SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH RIGHTS

WHY SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH RIGHTS?

Supporting sexual and reproductive health and rights (SRHR) is critical to achieving CARE's mission of defeating poverty and achieving social justice. Sexual, reproductive and maternal health remains a significant challenge globally. The latest figures suggest that there are 303,000 maternal deaths per year[1]. This means approximately 830 women die every day from complications related to pregnancy and childbirth. Globally, there are 225 million women who want to avoid pregnancy, yet are not using an effective family planning method[2]. Among all family health services, disparities in coverage and outcomes based on wealth are greatest for reproductive and maternal health. With the global community's adoption of the Sustainable Development Goals, it remains ever critical to ensure that women and girls around the globe have access to reproductive health care. The Sustainable Development Goals have incorporated sexual, reproductive and maternal health in Goals 3 and 5, highlighting its central importance in ending poverty and fighting inequality and injustice.

[1]Trends in Maternal Mortality 1990-2015. World Health Organization.
[2]Family Planning 2020. www.familyplanning2020.org

ROADMAP TO IMPACT FOR 100 MILLION WOMEN AND GIRLS

In order to reach the ambitious goal of the CARE 2020 Program Strategy, we design our programs for scale, seeking from the start to work in ways that multiply the impact of our work, far beyond the communties we work with directly. Our Multiplying Impact triangle (figure to right) illustrates the key elements our SRHR programs need to achieve, to contribute to the Sustainable Development Goals. The triangle highlights our main strategies, including mobilizing resources, innovating and generating evidence, sharing learning, and strategically partnering and influencing, replicating and scaling up, all to multiply our impact for the rights of 100 million women and girls.

WHAT DOES CARE DO?

Empower communities and promote gender equality: Throughout our programming, we work to strengthen women's voice by challenging unequal social and gender norms that constrain women's and girls' choices. We use Social Analysis and Action as an approach to catalyze dialogue and reflect on gender equality, sexuality, and family planning. Our published evidence from the Results Initiative project in Kenya demonstrates that SAA can shift social norms, enable more equitable couple communication and decision-making, and ultimately increase use of family planning: use of modern family planning increased significantly, for both men (27.9% to 52.2%) and women (34% to 51.2%). SAA has also been used in the TESFA project in Ethiopia, focused on married adolescents, bringing together peer groups of married adolescents for a year of training on sexual and reproductive health, communication and negotiation skills, as well as providing important social and emotional support. After rigorous testing of the model, significant improvements were found just after one year. Use of modern family planning methods rose by 27% (from 51% to 78%), and participants reported greater communication among couples, and improvements in the girls' mental health and in the community's support for the girls.

Ensure inclusive spaces for dialogue and negotiation: CARE's **Community Score Card**© (CSC) is a social accountability approach that brings together community members, service providers, and power holders in a mutual process to identify needs, concerns and barriers to effective service delivery and healthy outcomes. A recent cluster-randomized controlled evaluation assessed the CSC's effect on reproductive health related outcomes in Ntcheu, Malawi, demonstrating that the CSC increased community health workers' home visits during pregnancy by 20%, compared to control areas. Further, women's satisfaction with reproductive health services increased significantly, along with an estimated 57% greater use of family planning methods.

Increase access for women and girls in conflict settings: Working in conflict and fragile settings, CARE seeks to ensure access to family planning , including an emphasis on long-acting, reversible methods, and post abortion care. The Supporting Access to Family Planning and Post Abortion Care (SAFPAC) project, in Chad, DRC, Mali, and Pakistan, supports the government and their providers to deliver comprehensive and high quality services in hard to reach areas. The SAFPAC model includes competency-based training, supportive supervision, effective supply chain management and supply procurement, and community engagement. Over the last five years, SAFPAC's results have demonstrated a steady and dramatic increase in new contraceptive users, with use of long-acting reversible contraceptives representing 66% of new modern method users.

Strengthen and support health systems: Critical to achieving sexual and reproductive health and rights is a responsive health system that includes empowered,

equipped and motivated frontline health workers, given the global shortage of approximately 7.2 million health workers.[3] In our work in Bangladesh with private, community-based skilled birth attendants, we are ensuring that remote and rural areas are receiving high-quality primary and reproductive health services. The Community Health Worker Initiative is training women from rural communities, through a rigorous, accredited curriculum, to become skilled birth attendants, as well as equipping them with business and entrepreneurship training so that they may develop a financially sustainable business through their provision of health services. To date, 300 private, skilled providers have been trained and maternal and child health services have improved. After 18 months of implementation, skilled birth attendance increased dramatically, from 12% to 49%. Notably, this model has also addressed wealth inequities for health services, as 63% of those receiving services were either poor or ultra-poor.

[3] World Health Organization.2013. http://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/

WHAT HAVE WE LEARNED?

- CARE's **evidence-based approaches** - Social Analysis and Action, Community Score Card and the SAFPAC model - have been used in a variety of CARE programs and contexts and **have proven effective at reaching the most vulnerable and improving sexual, reproductive and maternal health and rights.** Evidence from these models are currently being scaled up across CARE, to support our efforts in multiplying impact.

- CARE's approach to sexual and reproductive health **must keep rights at the center of all programming,** working to ensure that women and girls are empowered to make the choices that affect their lives.

- **Approaches to eliminating gender inequality must address sexual and reproductive health.** At its core, sexual and reproductive health is fundamental to gender equality and it is a fundamental part of delegitimizing structures that disempower and disenfranchise the communities where CARE works.

- A key factor in sustainability and effectiveness is **CARE's ability to work in partnership with governments to support scale up of our models, tools and approaches,** as in CARE's partnership with Government in Bihar, India, where we are working to take proven pilots to the level of a State with 100m population.

WANT MORE INFORMATION?

Want more information? See CARE's Annual SRHR Progress Reports from 2015, 2016 and 2017, our bi-monthly newsletters which share updates from our SRHR programming and research, and the SRHR Wiki Page for more information on our projects and programs. Please contact Mariela Rodriguez to learn more.