



*Please send us updates on sexual and reproductive health and rights (SRHR) programming in your country! If you would like to share anything with this listserv community, please send your content to [mrodriguez@care.org](mailto:mrodriguez@care.org). We will include it in the next bi-monthly update.*

## SRHR Global Updates

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### West Africa SRHR meeting

From September 21-23, CARE West Africa convened 32 CARE staff, 2 consultants, and 7 key partners in Abidjan, Cote d'Ivoire, for a workshop around **expanding CARE's work on SRHR in the region**. The workshop sought to (1) Better understand SRHR needs and potential opportunities in the region (2) Familiarize participants with CARE's integrated programming approaches and scalable SRHR models (3) Develop a plan for SRHR engagement in the region and (4) Engage with regional stakeholders and

identify potential collaboration moving forward. The key outcome from this workshop was the decision by all parties to move forward in developing a regional strategy for SRHR in West Africa by January 2017. For more information on the workshop and the West Africa's SRHR strategy, please contact Jimmy Nzau ([jnzau@care.org](mailto:jnzau@care.org)).

### Worth the Effort? CARE co-authors publication on combining sexual and reproductive health and economic empowerment for married adolescent girls

SRHR Senior Advisor for Global Program Approaches, Feven Tassew Mekuria, co-authored a study that explores the relative effectiveness of combined versus single-focus programming using data collected as a part of the evaluation of the Towards Economic and Sexual Reproductive Health Outcomes for Adolescent girls (TESFA) program in Amhara, Ethiopia. As one of only a few programs that focus on married adolescents, TESFA sought to improve both economic and SRH outcomes, and integrated SRH and economic empowerment (EE) programming (using village savings and loans groups). The results in [\*Worth the effort? Combining sexual and reproductive health and economic empowerment programming for married adolescent girls in Amhara, Ethiopia\*](#), provide strong support for the TESFA program improving both SRH and economic outcomes for married girls, although, for SRH outcomes, the single-focused program outperformed the combined approach. Importantly, the results suggest that CARE's [\*Social Analysis and Action \(SAA\)\*](#) approach, which was used to catalyze dialogue and reflection on gender inequality, sexuality and family planning, was a critical driver of program success. The article is attached to this email. Please reach out to Feven ([feven.mekuria@care.org](mailto:feven.mekuria@care.org)) for more information.



### CARE hosts panel event on social norms change interventions



On 12 October in Washington, DC, CARE gathered social norms experts to discuss the evidence, measurement and sustainability of social norms interventions in reproductive health programming. Panelists from CARE, Pathfinder International and the Institute for Reproductive Health shared

findings from social and behavior change interventions and surfaced key gaps in evidence and shared strategies for scaling up such approaches. Findings from CARE's *Projet Espoir* were also presented during the event. You can find the presentations and recording from this event on the SRHR wiki: <http://familyplanning.care2share.wikispaces.net/Project+Espoir>

### Achieving impact in a CARE non-presence country: Djibouti's story

Despite no longer having country-office presence in Djibouti since late 2014, CARE's family planning work continues in the country. In early 2015, the SRHR team secured \$90,000 from the Family Planning 2020 Rapid Response fund, and put it to use to increase access to SRH services for women in Djibouti. Since April 15<sup>th</sup>, through a national consultation process led by the Ministry of Health and supported by CARE, the "Stand Up for Family Planning" initiative successfully revised the National Family Planning guidelines to allow mid-level providers (non-physicians) to provide long-acting methods (IUDs and implants), and to increase access to SRH services to adolescents. This was followed by the development of a new national curriculum and training materials, and a training of trainers and service providers. In just 6 months, this has resulted in 8,264 new family planning clients, and dramatically increased access to quality rights-based family planning services in Djibouti.

### USAID Awards CARE \$7 million to fight Zika

USAID recently awarded \$7 million USD to CARE Ecuador and CARE Peru to implement the "Dealing Together With Zika: A Binational Disaster Risk Reduction and Human Rights Approach to the Epidemic" project in two phases over three years. The project seeks to increase community, local and national capacities to deliver efficient and timely response to the Zika virus outbreak and other vector prone diseases through Disaster Risk Reduction and Human Rights approaches based on CARE's experience in SRHR. It will also work to enhance regional and national efforts to help decrease the rates of Zika transmission by sharing findings, impact results and influencing bi-national policy making through a deep and rigorous evidence-based approach of best practices and lessons learned in community mobilization and participation.



