

CARE INTERNATIONAL COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



EWEC Secretariat, PMNCH, FP2020 self-reporting questionnaire to assess progress on implementation of commitments to the Global Strategy on Women's, Children's and Adolescents' Health.

COMMITMENT PROGRESS SUMMARY NARRATIVE

CARE committed to develop approaches for addressing gender and social barriers to family planning use and validating tools to measure the impact of these approaches on health outcomes:

- Since 2016, CARE has further implemented and tested Social Analysis and Action© (SAA), one of CARE's model for gender transformation. SAA is a community-led social change process through which individuals and communities explore and challenge social norms, beliefs and practices around gender and sexuality that shape their lives. CARE has used SAA with couples to improve communication and reproductive decision-making, with communities to build a more supportive environment for SRH, and with health providers to improve SRH service delivery to adolescents.
- In Ethiopia, CARE uses peer-based solidarity groups and community engagement strategies to improve family planning access. Combining these strategies with the SAA model into a unique SRH program, CARE achieved significant results, including an increase in participant's use of family planning of 78%, up 27% from baseline.
- CARE is also reaching women in urban settings in the garment sector in Bangladesh and Cambodia. In Cambodia, CARE developed an innovative package of tools to support female garment workers in making informed, healthy, sexual choices and access reliable reproductive health services. Chat! Contraception consists of short, targeted activity-based sessions that provide key information on communication and consent, contraception, sexually transmitted diseases, and safe abortion; video dramas featuring characters in a fictional garment factory that engage workers' emotions as they relate to the everyday challenges of characters; and an interactive mobile app that challenges workers to prove and improve their understanding of reproductive health topics. Chat! has had some notable results including increase of modern contraceptive use among sexually active women from 24% in 2014 to 48% in 2016, and complete confidence to discuss contraception with partners has doubled.

CARE also committed to strengthening local governance mechanisms and building capacity of women and communities:

- CARE has continued to expand spaces for meaningful participation of women and girls in shaping how reproductive health services are provided in their communities through the Community Score Card© (CSC). CARE's Community Score Card© (CSC) brings together community members, health providers, and local government officials to identify obstacles to access and delivery of health services, to generate local solutions, and to work together to implement and monitor the effectiveness of these solutions in an ongoing process. We tested the effectiveness of this approach in improving family planning and other reproductive health outcomes through a cluster-randomized control trial (RCT) in Malawi. The results were significant, including 57% greater use of modern contraception (in treatment vs. control at endline) and 20% greater increase in health worker visits (in treatment vs control from baseline to endline). Our study is one of only a few RCTs that focuses specifically on the potential benefits of a social accountability approach, like the CSC, on improving access to, and use of, family planning services. To further build knowledge in this field, CARE reviewed its own experience with the CSC, and produced reports and evaluations to describe the outcomes, successes, and challenges of our 15-year experience (Gullo et al.,2016). The reviews suggest that the CSC prompts a wide range of outcomes and merits further attention as a strategy for improving accountability. Lessons for improvement include creating environments that facilitate health worker buy-in and participation, and further exploring opportunities for vertical movement of information to states and civil society actors.
- CARE is supporting the Government of Bihar to strengthen and increase coverage and quality of life-saving interventions for families, women, and children less than two years across the continuum of care. With funding from the Bill & Melinda Gates Foundation, CARE is testing and scaling several innovations in Bihar, India that are increasing quality of reproductive health services, strengthening the health workforce and expanding access to high quality reproductive, maternal and adolescent health services and information. One of the innovations includes a smartphone-based tool that is helping front line health workers reach, track and manage the communities they serve. Notable results from this innovation include: Women who saw a health worker that used the app were 73% more likely to visit the doctor 3 times after they gave birth. They were 14% more likely to do exclusive breastfeeding, and 32% more likely to use modern contraception. Women who worked with a health worker using the app were up to 81% more likely to get access to health information of all kinds—not just information on the mobile phone. Workers who used the phones were 23% more likely to visit women in the final trimester of pregnancy, and 20% more likely to visit them in the week following delivery.

These results were so compelling, that the government of India has just announced a \$1.38 billion investment in health and nutrition over the next 3 years. That investment includes rolling out CARE's ICT tool to an additional 1.4 million health workers in the 550 most vulnerable districts of India.

CARE also committed to reaching the most vulnerable and marginalized populations to reduce inequality and ensure women and girls' SRH needs are addressed in development, emergency, and post-conflict response activities:

- CARE prioritizes sexual and reproductive health when we respond to emergencies and we work to ensure that family planning services are available to women in the most difficult, fragile and crisis-affected settings in the world. In Syria, CARE is working with partners to provide integrated emergency obstetric care, neonatal care, and contraceptive services into 10 primary health clinics in Aleppo and Idlib governorates. CARE also operates mobile clinics to deliver SRH and gender-based violence services, reaching an estimated population of 356,400 Syrians, including 87,501 women of reproductive age.
- CARE's Supporting Access to Family Planning and Post Abortion Care project (SAFPAC) supports government and partners in Chad, Democratic Republic of Congo, Mali, Syria, Afghanistan, Bangladesh, Cambodia, Cameroon, Djibouti, Myanmar, Nepal, Niger, Nigeria, South Sudan, Uganda, Ivory Coast and the Philippines to deliver comprehensive and high-quality service in hard to reach areas. The SAFAC model includes competency-based training, supportive supervision, effective

supply chain management and procurement, and community engagement. Over the last five years of SAFFAC, results have demonstrated a steady and dramatic increase in new contraceptive users across the countries, with 66% of the new contraceptive users choosing long-acting reversible methods. CARE is also working to reach adolescents with SRH information and services in many of these countries.

