OVERVIEW  CARE, through a robust global SRHR portfolio, works with partners to deliver high-quality programs focused on improving health outcomes for women, children, and families, and 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. The realization of the “right to health” cannot be achieved through direct services alone; large-scale and sustainable 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. Improving SRHR is therefore central to CARE’s commitment to gender equality and to reducing global poverty. CARE USA has been working in sexual, reproductive and maternal health programming for over 60 years in countries with some of the highest unmet need for family planning services, and some of the highest maternal mortality rates. Across CARE, we work in close collaboration with local and national governments and organizations and international partners to support comprehensive programs to improve women’s and families’ health.

SRHR covers the full spectrum of women’s needs and rights during their reproductive life span, from adolescence through motherhood and beyond. This means we work on ensuring women and girls have access to the information, services and enabling environment necessary to decide if, when, and how many children to have, and to achieve a healthy pregnancy, safe delivery, and healthy newborns.

In 2015, approximately 303,000 maternal deaths occurred globally; 99 percent of these in the developing world. Every year, 16 million adolescents girls become mothers every year. Meanwhile, the need for family planning remains unmet for over 200 million women around the world.
100 million women and girls exercise their rights to sexual, reproductive and maternal health

CARE’s expected impact by 2020 outlines the changes the organization would like to see in the world and where we can add the most significant value, given our identity and experience. By 2020, CARE will support 200 million people from the most vulnerable and excluded communities to overcome poverty and social injustice. Of that 200 million, CARE seeks to assist 100 million women and girls exercise their rights to sexual, reproductive and maternal health and live a life free from violence. This goal aligns with CARE’s focus to keep women and girls at the center because we believe we can not overcome poverty until all people have equal rights and opportunities, especially across gender lines.

**CARE’s approaches to SRHR**

CARE’s SRHR programming 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. CARE also aims to increase global impact by advocating for stronger SRHR policies, while encouraging scale-up and replication of successful approaches.

CARE’s SRHR programming encompasses a diverse and extensive portfolio that includes specific approaches. These sectoral areas are critical to CARE’s SRHR rights-based approach and have demonstrated CARE’s proven capacity, scope for scalability, sustainability, and impact.

Our holistic SRHR programming focuses on:

**User-centered:** empowering women and couples to achieve their reproductive goals including by promoting gender equality and claiming their reproductive rights.

**Innovative Solutions:** equipping health systems and empowering health workers to be effective and responsive.

**Working with the whole system:** Building trust and mutual responsibility for health between the community and the health system by creating inclusive spaces for dialogue and ensuring that participatory monitoring systems are in place to promote and track utilization, coverage, quality and equity of services and outcomes.

**SRHR Areas of Focus**

**Sexual and Reproductive Health & Governance:** We work to strengthen communication and build trust and mutual responsibility between the community and health system. In our work on 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.

**Gender, Sexuality and Rights:** We work with women, girls, communities, governments and others to overcome unequal social and gender norms that constrain women’s choices and may limit their ability to seek health services and change health behaviors, and may perpetuate violence. Within this area, we focus on transforming social and gender norms. Social norms can stigmatize sexuality, restrict sex education, increase women’s vulnerability to sexual coercion, stigmatize use of reproductive health services 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. CARE uses several methods to directly address social norms related to gender in the context of SRHR. 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.
Adolescent Sexual and Reproductive Health: CARE’s experience has shown that focusing on transformational and sustainable change requires addressing the underlying socioeconomic, cultural and political barriers that prevent adolescents from accessing SRH information and services; building their capacity to make informed choices about their sexual and reproductive health; as well as, empowering adolescents and creating an enabling environment where young people can exercise their skills, knowledge and leadership, to step into new roles and lead the change themselves. Our comprehensive, integrated and rights-based programming ensures adolescents have access to the information, resources and support they require to make informed choices and realize their rights.

Health Systems Support and Innovation: We work with the health system to increase health worker effectiveness, bring services to the community level and facilitate ongoing quality improvement. One of the areas we focus on are frontline health workers (FHW)—we work to empower, motivate and retain FHW through various models to increase the responsiveness and resilience of the health system. Although our work equips frontline health workers with the essential skills they need to deliver health services, we know that those skills are not enough. These health workers exist within an ecosystem where weak health infrastructure, gender and social barriers and poor governance can impede their empowerment and their ability to do their jobs. CARE’s approach is sensitive to these issues and this is why our programming emphasizes gender equality, promotes responsive and inclusive governance and increases the resilience of health systems and communities.