### **Health Care for Women International highlights article on community mobilization in Editorial**

*Health Care for Women International* Issue 10 editorial highlights "[The importance of community mobilization in interventions to improve sexual, reproductive, and maternal health outcomes: A review of the evidence](#)" an article by Anne K. Sebert Kuhlmann, Lara Altman and Christine Galavotti which reviewed literature on the importance of community mobilization interventions to improve reproductive and maternal health. The article, which CARE contributed to, highlights the evidence for the value of community participation, engagement and mobilization on sexual, reproductive and maternal health (SRMH) outcomes. Consistent with theoretical assumptions, the authors found evidence that actively involving community members in leading intervention activities and/or taking ownership produces better SRMH outcomes than simply relying on community members as implementers. Despite this, many fewer programs exist with this meaningful level of community engagement than with more cursory engagement.

### **SAA: An Integrative Approach to Catalyzing Change through Reflection and Action**

In April 2016, a global learning event on [Social Analysis and Action](#) (SAA) was held in Benin. This event brought together over 50 participants from 20 CARE offices 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. As a result of this gathering, CARE's SRHR team has developed "Social Analysis and Action: An Integrative Approach to Catalyzing Change through Reflection and Action" which highlights the experiences and lessons around SAA that were captured in the learning event. The paper describes the SAA approach, its theoretical underpinnings and the value-add of this CARE approach. You can read the paper on the SRHR wiki: <http://familyplanning.care2share.wikispaces.net/Social+Analysis+and+Action>

### **CARE-GSK Community Health Worker Initiative highlighted in Devex**

The CARE/GSK community health worker initiative has been highlighted in a blog on Devex written by Daryl Burnaby, Global Health Programs, GSK (GlaxoSmithKline) and Tom Sessions, lead for Strategic Partnerships and private sector engagement at CARE International UK. The article articulates the shortage of frontline health workers globally and how partnerships between the private, NGO and public sectors can deliver impactful, sustainable solutions to improve access to health. You can read the blog here: <https://www.devex.com/news/putting-health-workers-front-and-center-3-lessons-on-innovative-partnerships-88902>

### **CARE participates in technical consultation on reproductive rights and family planning**

FP2020, USAID and the Interagency Gender Working Group co-hosted a technical consultation to explore emerging evidence from innovative interventions that address reproductive rights and empowerment in family planning programs. Integrating Rights, Empowerment, and Agency in Family Planning Programs: Is the Sum Bigger Than its Parts? Convened 70 people to cultivate a shared understanding of rights-based family planning and reproductive empowerment. At this event CARE shared how we operationalize rights principles in our programming and measurement.



### CARE at CORE Group Fall Meeting

CARE SRHR and FNS staff attended the CORE Group Fall Global Health Practitioner Conference on “Community Health Transitions: Leading for Impact.” CARE staff Feven Tassew Mekuria, Bethann Cottrell, Dora Curry and Mariela Rodriguez led a half-day workshop on [Social Analysis and Action](#). Over 40 conference participants attended the workshop and learned the SAA approach, applied specific tools from the SAA manual and engaged in rich discussion on potential ways to incorporate SAA in their own work. For more information on the CORE Group Fall Conference visit: <https://conference.coregroup.org/>



### CARE’s SRHR team at Walk in Her Shoes

CARE’s SRHR team participated in CARE’s Walk in Her Shoes event held in Atlanta on 1 October. CARE’s SRHR booth displayed materials on our global SRHR programming. The event brought together 2,500 attendees and raised \$182,029 to support CARE’s work with women and girls around the world.

