SRHR UPDATE

highlights and news about CARE's sexual and reproductive health and rights work

November 2017

TABLE OF CONTENTS

LETTER FROM THE EDITOR

Thanks for reading this edition of CARE's bi-monthly sexual and reproductive health and rights (SRHR) newsletter, newly redesigned! Our apologies for the slight delay in getting it out this month, but CARE USA experienced some system outages in the last couple weeks that have impeded our access to necessary files and resources. Fortunately, many of our systems are back online now and we anticipate the rest will be working again soon.

What is new for the last few months of SRHR? Lots! Continue reading for details on: CARE's response to the refugee crisis in Bangladesh; new funding for SRHR projects in Benin, Guatemala, and Nigeria; our contributions to the UN's Independent Accountability Panel report; new Global Gag Rule guidance; upcoming conference deadlines; loads of online resources on topics related to SRHR and social/behavior change communication... and more!

Please send us updates on SRHR programming in your country! If you have something to share with this listserv community, please send your content to April Houston (april.houston@care.org) for inclusion in the next newsletter (December 2017).

SRHR UPDATE

highlights and news about CARE's sexual and reproductive health and rights work

---

UPCOMING CONFERENCES & DEADLINES

Global Health and Innovation Conference
April 14-15, 2018 | New Haven, USA
DEADLINE NOVEMBER 30:
- "Social Impact Pitch" abstract submissions for oral presentations now open.
- "Innovation Initiatives" information session presentations now open.
(Note that the deadline to submit abstracts for oral/poster presentations has passed)

International Social and Behavior Change Communication Summit
April 16-20, 2018 | Nusa Dua, Indonesia
Now accepting abstracts/concept notes for oral/poster presentations, preformed panel discussions, "Comm Talks" (similar to TED talks), multimedia video showcases, and skills building workshops. DEADLINE NOVEMBER 27.

International Conference on Family Planning
November 12-15, 2018 | Kigali, Rwanda
Representatives from CARE are participating in bi-monthly steering committee calls (which recently began) and will keep the team apprised of updates and deadlines. Organizers anticipate opening the abstract submission process in January 2018, and registration in May. Some details available on the ICFP website.

CARE GLOBAL UPDATES

Myanmar Refugee Response in Bangladesh
Thanks to CARE's emergency response team and the strong support from CARE Bangladesh country office, we recently started offering SRHR services at Hakim Para and Balukhali refugee camps. The services include general medical consultation and treatment of children and adults. Commonly seen cases range from acute respiratory infection (especially among young children), antenatal and postnatal care for pregnant and postpartum women, and skin infections among children. Doctors and paramedics (midwives) diligently provide a mix of clinical services at the first functional clinic for CARE in this area. Contraceptive services were also provided to women seeking these services, especially Depo-Provera injections that are effective for preventing pregnancy for up to 3 months. Referral services are being provided to women who want other contraception methods (including permanent). Against commonly held belief, there seems

to be a high level of awareness of family planning services among the Myanmar refugee population as evidenced by clients seeking these services from the very first day our clinic was open.

A doctor provides clinical services in Bangladesh refugee camp.
(CREDIT: Kamlesh Giri)

SRHR UPDATE

highlights and news about CARE's sexual and reproductive health and rights work

Technical Support Unit Second Phase Launch

Christine Galavotti traveled to India at the end of September to participate in the launch of the 2nd phase of the $50 million Technical Support Unit to the Government of Bihar. The launch was attended by representatives from the Government of Bihar (including the Health Minister and Principal Secretary of Health) as well as CARE India and the Bill and Melinda Gates Foundation. Participants discussed the current situation, challenges, and aspirations for the next several years. CARE India issued a press release on their website, including photos of the event and some remarks from government officials.

"It Takes a Village" Panel Discussion

As conflicts, epidemics, and natural disasters increasingly leave global health systems vulnerable to devastation, it is important to build resilient health systems through interventions that support community resilience. This was the issue up for debate at a recent panel event co-hosted by CARE and the Maternal Health Initiative at the Wilson Center on September 12. Presenters included Etobssie Wako and Christine Galavotti from CARE USA, Dr. Rikerdy Frederic from USAID'S Maternal Child Survival Project, and Joan Dalton from THINK Liberia. A summary of the event and recording from the webcast can be found online here.