Finally, CARE also committed to building political will and mobilizing action at all levels –local to national to global – to ensure implementation of policies and programs that address the needs of communities and are rights-based, effective, and culturally appropriate. Progress on this commitment include:

- In 2016 working with government of DRC to quantify the family planning funding gap in North Kivu, and supported the Ministries of Health and Planning to lobby provincial- level lawmakers and succeeded in securing a new budget line item to fill the gap and ensure adequate funding for family planning.
- Building U.S. support for family planning through ‘Learning Tours’ with members of the United States Congress, policy makers, journalists, and opinion leaders to demonstrate the impact of family planning programs around the world. Through Learning Tours, CARE is building a powerful cadre of champions who advocate for continued US government investment in international family planning programs.
- With funding from Family Planning 2020’s Rapid Response Mechanism, CARE was invited in 2016 by the Ministry of Health in Djibouti to help revise the national family planning policy and guidelines, with the goal of expanding the cadres of health workers authorized to provide a full range of contraceptive methods.
- In 2016, CARE played a leadership role in the revision of the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, successfully advocating for the repositioning of family planning as a priority intervention within the Minimum Initial Service Package for Reproductive Health in Crisis Situations (MISP).

THEMATIC COMMITMENT PROGRESS

Reduce global maternal mortality to less than 70 deaths per 100,000 live births

Maternal mortality ratio

Proportion of births attended by skilled health personnel

Proportion of women aged 15-49 who received 4 or more antenatal care visit

Proportion of women who have postpartum contact with a health provider within 2 days of delivery

Reduce newborn mortality to less than or equal to 12 deaths per 1,000 deaths

Neonatal mortality

Proportion of infants who were breastfed within the first hour of birth

Proportion of newborns who have postnatal contact with a health provider within 2 days of delivery

Reduce under five mortality to less than or equal to 25 deaths per 1,000 live births

Ensure universal access to Sexual and Reproductive Health and Rights (SRHR)

Percentage of women of reproductive age (15-49) who have their need for family planning satisfied with modern methods

Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

Proportion of men and women aged 15-24 with basic knowledge about sexual and reproductive health services and rights

Eradicate extreme poverty

Ensure equitable access to quality education

Achieve universal and equitable access to water, sanitation and hygiene (WASH) services

Geographic Coverage. All the geographical levels that you implement your commitment-related activities in?

Global
Regional
Country

Linkage to National Health Strategies. Are commitment-related objectives and/or targets aligned with the national health strategy of the country or countries in which activities take place in?

Yes

EVERY WOMAN EVERY CHILD FOCUS AREAS

Early Childhood Development

Not applicable

Adolescent and Young Adult Health and Well-being

Applicable

Adolescent and Young Adult Health and Well-being Data

Current status: Ongoing
Community engagement: Yes
Health system resilience: Yes
Research and innovation: Yes
Accountability: Yes
Service delivery included: No

Sexual and Reproductive Health and Rights

Applicable

Sexual and Reproductive Health and Rights Data

Current status: Ongoing
Community engagement: Yes
Health system resilience: Yes
Research and innovation: Yes
Accountability: Yes
Service delivery included: Yes

Geographical coverage: Rural
Early adolescent girls (aged 10-14): Yes
Women (aged 25-49): Yes
Men (aged 25-49)

Quality, Equity and Dignity in Services

Applicable

Quality, Equity and Dignity in Services Data

Current status: Ongoing
Community engagement: Yes
Health system resilience: Yes
Research and innovation: Yes
Multisectoral action: Yes
Accountability: Yes
Service delivery included: No

Empowerment of Women, Girls and Communities

Applicable

Empowerment of Women, Girls and Communities Data

Current status: Ongoing
Community engagement: Yes
Health system resilience: Yes
Research and innovation: Yes
Multisectoral action: Yes
Accountability: Yes
Service delivery included: No

Humanitarian and Fragile Settings

Applicable

Humanitarian and Fragile Settings Data

Current status: Ongoing
Country Leadership: Yes
Community engagement: Yes
Health system resilience: Yes
Research and innovation: Yes
Multisectoral action: Yes
Accountability: Yes
Service delivery included: Yes
Geographical coverage: Urban and rural

PHOTOS AND VIDEO

Photos and videos can be shared here: [BEN-2013-JO-001.jpg](#)

Additional supplementary documents, reports, etc. can be shared here: [The-Path-to-2020_CARE-InteractiveLite.pdf](#)

All photos should be credited to CARE

Shared here:

Yes

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