## Other Updates: Resources, Tools and Events *(Apologies for cross-posting)*

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### Global Conferences

#### American Evaluation Association Conference

This past week CARE participated in the [American Evaluation Association \(AEA\) conference](#) which was held in Atlanta, GA, USA. Several presentations and posters by CARE colleagues were shared, including CARE SRHR staff member Dora Curry’s presentation on “Transforming M into E: Designing routine monitoring systems to support evaluation and program improvement.” Dora’s paper presents work from CARE’s Supporting Access to Family Planning and Post abortion Care Initiative (SAFPAC), which provides contraceptive services in crisis-affected settings, collects data on services delivered and supervision results. The program has put in place tools designs specifically to drive evaluative usefulness of these data, incorporating ease of end use and prioritizing data visualization. Wall charts, scored checklists, and program bulletins and reviews have resulted in improved uptake of underutilized contraceptive methods and improved infection prevention procedures. These experiences demonstrate



that robust, well-designed monitoring can make evaluation accessible in constrained environments and can create an evaluation culture, where reflection on systematically collected results routinely drives program improvement and learning. If you would like to know more, reach out to Dora ([dcurry@care.org](mailto:dcurry@care.org)).

### **Global Symposium on Health Systems Research:**

CARE will be attending and presenting at the [Global Symposium on Health Systems Research](#), held 14-18 November 2016 in Vancouver, British Columbia. CARE's SRHR work from Benin, India and Malawi will be presented at the conference. Please reach out to [Shanavian Smith](#) if you have any questions about CARE's presence at this conference.

**Asia Pacific Conference on Reproductive and Sexual Health and Rights (APCSRHR):** This conference will be held in Vietnam from 27-30 November **2017**. APCSRHR is a biennial conference gathering of civil society, young people, academia, government, media, private sector, and development partners from the region who are concerned about sexual and reproductive health and rights. The conference's theme is "Leave No One Behind- Justice in Sexual and Reproductive Health." Please visit <http://apcshr9vn.org/> to learn more.

### **Resources**

#### **New High Impact Practice Brief on Community Engagement**

High Impact Practices (HIPs) has released a new brief on [Community Group Engagement](#). Community Group Engagement (CGE) has been identified as a *promising* high impact practices in family planning by the HIP technical advisory group. A promising practice is one that has good evidence but more information is needed to fully document implementation experience and potential impact. The HIP technical advisory group recommends that these interventions be promoted widely, provided they are implemented within the context of research and are carefully evaluated in terms of impact and process (HIPs, 2015). Community Group Engagement is the first brief on practices in Social and Behavior Change. This is the last brief developed as part of our effort to identify practices important for working with adolescents. **CARE is pleased to highlight that our [evaluation on the Family Planning Results Initiative](#) and [program implementation article from the SAFPAC initiative](#) are highlighted and included as evidence in the development of this brief.**

#### **Humanitarian Response Intensive Course**

Registration is now open for a 2017 workshop on humanitarian response. Through presentations and hands-on table top exercises offered by faculty and guest lecturers who are experts in their topic areas, participants will gain a familiarity with the primary frameworks in the humanitarian field. The two week classroom-based workshop is followed by a three day immersive field simulation exercise portraying a complex disaster and conflict scenario. Early registration is open until 31 October 2016. The workshop will be held April 2017 at Harvard University, Cambridge, Massachusetts, USA. Visit <http://hhi.harvard.edu/education/workshops/hric> for more information.



### ***The Lancet Maternal Health Series***

In September 2016, *The Lancet* released a new Maternal Health Series that focuses on maternal wellbeing and survival as keys to achieving the sustainable development goals (SDGs). A decade after *The Lancet* published a Series on [maternal survival](#), this new Series of six papers brings our knowledge of maternal health, its epidemiology, successes, and current failings together, and at a crucial time within the sustainable development framework to 2030. The Series concludes with a call to action setting out five key targets which need to be met to ensure the progression of broader sustainable development goals (SDGs). Find the series here: <http://www.thelancet.com/series/maternal-health-2016>

### ***Health Policy and Planning Supplement on Emergence and Effectiveness of Global Health Networks***

Health Policy and Planning recently published a [set of studies](#) supported by the Bill & Melinda Gates Foundation comparing the effectiveness of global health networks addressing maternal mortality, neonatal mortality, tuberculosis, pneumonia, tobacco control and alcohol harm. The studies found that networks were most effective in attracting attention and resources to the issues they addressed when: (1) their members constructed a compelling framing of the issue, one that included a shared understanding of the problem, a consensus on solutions and convincing reasons to act and (2) they built a political coalition that included individuals and organizations beyond their traditional base in the health sector, a task that demanded engagement in the politics of the issue, not just its technical aspects. This supplement is available here: [http://heapol.oxfordjournals.org/content/31/suppl\\_1.toc](http://heapol.oxfordjournals.org/content/31/suppl_1.toc)