Acting on the Call Summit

August 24-25, CARE staff from Atlanta, Ethiopia, and India attended the Acting on the Call Summit sponsored by USAID, UNICEF, the Gates Foundation, the Government of Ethiopia and the Government of India. This was the 4th meeting to assess progress on preventing maternal, newborn, and child deaths since the 2010 Secretary General's Call to Action. In that time, there have been significant decreases in maternal and under-five deaths. While celebrating this progress, the meeting focused on health system strengthening, highlighting the importance of equity, quality and resilience of health systems to achieve the SDGs.

Christine Galavotti spoke as part of panel on building resilient health systems, along with Robert Clay (Save the Children) and Anthony Costello (WHO). CARE also had a demonstration booth, which was staffed by Helen

Tesfayohannes and Alem Agazi of CARE Ethiopia, who demonstrated Social Analysis and Action (SAA) activities. Several publications were released in conjunction with the meeting, including a best practices booklet which included two of CARE's projects (the Community Score Card in Malawi and Team Based Goals and Incentives in Bihar, India). A PDF version of this booklet is not yet available but you can view scanned copies of CARE's contributions here and here.

CARE's Etobssie Wako (third from left) participates in a panel discussion at the Wilson Center. (CREDIT: Maternal Health Initiative)

CORE Group Conference

The CORE Group Fall 2017 Global Health Practitioner Conference was held September 25-29 in Washington DC and Dora Curry, Allison Coffman, and Blake Dublin attended from CARE HQ.

Through the conference theme of "Collaborating for Health Communities: Results, Realities, and Opportunities," participants identified and discussed results of collaborative action for community health; challenged realities of operations research, program approaches, and changing environments; and explored opportunities for new partnerships and emerging voices for building healthy communities worldwide. For more information on the event and to review summaries and videos from the sessions, visit the CORE Group website.

SRHR UPDATE

highlights and news about CARE's sexual and reproductive health and rights work

Regional Advocacy Workshop on SRHR
September 28-30, the Regional Advocacy Workshop on Sexual and Reproductive Health and Rights was held in N'Djamena, Chad, featuring representatives from 11 African countries. The aim of the workshop was to share results from a review of national and regional SRHR policies and guidelines and to develop a consensus around the priority advocacy objectives in the region according to the context of each country. Presentations at the workshop focused on the state of SRHR advocacy and provided tips for developing effective objectives and activities to persuade relevant decision-makers. For more information, see the workshop report (available in English or French).

Alessandra Aresu (Handicap International), Jahangir Hossain (CARE), Blake Dublin (CARE), Keith Dokho (World Vision), and Allison Coffman (CARE) at the CORE Group 20th Anniversary Gala. (CREDIT: CORE Group)

Scaling Up Health and Development Outcomes
On August 15, E2A/International Best Practices Consortium-led Community of Practice on Systematic Scale-Up of Family Planning and Reproductive Health Best Practices and the Management Systems International (MSI)/Results for Development-led Community of Practice on Scaling Up International Development Interventions jointly hosted a technical convening, "Scaling Up Health and Development Outcomes." Presenters and attendees came from a wide array of institutions, including: CARE, Pathfinder International, ExpandNet, the Fogarty International Center, Grand Challenges Canada, Jhpiego, Gates Institute of the Johns Hopkins University SPH, the

Bill & Melinda Gates and MacArthur Foundations, Save the Children, USAID, the World Bank, and World Vision. For more information on this event and links to presentations and resources that came out of it, visit the E2A website.

Global Respectful Maternity Care Council
The Global Respectful Maternity Care Council (GRMCC) is multi-sectoral group of 22 organizations, representing over 200 members from around the world dedicated to identifying, implementing and advocating for strategies to promote respectful maternity care and tackle the problem of disrespect and abuse during childbirth to improve the quality of reproductive, maternal, and newborn health care. Rebecca Davidson from CARE Canada is representing CARE on the GRMCC, and is a member of their Evidence Informed Approaches subcommittee. Please email Rebecca (rebecca.davidson@care.ca) if you are interested in learning more about the GRMCC or if you would like be consulted on any of their ongoing projects.

