



Please send us your updates about the sexual, reproductive or maternal health and rights programming in your country! If you would like to share anything with this listserv community, please send your content to mrodriguez@care.org. We will compile your content and include it in the next bi-monthly update.

SRMH Global Updates

CARE publication: Citizen monitoring to defend maternal health rights in Peru

Published by CARE International UK, this paper presents learning from CARE's experience of citizen monitoring of health services in the Peruvian highlands. The model developed by CARE allows citizens to voice their concerns, hold service providers to account, and promote dialogue between them to constructively improve the quality of services. You can download the paper [here](#).

SRMH on care.org

CARE's SRMH programmatic work is now on the CARE USA website. Click <http://www.care.org/work/our-technical-expertise/sexual-reproductive-and-maternal-health> to check out SRMH projects and approaches. The SRMH team will continue to build out the SRMH pages on the website and new documents, resources and projects will be continuously added and updated. Please share this link with partners, donors and other colleagues.

CARE joins Frontline Health Workers Coalition

The Frontline Health Workers Coalition (FHWC) is an alliance of organizations working together to urge greater and more strategic U.S. investment in frontline health workers in developing countries as a cost-effective way to save lives and foster a healthier, safer and more prosperous world. You can find out more about FHWC [here](#). We will be sharing CARE's evidence, models and approaches on frontline health workers and health systems support within this space.

CARE-GSK Panel Discussion Highlighting Learnings from Partnership in Asia

On September 18, in London, the Overseas Development Institute, CARE International UK (CIUK) and GlaxoSmithKline hosted a panel discussion to highlight learnings from the CARE-GSK corporate partnership in Asia. The focus of this partnership has been on improving maternal and child health outcomes through building capacity of health workers, mobilizing the community and developing sustainable partnerships between the public and private sectors. CARE countries included in the partnership are Afghanistan, Bangladesh, Cambodia, Laos, Myanmar and Nepal. Approaches across the region have been highly innovative and effective in addressing the needs of the most vulnerable and marginalized communities. Panelists also discussed the role of the private sector in meeting the international development goals as we enter the SDGs era. Chaired by Laurie Lee, CIUK CEO, panelists included Dr. Kara Hanson, London School of Hygiene and Tropical Medicine, Dr. Daryl Burnaby, GSK, Dr. Fiona Samuels, Overseas Development Institute, and Dr. Jahangir Hossain, CARE Bangladesh who spoke about their innovative work to support private community based skilled birth attendants in remote



regions in Bangladesh. [Click here](#) to see more information on the event, including reports and presentations.

Presentation to USAID on CARE Benin family planning and social networks project, Tekponon Jikuagou

On 21 October, “The Net Worth of Networks: Leveraging Social Connections to Spark Family Planning Use” was presented to the USAID Global Health Office. Tekponon Jikuagou is implemented by Georgetown University’s Institute for Reproductive Health in partnership with CARE and Plan International, and has just completed testing a package of social network interventions in Benin. The package was designed using ethnographic research, with scalability in mind, and employed best-practice social network approaches. The five-component package works with existing village groups and individuals who are identified by communities as most-influential and connected, and who serve as entry-points to women’s and men’s social networks. Using communication for social change approaches, groups engage in critical reflections and influential people choose actions to engage their constituencies on the issues. The presentation shared key results related to the effectiveness and cost of implementing this “light-touch” network intervention to bring about attitude and behavior change. Early lessons learned from scaling up these “light” intervention approaches into existing development projects in new health zones was also discussed.

Maternal Health Alliance Project featured in Malawi’s Nyasa Times Newspaper

Project Manager for the Maternal Health Alliance project in Malawi, Thumbiko Msiska, was recently featured in the Nyasa Times, a Malawi newspaper, discussing a recent stakeholder meeting where members of parliament, ward councilors, traditional leaders and others discussed the role each actor and sector can play to address challenges to quality health service delivery in Ntcheu district. Msiska was quoted in the news article and the Maternal Health Alliance Project was highlighted. Check out the article [here!](#)

Raising the Score (Community Score Card films) now with Arabic subtitles

[Raising the Score](#), 13 short films created through a collaborative storytelling project between CARE, the University of North Carolina and the University of Malawi, documents how the Community Score Card empowers community members, health workers and local government to address the persistent barriers women face in accessing high quality services. Thanks to colleagues in CARE Egypt, [Arabic subtitles](#) have now been added to a short video that talks through the Community Score Card process, maximizing the Community Score Card’s visibility and reach in Arabic-speaking countries!

SAFPAC project and results featured in online magazine, The Drum Beat

The Drum Beat, an online magazine that features international development and social change content has featured “Delivering High-Quality Family Planning Services in Crisis-Affected Settings: Program Implementation and Results” authored by the Supporting Access to Family Planning and Post abortion Care initiative (SAFPAC) team. You can find the article [here](#).



