

# 2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



## CARE INTERNATIONAL

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*In July 2016, CARE International shared an update on progress in achieving its Family Planning 2020 commitment in the 2015-2016 timeframe (commitment included for reference below).*

### POLICY & POLITICAL UPDATES

CARE continues to focus on enabling citizen voice, participation and accountability to strengthen local governance mechanisms.

- From 2011 to 2015, CARE implemented the [Maternal Health Alliance Project](#), designed to address maternal and reproductive health issues in Ntcheu District, using [CARE's Community Score Card©](#) (CSC). CARE conducted a cluster-randomized controlled trial of the CSC to evaluate its effectiveness in improving reproductive and maternal health services, including improvements in health service utilization, provision and satisfaction. The evaluation results indicate that the Community Score Card© catalyzed many local solutions to improve family planning, maternal and newborn health coverage and quality. A paper with the full findings of the RCT are currently under review with a peer-reviewed journal. CARE has also recently published a review of how the Community Score Card© has been used and what outcomes have been reported in various programs across CARE. The article was published in April 2016, in [Health Policy and Planning](#).
- In Sierra Leone through Partnership for Health-Civic Action for Sustainable Healthcare Delivery (CASHED), CARE has been working to improve the governance of a Free Health Care (FHC) service delivery initiative introduced by the Sierra Leone government in 2010. The government initiative aims to assure free health services to all pregnant women, lactating mothers and children under the age of 5. To address the many challenges faced by this initiative (including alleged malpractices in the drugs supply chain; inadequate human resources, logistical bottlenecks; insufficient public education and awareness on the FHC entitlements, to name a few) CARE's CASHED action has been using a citizen monitoring model to increase the accountability in the delivery of the Free Health Care service in Kambia. The project is implemented through a local partner organization, ABC Development in Kambia, with support from other key district-level associates and community structures. CASHED trained community volunteers (Village Health Watch Group, or VHWGs) to monitor the availability and functionality of reproductive health services at community level health facilities. The VHWGs engage the health providers constructively to bring out key issues, and the findings are discussed generally in a community meeting following development of action plans that are in the interest of all, to improve their health facilities. This community level constructive engagement and monitoring done in Kambia has seen some concrete benefits including the improvement in the supply chain, separation of free healthcare drugs from cost recovery drugs, drastic reduction in demand for money for drugs and service fee for the free health care category.
- CARE's Community Score Card© is also being adapted in Myanmar. In Northern Shan State, Myanmar, CARE is adapting the CSC process for use by village health committees to strengthen quality, equity and access to SRH services, including family planning services.

In line with [CARE's 2020 Program Strategy](#), CARE works to bring about just and lasting change for young people by strengthening gender equality and women's and girls' voice; promoting inclusive governance; and increasing resilience and reducing risk. By doing so we aim to ensure that:

- Women and girls exercise their rights to sexual, reproductive and maternal health, and a life free from violence;
- Young people affected by humanitarian crises are better able to protect themselves and their families;

- Poor and vulnerable adolescents and youth increase their food and nutrition security; and
  - Young people have greater access to and control over economic resources.
- In Ntcheu, Malawi, where adolescents acutely lack access to reproductive and maternal health services, CARE has been using the [Community Score Card®](#) (CSC) to improve these services. During the Score Card process youth identified that they needed safe spaces to talk about their health issues and needs. In response, CARE worked with district government officials to establish youth clubs in several villages in the district. Further, the youth clubs were connected to providers who were trained in youth-friendly services. The clubs provide a forum for youth-led, peer-to-peer support and for the adolescents to develop and implement solutions to overcome their unique barriers.
  - Through the [Young Men Initiative for Combating Gender based Violence in the Western Balkans](#), CARE implemented a ground-breaking program that worked with young men aged 13-19 to deconstruct masculinity in their cultures and determine how gender norms and male socialization led to inequitable attitudes. Key interventions included the establishment of a Young Men Forum and Be a Man Club, educational workshops and a campaign - all aimed at engaging young men in critical dialogue and reflection on gender, masculinities, health, violence and the ways in which society influences their attitudes and behaviors. Evidence from the program evaluation indicates that young men who were exposed to the campaign generally showed more gender equitable attitudes and decreased use of violence. An unexpected result was the increased sense of civic engagement among many of the young men, several young men went on to volunteer with local partners to support other youth-focused efforts.