PROJECT UPDATES

VIVO (Benin)
On October 11-12, the Pfizer Foundation convened a stakeholder meeting with the London School of Hygiene and Tropical Medicine and their grantees of their family planning/immunization integration portfolio (CARE, World Vision, Save the Children, and International Rescue Committee).

The purpose of the workshop was to share learnings across the different projects and plan the London School's 'realist evaluation' of the portfolio to determine how the interventions are working (i.e. how outcomes are achieved and determined by context, how do actors respond to the intervention). The learnings from this workshop as well as the London School's results will influence the Pfizer Foundation's decision to provide further funding to the existing projects.

TAMANI (Tanzania)
The TAMANI team is currently conducting needs assessments across the region, and in the process were very pleased with the positive response they received from

health care workers, men and women in the community, and local government who praised the positive impact that the MNCH project TABASAM (2012-2015) and CARE has had in their communities. CARE staff collected information on the 16 ambulances that were distributed as part of the TABASAM project and two years later 15 of the 16 ambulances are still fully operational! District government officials are managing vehicle maintenance and various community financing schemes are in place to cover the costs of fuel and driver. The one ambulance that is not operational requires new tires, which will be replaced through TAMANI. Community members who now have access to these ambulances commented to CARE staff that before their arrival there was either no reliable transport in the area, the transport was prohibitively expensive, and/or pregnant women who had complications in labor had to use motorcycles and carts which were unsafe, slow and very uncomfortable - especially for long distance travel. Community members believe the ambulances have "saved many women's lives", and "bring hope to the communities who have agreed to maintain them". TAMANI staff will continue to document and collect information on this initiative to inform the next deployment of ambulances in Tabora.

Vijana Juu (DRC)

Project activities for the adolescent SRH program Vijana Juu recently wrapped up in Goma, DRC, although some elements will continue as peer leaders decided to form a youth network known as Vijanaa Vision. Although endline results are still being analyzed, preliminary findings suggest that the project was effective in engaging adolescents and young people throughout the entirety of the design and implementation process, contributing to a sense of ownership for all who were involved, and improving knowledge about SRH service availability and contraceptive use.

NEW AWARDS

Global Affairs Canada

CARE was awarded 3,000,000 CAD over five years by Global Affairs Canada to improve sexual and reproductive health and rights among adolescents in Benin. The project will be implemented in the two Beninese departments of Alibori and Borgou in collaboration with Youth Coalition for Sexual and Reproductive Rights. The project's three intermediate outcomes are: increased equitable utilization of adolescent sexual and reproductive health services by adolescent girls and boys; enhanced protection of rights of adolescent girls in selected communities in Benin, and strengthened government and civil society policies and programs that respond to child and early forced marriage and gender-based violence and adolescent sexual reproductive health and rights. This award was a successful collaboration between the CARE/Benin country office, the CARE/Canada Global Health team and the CARE SRHR team in Atlanta.

Participants (a health provider and peer leaders) from the Vijana Juu adolescent SRH program in Goma, DRC. (CREDIT: April Houston)

Summit Foundation

CARE was awarded $300,000 over three years by the Summit Foundation for the Weaving Voices of Young Indigenous Women for the Defense of their Sexual and Reproductive Rights project in Guatemala. In collaboration with a local youth-focused implementation partner, GOJoven, the project will target four municipalities in the departments of Quiché and Totonicapán in the Western Highlands. The project's goal is to enhance the abilities of young female adolescents between the ages of 13 and 18 to make informed decisions about their own lives, exercise their rights to education

and sexual and reproductive health, and create an environment favorable to their enforceability. The goal will be achieved by: 1) increasing their knowledge in sexual and reproductive rights, and their health, and in making informed decisions related to their lives as young indigenous women; 2) strengthening their leadership skills and participation in youth platforms that advocate for the fulfillment and exercise of their human rights, including citizen monitoring; and 3) establishing strategic alliances to advance the implementation of existing mechanisms, policies and instruments to provide high-quality sexual and reproductive health information and services for young indigenous women.

