). "Newborn death and illness" Available at: http://www.who.int/pmnch/media/press_materials/fs/fs_newborndealth_illness/en/

[7] Singh S, Darroch JE, Ashford LS. (2014).

Further, gender-based violence (GBV) is a significant issue that creates and perpetuates many negative outcomes, including poor reproductive health. For example, in India gender-based violence (GBV) is said to kill and disable as many women between the ages of 15 and 44 as cancer.[8] And inequality does not stop at national borders: negative impacts of human activity in the developed world disproportionately impact those living in least-developed countries— children born to the poorest families in the world are up to 10 times more likely to bear the brunt of impacts of environmental degradation and disasters linked to climate change.[9]

Our strategy

What we do

In line with the CI Program strategy, we play three roles for impacting poverty and social injustice in our efforts to achieve lasting impact at scale. Working with our partners, we use effective models and approaches to support the most marginalized communities to overcome poverty, social injustice and humanitarian crises. We then use and apply the evidence and learning of our programs to influence broader change and to scale up effective solutions.

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.

Humanitarian action. Sexual and reproductive health matters in emergencies, and providing essential SRMH services saves lives: health providers have fled or have been killed, the supply of equipment and commodities has been cut, and systems of social support are often frayed or broken. Yet, in this context, sexual behavior and pregnancy continue, and there is often heightened violence against women and girls. 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 SRMH services and programs across all phases of the emergency continuum (preparedness, response, and transition). We continue to align our acute emergency work with the standards laid out in the Inter-Agency Standing Committee Gender Handbook in Humanitarian Action, and our programming in chronically unstable conditions, in DRC and Pakistan, for example, is informed by the deep analysis country offices have conducted relating to unequal power relations between women and men.

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. To achieve sustainable impact, we do the following: 1) Work with individuals, communities, service providers and policy makers to overcome **inequitable social and gender norms**, practices and policies at the

[8] Kaur, R., and Garg, S. (2008). Addressing domestic violence against women: an unfinished agenda. *Indian Journal of Community Medicine,* 33:2; 73—76.

[9] Gibbons, E. (2014). Climate Change, Children's Rights, and the Pursuit of Intergenerational Climate Justice, *Health and Human Rights Journal* 16:1

household, community and service level; 2) build trust and mutual accountability between the community and the health service systems, by **expanding spaces for dialogue, negotiation** and shared oversight, responsibility and accountability, 3) work with health systems to **increase health worker effectiveness,** using innovative approaches to empower health workers and increase their capabilities, motivation, and responsiveness, 4) work with partners to prepare for and respond to the sexual and reproductive needs of **women and girls in emergencies and fragile contexts**, and 5) generate information and provide opportunities for **policy action**, support policy implementation, and identify and support opportunities to amplify women and girls voices in policy formulation.

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 establish and invest in communities of practice to disseminate models and tools across CARE, in order to ensure coherence and quality across our global SRMH & Rights program. At the national level, we draw from our programmatic experience to contribute to SRMH policy development and reform. We play a leadership role in key global partnerships and alliances (e.g. Family Planning 2020, and the Interagency Working Group on Reproductive Health in Crises) that shape norms, standards, and guidelines for rights-based SRMH programming, in both development and emergency settings. Finally, we partner with and support the leadership of grassroots women's groups and national and global women's rights coalitions, including supporting their leadership of advocacy.

How we do it: Our approach

With a focus on poor and marginalized women and girls, and on the inequalities that exist at all levels, we will increase our global impact and influence by:

Fighting gender inequality and strengthening women's voice. We partner with communities to challenge and transform the inequitable gender norms that restrict women's and girls' ability to realize their SRMH rights, including working with community leaders and engaging men and boys as allies in transformative change for gender justice. We mobilize women and girls to understand and claim their SRMH rights, through participatory models and approaches. We prioritize elevating women's voices in advocacy efforts and policy debates to ensure that women's lived experiences meaningfully inform development priorities and SRMH policies and programs.

Promoting inclusive governance. We establish and support effective, participatory governance mechanisms through which women, girls, and communities monitor and provide feedback on SRMH services. Our governance work focuses on establishing systems of mutual accountability that increase the quality, responsiveness, and acceptability of rights-based SRMH services and products, and access to and availability of SRMH services. We also strengthen "chains of accountability" that link community-level participatory governance to national and global accountability systems. We advocate for inclusion of women- and youth-led social accountability processes in global development frameworks. We prioritize the enabling of meaningful leadership and participation of women and girls in all these accountability processes.