In addition to adolescents and youth, CARE works to ensure the health and rights of sex workers, including equitable access to SRH services including contraceptive services.

- In Myanmar, CARE is working to address multiple barriers to sex workers' equitable access to health services, including stigma, discrimination and criminalization of sex work. [CARE Myanmar](#) is supporting the Sex Worker Network in Myanmar (SWIM) to advocate for access to critical health services as well as the decriminalization of sex work.
- In Vietnam, CARE is convening ongoing dialogues between sex workers and policymakers to reduce harassment and violence against sex workers, as well as to help ensure non-discriminatory access to GBV, health and legal services.

CARE USA has continued its dual track approach of working to protect U.S. government funding for international family planning from cuts as well as working to socialize the issue of family planning among strategic policymakers, particularly in Congress.

- In 2015-2016, CARE USA worked to ensure major cuts to international family planning and the UNFPA were removed from the FY 2016 budget and work is ongoing to ensure these cuts do not occur in the FY 2017 budget. CARE USA also co-leads a working group of over 20 NGOs working to promote legislation to codify a comprehensive U.S. approach to ending preventable maternal and child death utilizing high-impact, evidence-based interventions like family planning and other reproductive health interventions. This legislation enjoys wide bipartisan support in both the U.S. House of Representatives and the U.S. Senate, and has allowed policymakers to support a framework that integrates family planning activities without attracting the political complications that usually surround these issues in the United States. CARE USA also organized multiple Learning Tours to show Members of Congress and their staff the importance of these investments first hand. Trips took place in Malawi/Kenya, Rwanda/DRC, and Sierra Leone/Cote D'Ivoire and included a number of key legislative leaders on both sides of the aisle. We expect to continue this work as the legislative session draws to a close and will also begin ramping up work around the upcoming Presidential transition.
- Also in 2016, CARE launched the CARE Action Network (CAN) Fellowship, a leadership development curriculum for the chairs of the [CARE Action Network](#) from eight target states/districts from the U.S. The CARE Action Network was formed by CARE in 1998 to engage volunteer advocates from the US on a range of global health and development issues. CAN advocates mobilize support for global health, including family planning, in their home states and districts. In April 2016, CARE hosted the CAN Fellowship learning tour to Benin, where Fellows

saw first-hand how CARE is working to break down barriers that prevent women from accessing reproductive health services and the important role that U.S. investments play in addressing maternal health and family planning. Since their trip, the Fellows continue to leverage what they learned in Benin in their own communities to advocate to their members of Congress for support of international family planning.

- Throughout 2015-2016, CARE Australia continued to host the Secretariat of the Australian Parliamentary Group on Population and Development. This cross-party group of Parliamentarians works together to champion women's empowerment and advocate access to safe reproductive health services, including universal access to rights-based family planning. Over this period we supported parliamentarians to participate in 13 round-table briefings in the Australian Parliament, to meet with experts from the aid and development sector as well as visiting leaders from the Pacific region, and discuss issues around gender-based violence, women's empowerment, and reproductive health and rights including family planning. We also supported parliamentarians to participate in delegations led by the Asian Forum of Parliamentarians on Population and Development in 7 international conferences, to champion gender equality and reproductive health.
- Through the International Consortium on Sexual and Reproductive Health and Rights, CARE Australia led a campaign to highlight the critical need for funding family planning in the Australian aid budget through a series of face-to-face meetings with key politicians in late 2015. We plan to do this again in late 2016 (following a long hiatus over the Australian federal election campaign).
- CARE has also committed to building political will for sexual, reproductive and maternal health through Learning Tours and Study Tours that CARE leads with U.S. Congressional representatives and European and Australian Parliamentarians. In addition to these activities, relationships and meetings with government officials have been leveraged in different ways. Following a Study Tour with parliamentarians to Chad in February 2016, CARE Germany-Luxembourg, in collaboration with CARE International, organized parliamentary info sessions in Berlin, Luxembourg and Brussels. In March 2016, a CARE project manager from Chad met with these parliamentarians and attended meetings on sexual, reproductive health. CARE Chad's project manager provided briefings on the Supporting Access to Family Planning and Post Abortion Care (SAFPAC) initiative at the Ministry of Foreign and European affairs in Luxembourg as well as the European Commission in Brussels.