UNFPA

Finally, CARE was awarded $220,000 by UNFPA for a three-month project in northeast Nigeria. The primary goal of the project is to increase availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access. Due to conflict in the region, at least 90% of the all the health facilities have been destroyed and the number of qualified medical staff is minimal. These factors, coupled with poor community knowledge, attitude and practices have led to low service utilization for reproductive health services and high maternal and neonatal morbidity and mortality. The project's primary activities address these issues through mobile outreach teams conducting regular visits to prioritized areas along with community engagement to increase knowledge and awareness of SRHR services. Project activities began in September 2017.

RESOURCES

2017 Progress Report Snapshot

CARE's global SRHR global outcome area has been busy this past year, working hard to drive impact toward 100 million women and girls. We recently released the third annual report on our collective progress to advance sexual, reproductive, and maternal health and rights. At the link below, you will find 'snapshots' on progress from the past year—highlighting our collective efforts to

mobilize resources, generate evidence, advance program quality, apply approaches, develop strategic partnerships, and share learning in order to influence practice and policy and ultimately to help 100 million women and girls to exercise their rights to sexual and reproductive health.

A few highlights from the report include:

- New awards for SRHR global programming, totaling approximately **$87 MILLION**
- Nine peer-reviewed publications that showcase the evidence and learning from our programs and tools
- Successful policy influencing at the recent Family Planning Summit on prioritizing reproductive health for 32 million women and girls in conflict

Sexual and Reproductive Health and Rights Annual Progress Report
2017 SNAPSHOT

Global Gag Rule FAQs

Also attached to the email containing this newsletter, you should have found a copy of CARE's Global Gag Rule (GGR) "Frequently Asked Questions" document. This is an INTERNAL document only *(DO NOT share with anyone outside the organization)*. It will soon be available on the Village, along with a supplemental chart to aid with decision-making. Please note that these are meant to be living documents and will be updated as questions come in from country offices and teams. Be on the lookout for upcoming in-person meetings and online webinars where people can ask questions and continue to deepen their understanding of the GGR and how it will impact our work. If have any questions or comments and would like to submit them over email, contact mcp@care.org and CC Allison Coffman (Allison.coffman@care.org).

SRHR UPDATE

highlights and news about CARE's sexual and reproductive health and rights work

CARE Power Tools for Advocacy

October saw the launch of CARE's Power Tools, a set of CARE-proven and tested resources that provide guidance on how to implement effective advocacy tactics. We are often reminded of CARE's inspiring achievements which results from the passion, dedication, and creativity of our colleagues and our partners, and we are often also reminded of the need to share these achievements and the lessons learned widely. For this reason, CARE USA developed a public platform of 'Power Tools' to facilitate learning and exchange based on effective advocacy strategies, tactics and tools based on CARE's experiences. Each Power Tool is a how-to guide for various advocacy tactics, approaches, or tools that are influenced by CARE's experience around the world.

Do you have a special advocacy tactic that helped you achieve an advocacy win? Fill out this form, or contact Rasha Natour (rnatour@care.org) to develop a tool and share your experience with the CARE world!

IAP Report

The UN Secretary-General's Independent Accountability Panel (IAP) report was just released and prominently features CARE's Community Score Card© (p.41) as part of its recommendations of ways to help fast-track action to achieve the Global Strategy for Women's, Children's, and Adolescents' Health 2016-2030 and the Sustainable Development Goals. Evidence from the Maternal Health Alliance Project helped inform this report and is featured at the bottom of IAP's website.

IAWG Report: Family Planning Saves Lives and Promotes Resilience in Humanitarian Contexts

The Family Planning Summit, convened in London this July, presented a critical opportunity to accelerate efforts to deliver family planning to women and girls globally—including those affected by humanitarian crises. The International Rescue Committee, in partnership with CARE, Save the Children, and the Women's Refugee Commission, organized a donor consultation to seek input from donors and stakeholders to shape messages and recommendations for the summit. This paper is a synthesis of the findings developed through both consultations and identifies collaborative solutions and action steps.

