

CI Advocacy Strategy on Sexual, Reproductive and Maternal Health 2012-2015

OVERVIEW

Why Sexual, Reproductive and Maternal Health?

Sexual, reproductive and maternal healthcare is both a fundamental human right and a critical development issue; it is essential to women's ability to take their equal place in society. Improving sexual and reproductive health is central to CARE International (CI)'s commitment to gender equality and the reduction of poverty and social injustice.

A snapshot of the problem

- Every year, approximately 287,000 girls and women die from pregnancy-related causes –that's one woman dying every 2 minutes; 99% of maternal deaths occur in developing countries.
- More than 200 million women in developing countries who don't want to get pregnant lack access to contraceptives, information, and services.
- 3.1 million newborn babies die every year, also from causes that are mainly preventable and typically linked to the mother's health.
- Huge disparities exist between rich and poor countries, and between the rich and poor in all countries.
- Complications from unsafe abortion are estimated to cause 13 percent of maternal deaths and UNFPA estimates this increases to between 25-50 percent of maternal deaths in refugee settings.

The figures above are particularly devastating when we consider that the majority of these deaths and disabilities are preventable if women receive proven, cost-effective, life-saving interventions. Moreover, the inability to exercise one's sexual and reproductive rights is closely associated with the low status of women and girls and persisting gender inequality. The lack of accountability and meaningful engagement of all citizens, particularly poor and excluded groups, in shaping health policies, programs, and practices are critical – yet often unrecognized – barriers to improvement in SRMH. Natural disasters and conflict also threaten to reverse progress in SRMH, with rape and other forms of sexual and gender-based violence often intensifying in crisis environments.

Over the past several years, a renewed dedication to improving the health of women and children has emerged globally¹ prompting increased investment in SRMH programs and policy action, but also, calls for greater accountability and citizen participation. At the same time, discussions continue about how to meet the current Millennium Development Goals (MDGs) and what structure needs to be put in place post-2015. Despite some progress, MDG 5, which includes goals on maternal health and family planning, remains one of the MDGs least likely to be met. Also, recent debates over sexual and reproductive health and rights in the last years have witnessed strong trends to roll back reproductive rights agreed to by the international community nearly 20 years ago.

The CI advocacy strategy on SRMH aims at leveraging our programming experience through local to global advocacy across CARE and in partnership with communities, partners, allies and key stakeholders to improve SRMH and the well-being of communities, particularly of the most vulnerable women and girls.

CARE's approach

In 2010, the CI Board's Executive Committee approved Maternal Health as a priority issue for coordinated CI global advocacy. With the establishment of the CI Taskforce on SRMH, the focus was expanded to cover SRMH-related issues more broadly.

Grounded in CI's extensive programmatic experience, CI's joint SRMH advocacy efforts focus on supporting greater prioritization and funding for more comprehensive, rights-based and effective approaches for sexual, reproductive and maternal health and improved accountability from those with governmental responsibilities at the local, sub-national, national and global levels. In particular, CARE's advocacy highlights the centrality of women's empowerment, gender and social norms, human rights, and governance to increasing the coverage, quality and equity of SRMH services in humanitarian and development settings.

¹ (e.g. UN Secretary General's Global Strategy for Women's and Children's Health, the G8 Muskoka Initiative, the UN Human Rights Council's landmark resolution on maternal mortality and human rights, and the African Union's Campaign on the Accelerated Reduction of Maternal, Newborn and Child Mortality (CARMMA), London Summit on Family Planning and the Child Survival Call for Action)

CARE's approach involves working with communities to empower women and girls, engage men and boys, and promote gender equality, social equity and improved health; working with health systems to bring services to the community level, facilitate ongoing quality improvement, and enhance acceptability and responsiveness to community needs; and strengthening participatory governance structures and processes involving community, health system, and government representatives in shared oversight, responsibility, and accountability, and ensuring community voices are heard in local, national, and global policy circles.

CARE's advocacy focuses on promoting efforts to prioritize and invest in SRMH programs, ensuring that the voices of the women and communities we serve are heard in national and global debates and catalyzing meaningful collective action. CARE's strength is built on our experience working with some of the most marginalized populations; strong relationships with communities, governments, donors and the private sector; experience influencing policy processes at the local, national and global levels and proven ability to scale-up evidence based programming.

WHAT NEEDS TO CHANGE: ADVOCACY GOALS AND OBJECTIVES

A detailed power and policy analysis was carried out to identify our response. As a result, CARE International will work through this strategy to achieve the changes reflected in the following goals and objectives:

Overall Advocacy Goal: By 2015, the international community has made significant progress towards achieving MDG 5, particularly among vulnerable populations (CARE's Impact Groups).

External Objectives

Objective 1: By 2015, national / sub-national accountability mechanisms that are participatory, equitable and support mutual accountability are implemented in select countries to monitor, review and remedy progress on SRMH commitments.

Objective 2: By 2015, international policies and funding in the context of 2-3 global strategic processes² enable and support effective SRMH policies and practices that are comprehensive and community-based, reflect a human rights-approach and include a strong focus on women's empowerment /gender equality.

Internal Objectives

Objective 3: By 2015, ensure that CARE's programmatic experiences and knowledge inform and strengthen CARE's engagement in policy advocacy at the local, sub-national, national and global levels.

Objective 4: By 2015, a select number of COs have increased their capacity to develop and implement effective SRMH advocacy strategies which include core SRMH components that contribute to CARE's global agenda to promote comprehensive and community-based approaches, reflect a human rights-approach and include a strong focus on women's empowerment /gender equality.

Contacts and resources

The CI SRMH Global advocacy priority is coordinated by Jodi Keyserling, Senior Policy Analyst, Health Equity Unit, C-USA (jkeyserling@care.org); and Ariel Frisancho (National Co-ordinator, Social Rights Programs Unit, C-Peru (afrisancho@care.org.pe)). Together, they dedicate 50% of their time to undertaking this task. Under the auspices of the CI SRMH Taskforce, a number of CIMS, CO's and the CI Secretariat are engaged in SRMH advocacy efforts nationally and globally, for example C-Norway, Australia, Peru, Canada, and Tanzania. An e-mail group exists to facilitate coordination and exchange.

Full version of the strategy is available in Minerva [HERE](#)

² See Annex 2 for prioritized processes for CARE engagement. Engagement in other global events and processes may occur at a lower level of effort.

Doc. 2 AMC report on CI Advocacy Strategies: Women, Peace and Security and on Sexual, Reproductive and Maternal Health (April 30, 2013).