The success of CARE's [Maternal Health Alliance Project](#) in Malawi, which was designed to address maternal and reproductive health issues in Ntcheu District, using [CARE's Community Score Card©](#) (CSC) has increased demand for the CSC.

- This year CARE partnered with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), with funding from the Centers for Disease Control and Prevention, to adapt the Score Card for use with HIV-positive women, their partners and family members, to improve prevention of mother-to-child transmission (PMTCT) of HIV services. Adapting the CSC to this context has required creative thinking about how to engage this often stigmatized population in a way that is respectful and preserves their right to privacy and confidentiality. EGPAF and CARE will implement the adapted PMTCT-CSC approach in two districts in Malawi in the coming year. As with MHAP, the project will also include a rigorous evaluation of the impact and cost of using the Score Card approach with an HIV-positive population. If successful in improving ART retention and early infant diagnosis, this new PMTCT-CSC approach could be a tool that many other health facilities, regions, or countries adopt to improve PMTCT service use and outcomes.
- CARE also continues to strengthen health systems and focus on empowering and motivating frontline health workers. For example, CARE's work with private, community-based skilled birth attendants in remote areas of Bangladesh has entered a second phase and is planning for further scale up to several additional districts. The [Community Health Worker Initiative](#) is funded by GlaxoSmithKline and led by CARE and the Government of Bangladesh to ensure mothers and children in remote areas of the country receive appropriate and necessary maternal and child health services and information. The project has developed and trained a cadre of private, skilled providers that are providing access to critical health services and reducing geographic inequities. The project has entered a second phase where 2.8 million individuals in Sunamganj district will be reached with maternal and child health services by 2018, in addition to a total of 300 private skilled providers trained. The current phase of the project is focusing on specific training in family planning information, methods and services.

The Government of Bangladesh has recognized the successful results achieved in Sunamganj and is working with CARE to think through ways to scale this model to other poor and remote districts in the country.

- CARE also continues to carry out a number of activities to ensure [quality, rights-based family planning](#) services and address critical service delivery gaps in Bihar, India through the [Integrated Family Health Initiative](#), funded by the Bill and Melinda Gates Foundation. CARE and EngenderHealth have been implementing a comprehensive and whole-site training, quality assurance and clinical monitoring and coaching program. The intervention includes clinical skills training in female sterilization and no-scalpel vasectomy; training in integrated family planning counseling for the range of short- and long-acting methods; and a whole-site training on infection prevention. The project is taking a phased-approach to scale, working with 30 facilities in 2015 and 100 facilities in 2016 and 70 more facilities in 2017. The goal is to have 200 facilities providing comprehensive, fixed day family planning services across all 38 districts in Bihar state.
- In addition to scaling up successful approaches in countries where CARE works, over the past year, CARE found a new way of working with Djibouti, where CARE no longer has country-office presence. With funding from Family Planning 2020's Rapid Response Mechanism, CARE is supporting the Ministry of Health in Djibouti to revise the national family planning policy and guidelines, and strengthen the capacity building system for family planning in Djibouti. While Djibouti is an FP2020 country, it has not yet made any commitments to FP2020. CARE's work with Djibouti is helping increase the visibility of FP2020 and continues to strengthen CARE and the government of Djibouti's unique relationship.
- At the provincial level in DRC, CARE is leading coordination of the North Kivu Provincial Permanent Technical Multi-sectorial Committee (CTMP) on Family Planning. The CTMP is comprised of local government, civil society, and faith-based organization leaders and this mechanism is designed to help mobilize action and ensure accountability for DRC to meet its FP2020 commitment. The CTMP has been working closely with the Ministry of Health and has supported the President of the Provincial Assembly for the adoption of a budgetary line on the purchase of contraceptives (within the provincial government budget). Support and implementation of this policy will be led by the CTMP to reach 20% of the DRC's Vision on Family Planning in 32 health zones in northern Kivu.

