CARE WEST AFRICA
Sexual and Reproductive Health and Rights (SRHR) Engagement Strategy

What Is The Injustice?

Sexual and reproductive health indicators remain extremely weak in West Africa. A combination of social, legal, and healthcare-related drivers limit, and often inhibit, women from accessing their sexual and reproductive rights. As a result of being denied their rights, women and girls face the injustice of unwanted pregnancies, unsafe abortions, and at-risk births. These injustices result in unnecessary suffering and death among women of reproductive age in West Africa.

Where Does CARE Currently Engage?

CARE currently operates eight country offices in West Africa and has over 55 staff with public health capacity. The countries in which CARE engages are demonstrated below with their respective SRHR indicators.

**SRHR in West Africa**

For every 1,000 live births in West Africa, 64 women die of maternity-related causes.

- Low modern contraceptive prevalence (12%).
- High fertility rates (5.4 children per woman).
- High maternal mortality ratio (539 maternal deaths for every 100,000 live births), in which most deaths are preventable.

**For every 1,000 live births in West Africa, 64 women die of maternity-related causes.**

- Low modern contraceptive prevalence (12%).
- High fertility rates (5.4 children per woman).
- High maternal mortality ratio (539 maternal deaths for every 100,000 live births), in which most deaths are preventable.

(Numbers based on PRB, 2015)
What Drives This Injustice?

In the West Africa context, we understand the four greatest drivers inhibiting women achieving their sexual and reproductive health and rights to be: restrictive legal frameworks and limited policy accountability, inadequate health services, socio-cultural/gender norms, and recurrent/endemic conflicts and emergencies. CARE’s approach therefore seeks to target these four drivers to foster sustainable change in SRHR indicators.

Women and girls are inhibited from achieving their sexual and reproductive health and rights

Drivers

- Restrictive/discordant laws & policies & limited accountability
- Inadequate health services
- Socio-cultural and gender norms
- Recurrent and endemic conflicts and emergencies

Manifestations

- **Restrictive/discordant laws & policies & limited accountability**
  - Unable to legally access safe abortion, women and girls seek life-threatening clandestine abortions
  - Mid-level providers (such as nurses and midwives) are prohibited from providing certain services, but there are no medical doctors present in certain communities
  - Adolescents are denied their right to legal SRHR services due to provider attitudes regarding youth sexuality

- **Inadequate health services**
  - Poor health financing results in shortages of supplies, trained providers, facilities, and equipment
  - Weak health information systems cannot track patients, accurately anticipate commodity needs, or collect and analyze data
  - Erratic supply chains cannot guarantee that all supplies and commodities are present at all times
  - Providers lack on-the-job training and coaching to sustain and improve skills

- **Socio-cultural and gender norms**
  - Traditional practices dictate that decisions around a woman’s sexual and reproductive health are made by men, in-laws, or other influential family and community members
  - SRHR remains a taboo subject, and openly discussing SRHR is stigmatized
  - A general preference for large families, particularly in rural settings, is pervasive
  - Religious interpretations inhibit women from accessing certain services

- **Recurrent and endemic conflicts and emergencies**
  - Natural and manmade disasters render health clinics unusable or inaccessible
  - Supply chains are broken, resulting in stock outs of essential healthcare commodities
  - Skilled providers are absent and/or unavailable to provide services
  - Shocks and stresses reduce household income, therefore reducing funds available to use on health services

What Do We Want To Achieve?

**By 2020, 12 million women and girls across West Africa exercise their rights to sexual and reproductive health.**
How Will We Get There?

CARE will work with partners to address and overcome social and gender norms, implement effective models, strengthen health systems, and influence policy as it relates to sexual and reproductive health and rights.

12 Million Women and Girls

**Six Pillars of our Approach**

- Strengthen health systems and improve quality of health care services.
- Prepare and equip CARE country offices, sub-regions, and their local partners to respond to SRHR needs in any type of emergency.
- Address social and gender norms, and also promote social accountability and inclusive governance.
- Influence policies and practices.
- Address adolescent and youth SRHR needs.
- Foster learning, documentation, evidence generation, and sharing.

**OUR FOUNDATION**

CARE’s SRHR program experience in West Africa | A regional management unit (WARMU) | Over 55 health staff in the region

Strategic partnerships with governments, peer organizations, community-based organizations, national and regional coalitions

Financial resources | A dedicated global SRHR team for West Africa | Cohesion and collaboration with “Women on the Move”
What Does Success Look Like?

CARE in West Africa enables 12 million women and girls exercise their rights to and have access to SRH services including family planning, post abortion care, and maternal health. This will be demonstrated by:

**Immediate Outputs**

(a) Implement and bring to scale High Impact Practices and evidence-based models that accelerate countries’ progress towards the achievement of their commitments to maternal, sexual and reproductive health. This includes SRHR in emergency, stable and fragile contexts.

(b) Support community-based organizations to tackle underlying causes of exclusion and gender disparity with the aim to create a supportive social environment free from stigma and violence/abuse.

(c) Support and influence advocacy agendas with the aim of creating and implementing supportive policies and legal environment for SRH services.

(d) Document, learn from, and influence practices.

**Medium-term outcomes**

(a) Scalable SRHR models have been tested and documented alongside Ministries of Health with successful and significant changes on services utilization and quality.

(b) Community partners are skilled to address gender and social norms related to acceptability of services.

(c) Civil society platforms and coalitions lead an advocacy agenda and revise/adapt at least one SRH policy and monitor its implementation.

(d) CARE, in collaboration with other partners in the region, contributes to learning, evidence generation and practices improvement.

**Impact Achieved**

(a) Improvement in SRHR indicators:
   - Increased demand satisfied for modern contraceptives among women aged 15-49.
   - Increased proportion of births attended by skilled health personnel.
   - Decreased adolescent birth rate per 1,000 women.
   - Increased proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and SRH care.

(b) A supportive legal and social environment free of stigma and harassment for women, girls, providers and activists working on SRHR.

What Will Enable Us to Achieve Our Goal?

- **Strategic Partnerships**: CARE’s relationships with governments, peer organizations, community-based organizations, and national/regional coalitions foster and enable scalability of effective practices.

- **Financial Resources**: CARE seeks to mobilize $25 million over 4 years to realize this strategy and result.

- **A New Way of Working**: CARE becomes a catalyst of change for our country offices and their partners; we create a space for learning and elevating effective practices.

For more information, please contact:

**Diawary Bouare**
West Africa Regional Director
Accra, Ghana
diawary.bouare@care.org

**Jimmy Nzau**
SRHR in West Africa Team Lead
Atlanta, USA
jnzau@care.org

**Ghislaine Alinsato**
SRHR Specialist for Sahel+
Sub-Region, Cotonou, Benin
ghislaine.alinsato@care.org

**Alfred Makavore**
SRHR Specialist for Mano River+
Sub-Region, Freetown, Sierra Leone
alfred.makavore@care.org

**Erin Dumas**
SRHR Specialist
Atlanta, USA
edumas@care.org