HC3 Resources

The Health Communication Capacity Collaborative (HC3) recently released some French-language social/behavior change communication materials (including implementation kits, videos, brochures, and guidance documents) designed to help anyone working in service communication, family planning, and provider behavior change.

Other resources that might be of interest include:

- Urban Adolescent SRH SBCC Implementation Kit (developed from work in Benin, Madagascar, and Kenya)
- Engaging Men and Adolescent Boys brief
- SBCC in Public Health Emergencies brief
- Healthy Timing and Spacing of Pregnancy Advanced Maternal Age and High-Parity Pregnancy Implementation Kit (developed for Niger and Togo)
- Smart Client and/or Smart Couple Adaptation Guide (digital health tools to empower women/couples for family planning)

For more information or direct links to resources, visit the HC3 resources website or email April Houston. (april.houston@care.org).

Miscellaneous Online Resources

- VIDEO: Improving Service Delivery and Accountability Through Community Score Card (MANI)
- Digital Health: Strengthening Family Planning Systems Through Time and Resource Efficiencies (HIP)
- Understanding Adolescent and Youth Sexual and Reproductive Health-Seeking Behaviors in Ethiopia: Implications for Youth Friendly Service Programming report (USAID)
- Married Young Women and Girls' Family Planning and Maternal Health Preferences and Use in Ethiopia technical brief (USAID)
- VIDEO: Localization and Removal of Deeply Placed Contraceptive Implants (Jhpiego)
- Global Sexual and Reproductive Health Package for Men and Adolescent Boys (IPPF/UNFPA)

- Clinical Guidelines: Responding to Children and Adolescents Who Have Been Sexually Abused (WHO)
- Monitoring Human Rights in Contraceptive Services and Programmes (WHO)
- Guide to Identifying and Documenting Best Practices in Family Planning Programmes (WHO)
- Syphilis Screening and Treatment for Pregnant Women (WHO)
- Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors – ENGLISH, FRENCH, SPANISH, & PORTUGESE (WHO)
- Obstetric Emergency Drills Training Kit – FRENCH (MHTF)
- Toolkit for Integrating Gender in the Monitoring and Evaluation of Health Programs (MEASURE)

NEW STAFF MEMBERS

Chiranjibi Nepal – Regional Technical Specialist, Asia (based in Nepal)
Chiranjibi has been working with CARE Nepal for the last 6 years, most recently as the SRH Specialist for CARE Nepal's Health program. He has a Master of Public Health degree and has worked as a public health professional for the last 10 years. Chiranjibi brings humanitarian programming skills with a focus on SRH surge capacity building and experience in social audit process in the health sector. He has worked extensively in safe motherhood programs to reduce maternal and infant mortality and morbidity, including HIV/AIDS prevention and a host of other program areas.

Anne Sprinkel – Technical Advisor for Social and Behavior Change (based in Denver, USA)
Anne has a Master of Arts in International Development Studies – Concentration in Humanitarian Assistance from George Washington University, Elliott School of International Affairs. She is a bilingual humanitarian and development practitioner with 7+ years of experience in program strategy and design, implementation, and qualitative research in areas of gender, social and behavior change, gender-based violence and protection, and resilience. Prior to her joining our team, Anne had been consulting with us focusing on revising the SAA theory of change (ToC), developing Monitoring, evaluation and learning (MEL) framework for SAA and the development of an implementation manual for community based implementers and facilitators of change.

Sylvie Kambou – Data Management Officer, SRH in Emergencies (based in Atlanta, USA)
Sylvie is a recent Master of Public Health graduate from Mercer University and she holds a medical degree from Burkina Faso, West Africa, where she was born and raised. Sylvie has previously worked in the Jhpiego's Maternal and Child Survival Program as a medical student in Burkina Faso. During this training, she was a provider of post-abortion care and participated in several obstetric and gynecological activities such as pre-natal care, delivery, and family planning. Prior to starting her position at CARE, Sylvie worked for a diverse range of organizations, including the CDC and the Vietnamese nonprofit organization Boat People SOS.

If you have something to share with this listserv community, please send your content to April (april.houston@care.org) by December 22 for inclusion in the next newsletter.