This past year, CARE advocated to ensure that citizen-driven, participatory monitoring and accountability mechanisms are integral to the Accountability Framework for the United Nations Global Strategy for Women's, Children's and Adolescents' Health (Every Woman, Every Child 2.0).

- These mechanisms will enable women and adolescents to directly monitor progress and hold government accountable for ensuring equity, access and quality of SRH services, including family planning. CARE served as a member of the Accountability Working Group that defined the Accountability Principles for the Global Strategy, as well as contributing to a consultative process led by the World Health Organization to define the indicator and monitoring framework for the Global Strategy. CARE is a member of the newly formed Partnership for Maternal, Newborn, Child Health (PMNCH) Accountability Resource community of practice, which will support implementation of SDG/Global Strategy accountability platforms at the national and global level.
- CARE has also been participating as a member of the Humanitarian Work stream of Every Woman, Every Child. CARE and other stakeholders came together in early 2015 for a workshop to develop the vision and 5-year high level work plan for the humanitarian work stream. The humanitarian work stream, Every Woman Every Child Everywhere, works to ensure that the UN Global Strategy for Women's, Children's and Adolescents' Health is fully implemented in fragile states and in crisis- affected settings. CARE has contributed to the final vision and work plan, which includes actions to ensure universal access to SRH services and prioritizes enabling the voice and leadership of women and girls.
- CARE also recently participated in and contributed to an FP2020 Consensus Building Meeting held in Malawi in May that aimed to determine values for FP2020 core indicators, develop a dissemination plan to ensure use of common estimates and discuss activities to improve accessibility and quality/use of family planning data.

## PROGRAM & SERVICE DELIVERY UPDATES

CARE continues to share and learn from its core approach to behavior change, [Social Analysis and Action](#).

- This past year, over 50 CARE staff, government partners and civil society representatives gathered in Benin to share experiences and learning from implementing CARE's Social Analysis and Action, an approach which seeks to address the social, economic and cultural factors that influence health behaviors and service utilization. During the week, participants shared experiences, lessons and challenges around SAA's implementation and discussed issues around sexuality and human rights.
- At this global, CARE learning event, countries shared their experiences in utilization, measuring and learning from SAA. CARE India and CARE Vietnam shared their unique journey with SAA as the first countries to implement the Inner Spaces Outer Faces Initiative (ISOFI), which was the basis for learning and development of the SAA approach. Participants heard specifically about CARE Vietnam's Ethnic Minority Women's Project where SAA tools were used in the project's gender analysis. As a result of CARE Vietnam's history with using SAA in programming, CARE staff are champions of the approach who are passionate about gender transformation and believe in SAA's ability to facilitate transformative change. CARE Ethiopia discussed their use of SAA across sectors, and shared experiences focused around community engagement for transforming social norms, including which 'influential' community groups to target and how to engage them through the process of self-reflection. This also includes the influential group's own transformation process. CARE Benin shared how they are using SAA in a new project, VIVO, aimed at integrating family planning and immunization, funded by Pfizer. CARE Benin will be using the SAA approach with the communities, to surface and address socio-cultural barriers that impede access to family planning and immunization.
- CARE has recently published an evaluation of the [Family Planning Results Initiative](#), a 4 year CARE initiative that catalyzed community- level dialogues about gender, sexuality and FP in Siaya County, Kenya. Using CARE's Social Analysis and Action approach, 150 community-based facilitators were trained to facilitate ongoing dialogues about gender norms and power dynamics that may act as barriers to family planning acceptability and use. The project measured domains of women's empowerment using [CARE's WE-MEASR](#) (Women's Empowerment- Multidimensional Evaluation of Agency, Social Capital and Relations) scales. Results showed significant increases in use of modern family planning and from baseline to endline for both men and women. Women's use of modern contraception was significantly associated with higher spousal communication, control over cash earning, and self- efficacy to use family planning. For men, more equitable gender beliefs and high approval of FP was significantly associated with use of modern family planning. The results of this evaluation were published in [PLOS ONE](#) in April 2016.