CARE coordinates DRC's North Kivu new national family planning working group model

In June, the DRC Ministry of Health of [North Kivu province officially established a Provincial Permanent Technical Multi-sectorial Committee](#) (CTMPP) on Family Planning. The CTMPP is comprised of local government, civil society, and faith-based organization leaders. Following the lead of the National CTMP, it aims to be a strong driver of family planning advocacy. The CTMPP is coordinated by CARE International, and assisted by UNFPA, the Provincial Ministry of Health's National Program on Reproductive Health, and the Provincial Ministry of Gender's Service for Women and Children.

In March 2015, after participating in the National CTMP meeting, CARE International expressed interest in establishing and funding the CTMPP in North Kivu. Women in the province have an average of 6.5 children and married women's use of modern contraceptives is 12% (DHS 2013-14). In May 2015, CARE International funded an initial advocacy meeting with partners to raise awareness on the importance of establishing a CTMPP in North Kivu province. With financial support from Advance Family Planning (AFP) local partner Tulane International, the North Kivu Ministry of Health established the CTMPP's office in the province on June 12, 2015. Both the President of the National CTMP (AFP partner Arsène Binanga) and the Director of the national Ministry of Health's National Program on Reproductive Health attended. The facilitators of this local office were appointed by consensus. The national Ministry of Health committed to do everything in its power to contribute towards the repositioning of family planning in the North Kivu Province. Tulane International will work closely with the CTMPP through CARE and Ministry of Health North Kivu to advocate for improving family planning and achieving the set objectives.

SAA Training of Trainers and SBCC workshop in Kigali, Rwanda

From 5-9 October, a team from five CARE francophone country offices (Chad, Mali, Democratic Republic of Congo, Benin and Burundi), CARE USA and CARE International came together in Rwanda, Kigali; to share experiences and training on CARE's Social Analysis and Action (SAA) approach and processes. Each country office shared their experiences of working on social, behavior change communication (SBCC) approaches, achievements and challenges. A training on the revised version of the SAA Training of Trainers (ToT) module was conducted and a session on advocacy was facilitated by CARE International to explore the role of advocacy at the community level and how it can complement SAA efforts. The experience sharing sessions enabled participants to learn from each other and build on good SBCC practices, while it also helped to identify the challenges and the gaps, which then provided the basis for subsequent sessions on SAA.

By the end of the workshop, each country team developed a plan of action to implement SAA, integrating advocacy at the community level with an intention of linking with higher or national level advocacy efforts. Three of the countries, DRC, Mali and Chad will be integrating SAA into the Supporting Access to Family Planning and Post abortion Care (SAFPAC) project, while the Benin and Burundi teams will be integrating SAA in other ongoing initiatives. Additionally, new initiatives in DRC, (including Gewep and Tufaidike projects), Chad (GlaxoSmithKline project) and Benin were identified to integrate SAA in their approaches and included in the plan of action. The CARE USA and CI team will continue working with each country team to provide technical assistance and support the documentation, learning and sharing processes of implementing SAA to address gender and social barriers to SRMH and rights.



CARE Workshop: Advocacy to Advance Access to Comprehensive Reproductive Health Services in Chad and DRC: Innovations, Lessons Learned and Future Directions

In early September, a global, sexual reproductive and maternal health and advocacy workshop was convened in partnership with the global SAFFAC Initiative (Supporting Access to Family Planning and Post-Abortion Care). The workshop brought together CARE staff and key external partners to share lessons learned from ongoing joint advocacy to promote sexual and reproductive health and rights (SRHR), with a focus on advocacy to prevent unsafe abortion. The workshop enabled mutual learning and exchange between Chad and DRC and used a structured process to refine advocacy objectives and strategies for the next few years. The workshop was also designed to elevate and document key steps, tools and lessons learned to share with colleagues across CI. Key sessions included: power mapping, fostering meaningful partnerships with civil society, and strategies for maximizing opportunities and managing risk in Chad, DRC and at the global level.

Participants included: colleagues from CARE Chad and DRC, key partners from government, civil society, professional medical associations, legal experts and civil society organizations from both countries and representatives from CARE Rwanda, USA and the CARE International Secretariat. Two local civil society organizations also shared lessons learned from recent advocacy efforts to reform the abortion law in the Rwandan penal code. A report of the workshop will soon be available. For more information, please contact [Christina Wegs](#).

DC launch event of IAWG on Reproductive Health in Crises 2012-2014 Global Evaluation

In September, CARE International UK co-organized *Taking Stock of Reproductive Health in the Current Humanitarian Context*, a high-level briefing at the UK Department for International Development. Presenters shared key findings from a global evaluation conducted by the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises that documented progress and gaps in sexual and reproductive health services in crises, and identified future directions for programming, advocacy and fundraising. The event was covered by the international media, including the [Guardian UK](#) and [Reuters](#). Findings from the evaluation were published in a special issue of *Conflict and Health*, available [here](#). IAWG is organizing similar events to share the findings from the global evaluation in Washington DC on 26 October, and in Brussels and Geneva in November. Please contact [Christina Wegs](#) for more information. Attached to this email is the flyer for the DC- October event.