Sexual and Reproductive Health in Emergencies & Fragile Settings: We prioritize maternal and reproductive health in crisis affected settings—seeking to reach the most vulnerable and marginalized. 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.

Project Highlights

In 2015, CARE had Sexual and Reproductive Health and Rights programming in 51 countries across Latin America, Africa and Asia. CARE reached 31.3 million women and men with information and access to sexual, reproductive and maternal health.

Supporting Access to Family Planning and Post-Abortion Care Initiative: Chad, DRC, Mali, Pakistan

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 MISP, 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 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.

Integrated Family Health Initiative: India

CARE India launched the Integrated Family Health Initiative (IFHI) project in 2010 with support from the Bill and Melinda Gates Foundation. IFHI’s objective is to support the Government of Bihar in increasing the universal coverage and quality of life-saving interventions and improve the health and survival of women, newborns and children during the first 1,000 days - from conception to the child’s second birthday. As part of this project, a Technical Support Unit (TSU) was formed in 2013 to support the government in transforming institutional capabilities, systems and policies for improved service delivery; as well as support the scale-up of programming across Bihar.
Patsy Collins SHRH Integration for Adolescents
Through the Patsy Collins Trust Fund Initiative, CARE’s Girl’s Education and SRHR teams have collaborated to integrate SRHR projects in 6 CARE countries. The projects equip young people with accurate and comprehensive Adolescent Sexual Reproductive Health (ASRH) info, assist with the development of related life skills, address underlying gender norms and power imbalances that impact ASRH and education, implement meaningful adolescent participation and led change, and advocate for better and more responsive ASRH policies. The project is being implemented in Cambodia, Rwanda, Zimbabwe, Nepal, Kenya and Mali.

CARE-GSK Community Health Worker Initiative: Bangladesh
The Community Health Worker (CHW) Initiative, established through a public-private partnership with GlaxoSmithKline (GSK), is working to improve access to quality and skilled maternal, newborn and child health (MNCH) services in remote, rural and unserved areas in six countries across Asia (Bangladesh, Cambodia, Myanmar, Laos, Nepal, Afghanistan). In Bangladesh, the program is addressing health workforce issues through the development of private, community based MNCH providers and the enhancement of community mobilization approaches, which involve the local government and the private MNCH providers linking within the health system. This cadre of private MNCH providers has reduced reliance on unskilled providers, reduced geographic and wealth inequities, improved maternal and child health outcomes, addressed financial and social barriers to health service access and has created a potentially sustainable financial model for women in remote communities (as private providers).

Maternal Health Alliance Project: Malawi
Through the Maternal Health Alliance Project, which was implemented in Malawi from 2011-2015, CARE used the Community Score Card © (CSC) to empower community members, health providers and local government. We developed women-centered, local solutions; shifted power to the community; and demonstrated that the CSC improves lives through a rigorous evaluation. CARE’s experience has shown that participatory governance is a key strategy to addressing important barriers to health, including socio-cultural barriers as well as coverage, quality, and equity in service delivery.

CHAMP: Cameroon
The CHAMP program is financed by the President’s Emergency Plan for AIDS Relief (PEPFAR), managed by USAID and implemented by CARE Cameroon. The goal is to reduce HIV/STI infections and related morbidity and mortality, and thus ease the impact of HIV on the socioeconomic development of Cameroon. CHAMP aims to improve the Cameroonian Government and civil society’s technical capacity to provide and implement evidence-based prevention, care, and treatment services and programs for members of key populations (KPs). The key populations include men who have sex with men (MSM), female sex workers (FSW), and clients of sex workers.

Regional Initiatives:

West Africa
In West Africa we are focused on reaching 10 million women and girls with SRH information and services. By focusing on women and girls in West Africa, CARE seeks to enable individuals to realize their reproductive intentions in the timing and manner they desire. Furthermore, CARE seeks to integrate SRHR into current development initiatives in the region, recognizing that health and autonomy of women and girls impacts not only their own empowerment, but the resilience and development of communities at large. We are working in Mali, Niger, Chad, Cameroon, Benin, Togo, Ghana, Cote D’Ivoire and Sierra Leone.

Asia
CARE USA and CARE India Solutions for Sustainable Development have developed a shared understanding of how to operationalize co-leadership of sexual and reproductive health and rights across CARE. CARE India will lead SRH efforts in the Asia region by focusing on health sector innovation, including the use of technology and focus on understanding, and overcoming, exclusion.

For more information on CARE’s SRHR programming please visit: http://familyplanning.care2share.wikispaces.net/Home