### **Men as Contraceptive Users Working Paper**

USAID's Evidence Project has recently released a [working paper](#) which reviews 47 current activities, programs and evidence that affect men's use of contraceptive methods, drawing from published and grey literature, as well as interviews with organizations and institutions, focused men as users of contraception in low- and middle-income countries. The review includes three methods that men use directly (condoms, vasectomy and withdrawal) and one that requires their direct cooperation (the Standard Days Method). **CARE is pleased to highlight that the evaluation of the Family Planning Results Initiative, our work with Young Men in the Balkans and work from CARE India is referenced in the working paper.**

### **Independent Accountability Panel launches first report**

The Independent Accountability Panel (IAP), a new panel of experts convened by the United Nations Secretary-General, recently released its first report, ["Old Challenges, New Hopes,"](#) an assessment of progress on the Global Strategy for Women's, Children's and Adolescents' Health 2016–2030. The report places a special focus on equity and argues that urgent action is needed to meet global health commitments to women, children and adolescents through the Sustainable Development Goals. The IAP members are available for holding webinars to discuss the report with organizations and networks that are interested in using the report for advocacy and implementation of policies to benefit the health of women, children and adolescents everywhere. These webinars would also help inform IAP's second



report. If you are interested in co-organizing a webinar with the IAP or have any other questions or feedback, please contact Mehr Shah ([shahme@who.int](mailto:shahme@who.int)) at the IAP Secretariat.

### **Call for inputs: High-level Working Group on Health & Human Rights of Women, Children & Adolescents**

WHO and partners are calling civil society organizations, agencies and partners working on the health and human rights of women, children and adolescents to provide inputs to a High-Level Working Group of Health and Human Rights of Women, Children and Adolescents by 6 November 2016. The Working Group is to have a year-long mandate during which it aims to generate high-level political support, at both national and international levels, for the implementation of the human rights-related measures called for under the Global Strategy. For more information: <http://www.who.int/life-course/news/human-rights-wg-call/en/>

### **Toolkit for Advancing the Human Right to Safe and Respectful Maternal Health Care**

In June 2015, the Center for Reproductive Rights partnered with SisterSong Women of Color Reproductive Justice Collective to host Black Mamas Matter, a cross-sectoral convening of leaders on Black maternal health. Researchers, service providers, policy experts, and community organizers gathered at the SisterSong Mother House in Atlanta, Georgia, to identify innovative strategies for improving Black maternal health outcomes. Among the many ideas generated on that day, participants identified a need for advocacy tools that would move the conversation one step closer to a rights-based maternal health policy agenda. The result was the Toolkit you can find here: <http://www.reproductiverights.org/document/black-mamas-matter-toolkit-for-advancing-human-right-to-safe-respectful-maternal-health-care>

### **Reflection Guide for Health Workers on Applying a Rights-Based Approach to Sexual, Reproductive, Maternal Health and Under-5 Child Health**

This quick reference guide is intended to contribute to the efforts of health workers to effectively and meaningfully implement a human rights-based approach (HRBA) to sexual and reproductive health, maternal health and under-5 child health. It complements other tools and builds from the two technical guidance documents of the Office of the High Commissioner for Human Rights on a human rights-based approach to the reduction of preventable maternal mortality and morbidity and under-5 mortality and morbidity, which were both welcomed by the United Nations Human Rights Council. You can find the guide here: <http://www.ohchr.org/Documents/Issues/Women/WRGS/HealthWorkers.pdf>

### **CARE Job Opening: Senior Technical Advisor, Sexual and Reproductive Health and Rights**

CARE's SRHR Team is embarking on a project focused on developing and testing scalable interventions that can effectively delay first birth among married adolescent girls in Niger and Bangladesh. CARE is seeking a Senior Technical Advisor, Sexual and Reproductive Health and Rights (SRHR), to provide overall technical and program management leadership for this initiative. Responsibilities will include working closely with country teams and partners to support quality formative research, intervention design, implementation, and evaluation. This will require expertise and experience in family planning



programming, behavior change strategies, research and evaluation (both qualitative and quantitative). The Advisor must also have strong program design and program management skills. French language skills are also required for this position. For more information on the position and qualifications desired, please click on the link below