The Inter-Agency Working Group (IAWG) on Reproductive Health in Crises is a broad-based, global network of 1800 members from 450 agencies committed to expanding and strengthening access to quality RH services for persons affected by conflict and natural disaster. CARE is on the IAWG Steering Committee and is an active member of several IAWG technical and advocacy working groups.



CARE supports efforts to introduce the REACH Act in U.S. House of Representatives

The Reach Every Mother and Child Act of 2015 (REACH Act) is a bipartisan policy initiative supported by more than 20 diverse NGOs that outlines a meaningful and transformative roadmap to accelerating the reduction of preventable maternal, newborn and child deaths worldwide. The REACH Act was introduced to the U.S. House of Representatives in early October, and introduced in the U.S. Senate in July. CARE has co-chaired the coalition of NGOs working to introduce this bill and CARE has played an instrumental role in ensuring family planning and sexual and reproductive health was a key part of this legislation.

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

Global Conferences

International Conference on Family Planning: There will be a robust CARE presence at the International Conference on Family Planning which will be held 9-12 November in Indonesia. CARE will have an exhibit booth at the conference and look forward to seeing our colleagues and partners there. If you have any questions about CARE's presence at the conference, please contact [Mariela Rodriguez](#). After the conference, we will send out a summary document of CARE's participation. You can find more information on the conference and receive daily updates by visiting www.fpconference.org

Women Deliver Registration now open: The 4th Women Deliver conference will be held 16-19 May 2016 in Copenhagen. [Registration](#) is now open for attendees. Please visit <http://wd2016.org> for more information.

Resources

New HIP briefs now available

Since joining the High Impact Practices (HIP) group, CARE has endorsed the following High Impact Practices Briefs on [Leadership and Management](#), [Community Health Workers](#) and [Adolescent-Friendly Contraceptive Services](#). These briefs are all available on the [HIPs website](#) and the links above.

New WHO Guidance on ART for everyone living with HIV

This early-release guideline from the World Health Organization makes available two key recommendations that were developed during the revision process in 2015. First, antiretroviral therapy (ART) should be initiated in everyone living with HIV at any CD4 cell count. Second, the use of daily oral pre-exposure prophylaxis (PrEP) is recommended as a prevention choice for people at substantial risk of HIV infection as part of combination prevention approaches. The first of these recommendations is based on evidence from clinical trials and observational studies released since 2013 showing that earlier use of ART results in better clinical outcomes for people living with HIV compared with delayed treatment. The



second recommendation is based on clinical trial results confirming the efficacy of the ARV drug tenofovir for use as PrEP to prevent people from acquiring HIV in a wide variety of settings and populations. The recommendations in this guideline will form part of the revised consolidated guidelines on the use of ARV drugs for treating and preventing HIV infection to be published by WHO in 2016. The full update of the guidelines will consist of comprehensive clinical recommendations together with revised operational and service delivery guidance to support implementation. You can find the guidelines [here](#).

New Evidence brief from USAID project on WHO Recommendations: Prevention and Treatment of Maternal Peripartum Infections

This evidence brief provides highlights and key messages from the World Health Organization's recommendations for prevention and treatment of maternal peripartum infections, including policy and program implications for translating the guidelines into action at the country level. The ultimate goal of the WHO recommendations is to improve quality of care and to reduce preventable death and disability associated with peripartum infection for mothers and newborns. This brief is intended for policy-makers, programme managers, educators and providers. Brief can be found [here](#).

Systematic Review on rights awareness in maternity care

An article in PlosOne, [Do Interventions that Promote Awareness of Rights Increase Use of Maternity Care Services? A Systematic Review](#), states that twenty years after the rights of women to go through pregnancy and childbirth safely were recognized by governments, researchers assessed the effects of interventions that promote awareness of these rights to increase use of maternity care services. Using inclusion and exclusion criteria defined in a peer-reviewed protocol, authors searched published and grey literature from one database of studies on maternal health, two search engines, an internet search and contact with experts. From the 707 unique documents found, 219 made reference to rights, with 22 detailing interventions promoting awareness of rights for maternal and newborn health. Only four of these evaluated effects on health outcomes. While all four interventions promoted awareness of rights, they did so in different ways. Interventions included highly-scripted dissemination meetings with educational materials and other visual aids, participatory approaches that combined raising awareness of rights with improving accountability of services, and broader multi-stakeholder efforts to improve maternal health. Study quality ranged from weak to strong. Measured health outcomes included increased antenatal care and facility birth. Improvements in human rights outcomes such as availability, acceptability, accessibility, quality of care, as well as the capacity of rights holders and duty bearers were also reported to varying extents. Very little information on costs and almost no information on harms or risks were described. Despite searching multiple sources of information, while some studies did report on activities to raise awareness of rights, few detailed how they did so and very few measured effects on health outcomes. Promoting awareness of rights is one element of increasing demand for and use of quality maternity care services for women during pregnancy, birth and after birth. To date efforts have not been well documented in the literature and the program theories, processes and costs, let alone health effects have not been well evaluated.