Increasing resilience and reducing risk. 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 to support empowered,

equipped and skilled providers, and to ensure acceptable, high-quality, and respectful care. We promote and support data for decision-making by frontline workers and their managers, and we work to increase individuals' knowledge and awareness of healthy practices and to ensure access to life-saving information and services. We promote service integration and support integration of SRMH and GBV prevention and treatment in emergency preparedness, response and recovery efforts.

Where we work

CARE currently implements SRMH programming in 37 countries across the emergency-to-development continuum. Through the SRMH and Rights global platform, CARE member partners from both the global north and the global south with have increasing opportunities to collaborate and exchange knowledge and learning. We will continue to coordinate and align our advocacy efforts across CARE. Additionally, while we believe focus is critical to success, one of the strengths of our SRMH programming is its ability to link and leverage other initiatives and program areas across the organization. So, in addition to the already well-established links between SRMH and CARE's key approaches—gender, governance and humanitarian—we will continue to identify synergies with our work in climate change and resilience, food and nutrition security, girls' education, women's economic empowerment, and social enterprise.

Our impact by 2020

By 2020, CARE will support 200 million people from the most vulnerable and excluded communities to overcome poverty and social injustice.

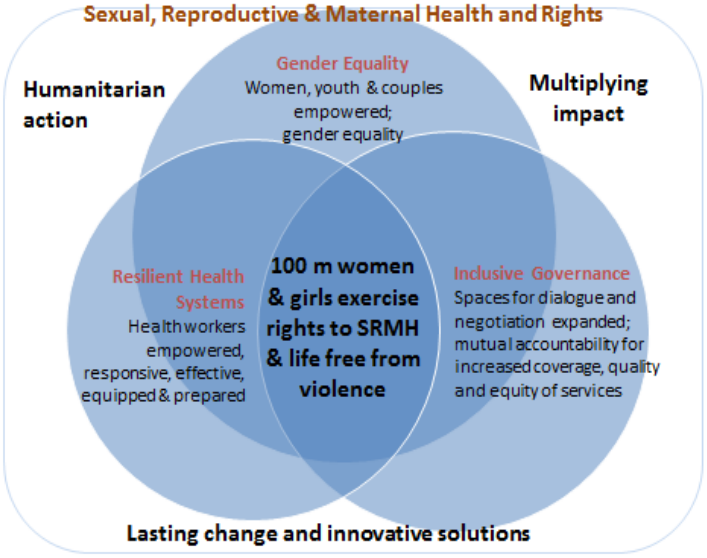
100 million women and girls exercise their right to sexual, reproductive and maternal health and a life free from violence. Over the next six years, 86,465,000 of these women will be reached directly with a combination of maternal health, newborn health, and family planning interventions. 70% of SRMH programs will directly address GBV and all programs will fully or partially address GBV.

20 million people affected by humanitarian crises are better able to protect themselves and their families, and receive quality, life-saving humanitarian assistance. Out of these 20 million, ***6 million women and girls will have their SRMH needs met in complex and protracted emergencies, natural disasters, and fragile states over the next six years.***

How we will implement the strategy

CARE will implement the SRMH and Rights global strategy through the SRMH and Rights global platform for collaboration. The platform will:

- Provide global strategic direction and focus for SRMH program and advocacy at all levels;
- Advance program quality, technical excellence, and learning;
- Leverage and build organizational knowledge, experience, skills, and collaboration to improve efficiency and effectiveness and to mobilize resources;



- Network across CARE and with strategic partners, alliances, governments, and donors to influence the global agenda as a global leader;
- Identify, recognize, advance, and reward innovations emerging across CARE and its partners.

Initially, the platform will focus on three collaborative areas, which the CARE SRMH community has determined offer the best opportunities to collaborate and align efforts across the organization. In these areas, the CARE SRMH community will combine efforts, drawing on our collective strength, to jointly advance learning and build partnerships. CARE USA will invest on behalf of the organization to provide targeted support, including technical support, knowledge-sharing and management, internal and external network-building, policy and advocacy, and support in fundraising. The three areas agreed upon at the London meeting of March 2014 are: SRMH in Emergencies; SRMH & Governance; and Gender, Sexuality, and Rights. An emergent area of Health Systems Support and Innovation may become a collaborative focus in the future and thus another area of active support and collaboration across the organization.

Please send any comments or questions on the strategy to
Mariela Rodriguez, mrodriguez@care.org
Christine Galavotti, cgalavotti@care.org