



SRMH Program Overview

CARE's Approach to Sexual, Reproductive, and Maternal Health

OVERVIEW CARE, through a robust global SRMH portfolio, works with beneficiaries and partners to deliver high-quality programs focused on improving health outcomes for women, children, and families. Reducing maternal and newborn mortality through improvements in the coverage, quality, and equity of health services. CARE believes that access to quality sexual, reproductive, and maternal health is both a fundamental human right and a critical development issue. Improving SRMH is therefore central to CARE's commitment to gender equality and to reducing global poverty.

local and national governments and organizations and international partners to support comprehensive programs to improve women's and families' health.

This experience has shown that two of the critical factors for improving the health and well-being of women and families are: 1) changing the relationships between people in families and communities by addressing social norms relating to gender roles; and 2) changing the relationships between people and communities, service providers, governments, and other power-holders by strengthening systems of equitable governance and mutual accountability.

The realization of the "right to health" cannot be achieved through direct services alone; large-scale and sustainable

Why Sexual, Reproductive, and Maternal Health?

In 2010, approximately 287,000 maternal deaths occurred globally; 99 percent of these in the developing world. Around the world, four in every ten pregnancies were unplanned—80 million in total—half of which are estimated to have resulted in abortion. Meanwhile, the need for family planning remains unmet for over 200 million women around the world.

Why CARE?

CARE USA has been working in sexual, reproductive and maternal health programming for over 50 years in countries with some of the highest unmet need for family planning services, and some of highest maternal mortality. Across CARE, country offices are working in close collaboration with

CARE's SRMH cross-cutting strategies

CARE's sexual, reproductive and maternal health program uses the following overarching strategies:

- Working with **communities** to empower women and promote gender equality and social equity to overcome barriers to the timely use of health services and improve healthy behaviors.
- Working with **health systems** to bring services to the community level, facilitate ongoing quality improvement, and enhance acceptability and responsiveness to community needs.
- 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.

change requires that we address underlying and systemic factors, including gender inequality, policy barriers, and power imbalances that have an impact on health. As an organization that focuses on reducing global poverty and increasing social justice through the empowerment of women and girls, CARE has considerable experience in addressing underlying social factors to bring about more just and lasting change.

CARE's approaches to SRMH

CARE's SRMH team works to reduce maternal and newborn mortality and improve health outcomes by increasing coverage, quality, and equity of health services. CARE works to generate and build evidence, measure impact, and share learning globally, and to increase global impact by advocating for stronger SRMH policies and encouraging scale-up and replication of successful approaches.

Though CARE's SRMH program encompasses a diverse and extensive portfolio, some specific approaches and sectoral areas critical to CARE's rights-based approach to SRMH have emerged in which CARE has proven capacity, and which offer the greatest scope for scalability, sustainability, and impact.

Social and gender norms

Women are disproportionately affected by systematic denial of rights through systems of widowhood, divorce, child marriage, education, land and inheritance rights, and interpersonal violence. Social norms can stigmatize sexuality, restrict sex education, increase women's vulnerability to sexual coercion, stigmatize use of reproductive health services such as testing for STIs and access to family planning, and limit women's ability to decide where to deliver or to access the resources for skilled attendance or emergency care. Intra-household dynamics may discourage pregnant women from seeking antenatal care and women may not have power over health-care decision-making for themselves or their children.

In our work in SRMH in particular we have observed firsthand the transformative power of directly addressing inequitable **gender and social norms**. In the life of a young woman, social and gender norms can reduce her ability to **prevent unwanted pregnancies** and **appropriately space births**, prevent her from **accessing antenatal care** and receiving the **services she needs at the time of delivery and**

"Last year, CARE organized discussions with groups of men and women separately. In the men's groups, we talked about sharing decision making within the household. I realized that my violent actions toward my wife did not make her respect me or my position as a man. In that moment I decided I had to change." —

Faustin Ntiranyibagira, Burundi

afterward, and reduce her ability to **prevent STIs** and, if infected, **receive appropriate treatment**.

CARE uses several methods to directly address social norms related to gender in the context of SRMH. One such approach is Social Analysis and Action (SAA) approach, which equips CARE staff and their partners with skills and tools to initiate and sustain critical dialogue about gender and social norms. SAA is intended to spark reflection and problem-solving about the norms that adversely affect health and well-being, and support communities to create their own solutions, including challenging rigid gender roles.

Participatory governance

In our work on participatory governance, we have witnessed the power of communities to sustainably improve the performance and responsiveness of their health systems, and to hold governments accountable to upholding policies and guaranteeing community entitlements, when they know their rights and are empowered to speak for their own needs. Strengthened governance processes, when applied to the health system, can result in **more functional and responsive health systems**, improvements in **quality, service delivery, coverage, and equity**, including, for the most vulnerable, removal of **barriers to service-seeking, improved management**, and **mutual accountability**.

CARE uses a variety of participatory tools to improve governance in health systems and to improve quality of care and equitable access to health care services. One critical approach, pioneered by CARE Malawi, is the Community Score Card (CSC). The Score Card can be applied in a wide variety of settings and sectors, and the SRMH team is currently applying it to maternal health service delivery and



“Now that I can control my pregnancies, I can be sure that my children go to school. I never had the time to finish my studies, but they will. I will see a better life through my children.” **Anifa, contraceptive user, DRC**

prevention of mother-to-child transmission of HIV.