CARE continues to use and validate three CARE tools that support measurement of women's empowerment, governance and health outcomes.

- CARE's [WE-MEASR](#) Tool (Women's Empowerment- Multidimensional Evaluation of Agency, Social Capital and Relations) is a quantitative survey tool designed to use with women and consists of 20 short scales that measure women's empowerment in domains critical to sexual, reproductive and maternal health. Scales from the WEMEASR were used to measure associations between gender and use of family planning in the evaluation of the Family Planning Results Initiative in Kenya, recently published in [PLOS ONE](#) in April 2016.
- Two other tools, Health Worker VOICES (Voices in Open, Inclusive Communities and Effective Spaces) and Women's VOICES were developed and tested to evaluate maternal and reproductive health social accountability interventions. These tools include scales to measure constructs within CARE's governance outcomes domains: empowerment of women and community members; empowerment of health workers; and expanding, inclusive, and effective negotiated spaces in which the two groups can effectively interact and improve health service delivery and outcomes. These measures are currently in press in *Development Policy Review* (2016).

In Cambodia, CARE has been working with garment factories to improve the health and wellbeing of their workers.

- CARE Cambodia has developed a behavior change communication, reproductive health package, [Chat! Contraception](#) that uses a suite of flexible tools and activities that aim to empower women to make healthy sexual

choices. The package includes: short, targeted training sessions providing key information on contraception and safe abortion; video dramas that feature fictional garment factory characters that allow workers to relate to real health challenges and decisions and; a mobile phone quiz which challenges workers to prove and improve their understanding. This innovative project, part of [Partnering to Save Lives](#), is harnessing the reality of young, urban, women factory workers, integrating entertainment and technology to empower women and increase equitable access to reproductive health services.

In two internally displaced persons camps in Goma City, DRC, three health facilities are now providing youth friendly reproductive health services to adolescents, including family planning and post abortion care under CARE's Supporting Access to Family Planning and Post Abortion Care program.

- The project is also expanding community based referrals and clinic-based services for adolescents, through health facility staff training and coaching, adapted counseling methods and additional measures to ensure privacy. The project also includes a social mobilization component to strengthen community support for adolescents' access to SRH services and participatory youth governance to build young people's capacity to raise their voices and issues.

CARE continues to work throughout the emergency to development continuum to reach the needs of the most vulnerable, especially women and girls.

- In January 2016 CARE entered the third phase of the [Supporting Access to Family Planning and Post-Abortion Care in Emergencies \(SAFPAC\) Initiative](#). Since 2011, this initiative has been working to reduce unintended pregnancies and deaths from unsafe abortion by delivering family planning and post abortion care services to crisis-affected populations. Over a four year period, SAFAPAC has reached 128,518 new modern method users among women of reproductive age in DRC, Chad, Mali, Djibouti and Pakistan. Use of long-acting, reversible contraceptive (LARC) methods comprises 56% of the method mix for these new users.
- Specifically in Chad, CARE has seen remarkable uptake in LARCs in the geographic regions where CARE operates. Data from 2014 Demographic and Health Surveys (DHS) show uptake of family planning in the Moyen Chari and Logone Oriental regions, where CARE has supported the government to provide a full range of contraceptive services. The modern Contraceptive Prevalence Rates (mCPR) have risen to 11.4% and 11.3%, respectively. This is more than twice the national average of 5%. Interestingly, the two regions bordering Moyen Chari and Logone Oriental, namely Mandoul and Logone Occidental, also showed mCPR of 12.6% and 10.5%. During the period described by these findings, the joint work of the Chadian Ministry of Health (MOH) with CARE represented women's only access to high quality family planning services in these regions. These 26 CARE-supported MOH health facilities across 4 regions covering a large geographical area made a remarkable contribution to this dramatic increase in women's ability to realize their reproductive health rights.
- Phase 3 of the SAFAPAC initiative aims to increase its efforts to institutionalize sexual and reproductive health in emergencies, with special attention to family planning and post abortion care, across the organization in two ways: by scaling-up existing programming with level funding for increased impact in four SAFAPAC countries (Chad, DRC, Mali and Pakistan) and catalyzing change in four key areas of the organization: culture, processes and systems, people, and organizational structure. We believe that these efforts will result in:
  - Core countries leveraging their significant learning to broaden coverage of services and institutionalize best practices within government and country office levels.
  - A growing number of priority countries that are willing, capable, and ready, and ultimately implementing SRH programming with a focus on family planning and post-abortion care
  - CARE leadership across all levels, that is committed to the provision of sexual and reproductive health services in emergencies particularly, family planning and post-abortion care
  - CARE using its power as a global NGO leader to significantly influence its peers and promote prioritization of and investment in sexual and reproductive health, especially in emergencies
- Through SAFAPAC, CARE continues to strengthen skills of providers using the approaches refined over the last two phases of funding in the areas of training, follow-up and supportive supervision. In this phase, CARE will also build competency in male and female permanent methods (as well as continue with Long-Acting Reversible Contraceptives (LARC)), support positive provider attitudes and behaviors related to permanent methods, LARC,