<https://chp.tbe.taleo.net/chp02/ats/careers/requisition.jsp?org=CAREUSA&cws=1&rid=3362>

### **People- Staff**



#### **Ghislaine Alinsato**

Dr Ghislaine Alinsato, current staff member at CARE Benin/Togo, has been selected to fill the position of Sexual and Reproductive Health and Rights Focal Point, Sahel Region. She is a medical doctor, with experience in immunization, maternal and child health, HIV / AIDS, epilepsy and malaria projects. She has more than 10 years' in community health, management of health systems, public health and social sciences. She has been a doctor since 2006 and obtained a degree in sociology-anthropology, a university degree for clinical research methods, a Master in public health, a certificate in political advocacy for health, and a certificate in writing project proposals. She is a trainer in the epidemic control in an emergency. As a member of the sexual and reproductive health and rights team, she will provide support and coordination in three key areas:

- Integrated programming in the Sahel+ sub region (including, but not limited to, Benin/Togo, Niger, Chad, Mali, and Cameroon)
- Collaborate to Documentation, evaluation, knowledge sharing and learning
- Resource mobilization and representation with donors and key partners

Ghislaine worked for the National Program against Non-Communicable Diseases of Benin (PNLMNT), the International League against Epilepsy (ILAE), the Cooperation for Academic and Scientific Research - CORUS, the International NGO "Medical Care Development international", the Benin Red Cross and CARE International Benin / Togo. She recently held the position of Team Leader for maternal, child and reproductive health program at CARE International Benin / Togo, to coordinate different projects, programmatic excellence and partnership management with technical and financial partners. She's committed to significantly improve the health of vulnerable populations. She's humble, honest, and rigorous with a strong sense of accountability and a team spirit. She's married and has 3 children. She speaks both English and French. Dr. Ghislaine can be reached here ([ghislaine.alinsato@care.org](mailto:ghislaine.alinsato@care.org))



### Alfred Makavore

Mr. Alfred S Makavore, has joined as Sexual Reproductive Health & Rights Focal Point, Mano River Union region. He is a Public Health professional with more than 15 years' experience in both emergency and development contexts. Before assuming this role, Alfred recently worked as the Health Program Coordinator for CARE International in Sierra Leone, responsible for providing both technical and strategic leadership to the health sector. As an accomplished Humanitarian worker, Alfred holds a Public Health Diploma certificate and a Master in Business Administration in Project Management. In

his current role as Sexual Reproductive Health & Rights Focal Point for the Mano River Union region, Alfred focuses on three key responsibilities mainly:

- Facilitating integrated SRH programming in the Sahel+ sub region, including Sierra Leone, Guinea, Liberia, Ivory Coast and Ghana.
- Collaborating with CARE Country Offices in the MRU+ region to document, share knowledge and learning on promising initiatives/ practices
- Resource mobilization and representation with donors and key partners

Prior to joining CARE International in Sierra Leone, Alfred worked as a District Public Health Superintendent in the Ministry of Health and Sanitation, Government of Sierra Leone for more than five years. Alfred has a passion for Sexual Reproductive Health work and has over the past ten years actively worked in the areas of maternal and child health. He is a result-oriented individual, very analytical with a conceptual mind frame. He is a Sierra Leonean and is married with four children (three girls and one boy). He likes reading, traveling and watching soccer. You can reach Alfred here ([Alfred.makavore@care.org](mailto:Alfred.makavore@care.org))



### Sarah Olver

Sarah Olver joins CARE as Senior Technical Advisor for Health System Support and Program Quality, and will focus her support to CARE's work in Malawi and India. Sarah previously worked at the Institute for Healthcare Improvement (IHI), where for 8 years she led quality improvement efforts across Africa to reduce maternal and neonatal mortality in health facilities. Before IHI, Sarah lived and worked in Beijing supporting human rights and legal programs. She recently completed her MSc in Health Policy at the London School of Economics and Political

Science and the London School of Hygiene and Tropical Medicine. When not working, Sarah loves to run, hike, read and cook (badly) for loved ones.