Family planning

By **reducing unplanned pregnancies**, helping **delay the age of first birth**, and **reducing the need for, and thereby complications from, unsafe abortion**, family planning is a proven effective strategy in **reducing maternal mortality**. Moreover, family planning can improve child survival by increasing birth-spacing. It is therefore a key pillar of CARE’s SRMH programming.

Because resistance to family planning is frequently rooted in social norms for women’s sexuality, the SRMH team’s family planning programming is often grounded in our work in social and gender norms. CARE works within households, families, and communities to understand and address the barriers to family planning uptake.

Reproductive health in emergencies

While our programming in sexual, reproductive and maternal health prioritizes sustainable solutions in communities where we have a long-term presence, emergencies due to environmental instability, natural disaster, and conflict increasingly cause major disruptions to the provision of services. The successful integration of family planning into our emergency humanitarian responses has the power to ensure continuity of services for millions of the

world’s most vulnerable women. Sexual, reproductive and maternal health in times of natural and conflict-related emergencies is especially critical, as women and young girls are often subjected to an increased risk of sexual violence, unwanted pregnancies and overall lack of control over their situation. CARE is working to ensure that the Minimal Initial Service Package for Reproductive Health, which addresses family planning, gender-based violence, maternal and newborn care, and sexually transmitted disease prevention and treatment, is implemented as part of our emergency response activities.

Portfolio Highlights



CARE USA currently has SRMH programming in over 30 countries, in Central and South America and across Africa and Asia. SRMH is one of four programmatic priorities for CARE USA, and is a CARE International advocacy priority.

SAF-PAC

The Supporting Access to Family Planning and Post-Abortion Care in Emergencies (SAF PAC) initiative aims to reduce both unintended pregnancies and deaths from unsafe abortion during emergencies by: 1) increasing CARE’s organizational leadership and capacity to support and sustain family planning, post-abortion care and reproductive health services, with a focus on the MISIP, in emergency response efforts; and, 2) improving coverage, quality and utilization of these services in emergencies. In line with CARE’s commitment to reducing poverty by empowering women and girls, SAF PAC will enable CARE to integrate essential

“We used to think that we were not supposed to sit near the doctor and ask questions of him directly, but this [Community Score Card] process has made it easier for us to engage directly with the doctor and health service providers.” —Health facility user in Tanzania

reproductive health services into its new and ongoing humanitarian emergencies, beginning with a special focus on three countries with critical needs: the Democratic Republic of the Congo (DRC), Chad and Pakistan.

Maternal Health Alliance

CARE is collaborating with several key partners in Malawi on a maternal and newborn health implementation science project. The overall goal of the Implementation Science Alliance for Maternal Health in Malawi is to identify broadly applicable strategies, approaches and methodologies for systematically improving implementation of evidence-based maternal and newborn health interventions. CARE is leading the development, implementation and evaluation of one key approach--participatory governance. CARE's experience has shown that participatory governance is a key strategy to addressing important barriers to health, including socio-

Implementation science

As a global community, the science behind what to deliver in maternal and newborn health is well-established, but the science on how to do it effectively and efficiently, for the greatest impact, is not. Implementation science can help inform the development of sound strategies for successful, sustainable, and scalable program implementation. Through these programs, CARE is helping to build the knowledge base of tools, strategies and approaches that improve the effective implementation of known solutions.

cultural barriers as well as coverage, quality, and equity in service delivery. To facilitate this process we use a tool called the Community Score Card (CSC), an internationally recognized participatory governance tool developed by CARE Malawi.

Results Initiative

The goal of the four-year Family Planning Results Initiative in Rwanda, Kenya, and Ethiopia is to increase and sustain the use of family planning by both improving the quality and availability of family planning information and services and addressing the underlying social and cultural barriers to family planning, including gender norms.

The Results Initiative was designed as a learning partnership between CARE USA and CARE Ethiopia, CARE Rwanda and

CARE Kenya. Together, we are exploring and documenting strategies for increasing acceptance and utilization of family planning and other sexual, reproductive and maternal health services. We have prioritized the development of strategies for empowering communities to address social and cultural barriers to family planning, including restrictive gender roles, inequitable power relations in the household and harmful traditional norms and practices like son preference.

Women's Empowerment Multidimensional Evaluation of Agency, Social Capital, and Relations (WE-MEASR)

CARE's goal of empowering women to lift communities out of poverty is fundamentally linked to women's access to quality SRMH services. Gender inequity and rigid social norms for reproductive health behaviors are significant barriers to good health. Women's empowerment is associated with positive health outcomes and behaviors, use of family planning and other health services, and nutritional status for mothers and children. Because women's empowerment is a critical pathway for achieving CARE's SRMH goals, it is essential to measure women's empowerment more systematically and across several dimensions in order to: 1) prioritize dimensions of empowerment most essential to SRMH; 2) build knowledge of relationships between gender equity and health outcomes; and 3) systematically evaluate outcomes of interventions designed to address gender equity as part of CARE's health program.

Based on CARE's Women's Empowerment Framework, the Health Equity Unit developed and validated a multi-dimensional measure of women's empowerment, with two additional validation tests planned for 2013.



CARE USA

Sexual, Reproductive and Maternal Health
Atlanta, GA 30317

Christine Galavotti, PhD, Director SRMH
cgalavotti@care.org



For more information on CARE's SRMH program, please visit our wiki at:

<http://familyplanning.care2share.wikispaces.net/Home>