and adolescents' access to contraceptive services, (including LARC) and increase the number of post-partum clients using FP, especially within 48 hours of delivery. In Pakistan, we intend to analyze the scope of safe abortion care services available and better understand to what extent public sector practitioners are offering safe abortion care, not only formally within government facilities, but also during and after formal government facility hours.

- Since 2015, CARE has supported sexual and reproductive health programming in 3 acute emergency responses (Syria, South Sudan, and Nepal). In Syria, we integrated emergency obstetric and neonatal care and contraceptive services in primary health services in 6 health facilities in Aleppo and strengthened these services through the application of evidence-based practices. In Nepal, United Nations Population Fund (UNFPA) identified CARE Nepal as a partner of choice to participate in the initial assessment and response in three districts most affected by the earthquake. In South Sudan, CARE is strengthening government health facilities for primary health care as well as for sexual and reproductive health services in Jonglei and Unity States. CARE has also upgraded a hospital in S. Sudan to provide emergency obstetric and neonatal care services and prevent the transmission of HIV from mother to child.
- CARE continues to serve on the Steering Committee for the Interagency Working Group on Reproductive Health in Crisis (IAWG) through which we contribute to joint advocacy to ensure universal access to family planning services in all crisis-affected settings. Through the IAWG Voluntary Contraception Working Group, CARE is contributing to the revision of the Interagency Field Manual for Reproductive Health in Crisis; in this role we are helping establish minimum standards for women-centered, rights-based family planning counseling and provision of full range of contraceptive methods including LARCs.

# 2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



*The following text is the commitment made by CARE International at the 2012 London Summit on Family Planning. To review the commitment online, please visit: <http://www.familyplanning2020.org/care-international>.*

CARE International commits to putting reproductive rights, women's empowerment and gender equality at the center of its sexual, reproductive and maternal health programming and policy work.

## **POLICY & POLITICAL COMMITMENTS**

CARE International will strengthen local governance mechanisms and the capacity of women and communities, particularly the most marginalized groups, to meaningfully participate in their own health, engage in local decision-making processes and to hold governments accountable to their commitments. CARE International is committed to building political will and mobilizing action at all levels—local to national to global—to ensure continued funding and prioritization of sexual, reproductive, and maternal health, scale-up of successful approaches, accountability to commitments and implementation of policies and programs that are rights-based, effective, culturally appropriate and address the needs of communities.

## **PROGRAM & SERVICE DELIVERY COMMITMENTS**

CARE International commits to developing approaches for addressing gender and social barriers to increased family planning use and validating tools to measure the impact of these approaches on health outcomes.

CARE International also commits to reaching the most vulnerable and marginalized populations to reduce inequality, ensuring women and girls' family planning and reproductive health needs are addressed in both development, emergency and post-conflict response activities.