



## The Path to 2020

Delivering transformative,  
rights-based family planning

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## ACRONYMS

**ASHA** Accredited Social Health Activist

**CSC** Community Score Card®

**CSE** Comprehensive Sexuality Education

**CTMP/FP** Permanent Technical Multi-sectorial Committee on Family Planning

**IAWG** Inter-agency Working Group for Reproductive Health in Crisis

**IUD** Inter-uterine contraceptive Device

**MISP** Minimum Initial Service Package (for Reproductive Health in Crisis)

**RCT** Randomized Control Trial

**SAA** Social Analysis and Action

**SAFPAC** Supporting Access to Family Planning and Post-Abortion Care

**SRH** Sexual and Reproductive Health

# Introduction

In July of 2012, CARE joined other civil society organizations, governments, and donors in London to commit to providing an additional 120 million women and girls with family planning information and services by 2020. Now at the half-way point, it is time to take stock.

Much progress has been made, but much work remains. Hundreds of thousands of women and girls still die each year from complications related to pregnancy and childbirth. Millions of women who want to use family planning still have no access to relevant information, services, and supplies. Thousands of young girls are still forced into marriages, and millions of women and girls still do not have the ability to choose if, when, and with whom they have sex.

We know that **power dynamics and unequal social and gender norms** constrain women and girls' ability to access and use family planning, and that **global human workforce shortages** deprive many of access to skilled care. We know that the increasing number of **humanitarian crises and situations of chronic instability** makes services harder to reach, and that **space for civil society is shrinking** and that women and girls still struggle to be heard. We believe, however, that these barriers can be overcome and results can be achieved.

## **CARE's Family Planning 2020 COMMITMENTS**

Since 2012, CARE has been working with our global family planning partners to achieve progress toward the 2020 goals. Our partners in this work include

governments, donors, civil society organizations, community leaders and – most importantly – women and young people themselves.

[In 2012, we committed to the following:](#)

- 1. CARE will develop approaches for addressing gender and social barriers to family planning use and validating tools to measure the impact of these approaches on health outcomes.**
- 2. CARE will work to strengthen local governance mechanisms and build capacity of women and communities.**
- 3. CARE will focus on reaching the most vulnerable and marginalized populations to reduce inequality and ensure women and girls' SRH needs are addressed in development, emergency, and post-conflict response activities.**
- 4. CARE will build political will and mobilize action at all levels – local to national to global – to ensure implementation of policies and programs that address the needs of communities and are rights-based, effective, and culturally appropriate.**

In this report, you will see how CARE's innovative programs are having an impact. Through programs to engage young men, like *Pazisex* in the Western Balkans, or

to reach women in garment factories, like *Chat!* in Cambodia, or to empower married adolescents in Ethiopia, we are showing how gender and social barriers to family planning can be overcome. With help from CARE's Community Score Card®, communities and health providers are identifying and overcoming rights violations like denial of family planning services to adolescents. And through our Supporting Access to Family Planning and Post Abortion Care (SAFPAC) program, hard to reach women and girls in crisis-affected and fragile settings in Chad, Mali, the Democratic Republic of Congo, and Pakistan are gaining access to contraception and other SRH services. And with support from CARE, government officials, community leaders, and health service providers are improving local level accountability, capacity, and citizen participation.

CARE reaffirms the commitments we made at the London Summit in 2012. We will continue to deliver progress toward our commitment in support of 120 million women and girls worldwide. We invite you to hold us accountable in this endeavor, and to join us as we build further momentum in the coming years.

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**Check out videos, interactive graphics and links with further information in the online version of this report at**

[www.care.org/work/health/family-planning](http://www.care.org/work/health/family-planning)

## DEVELOP APPROACHES FOR ADDRESSING GENDER AND SOCIAL BARRIERS TO FAMILY PLANNING USE

### KEY STRATEGY:

### FACILITATE EMPOWERMENT OF WOMEN AND GIRLS

Empowering women and girls is at the heart of rights-based family planning; thus a central element of CARE's rights-based approach is focused on ensuring women and girls can exercise their rights to access family planning information, services and supplies. Challenging unequal social and gender norms that constrain women and girls' choices is one way CARE works to do this.

### ► KEY APPROACH: SOCIAL ANALYSIS AND ACTION

CARE's [Social Analysis and Action \(SAA\) model](#) facilitates dialogue and reflection on norms and behaviors that may undermine reproductive health and helps catalyze a community-led change process to create an environment that supports women and girls' choices. Since 2012, CARE has used SAA with couples to improve communication and reproductive decision-making, with communities to build a more supportive environment for SRH, and with health providers to improve SRH service delivery to adolescents. About 5,000 providers participated in the SAA process in Bangladesh, and many reported that it helped them to discuss sensitive issues with adolescents that they previously felt too uncomfortable to address. CARE's experience with SAA has demonstrated how dialogue and self-reflection can lead to positive outcomes for women and adolescent girls. (Figures 1 and 2 highlight positive results from evaluations of two projects that used the SAA approach).

*...dialogue and reflection can lead to positive outcomes...*



**FIGURE 1**

In an evaluation of a CARE family planning project in Kenya that used SAA with community members of all ages, results showed:



Significant increases in use of modern contraceptive methods among both men and women, as well as increased couple communication and more equitable gender norms.

(Wegs et al., 2016)

**FIGURE 2**

In an evaluation of a CARE family planning project in Ethiopia that used SAA with married adolescents, results showed:



Significant increase in use of family planning among program participants – from 51% at baseline to 78% at endline.

(Edmeades et al., 2016)

## ► FOCUS ON: **MARRIED ADOLESCENTS**

CARE is one of the few organizations to offer a program that supports married adolescent girls. CARE recognizes that young people are often vulnerable and disempowered, having little to no access to reproductive health information and services. Married adolescent girls often fall into a void between existing programs that provide SRH services for non-married adolescents, and maternal health services for married adult women. CARE works to mitigate the harmful effects of child marriage by helping married adolescents gain access to health information and services, enlist support from their partners and communities, and develop the skills they need to pursue their aspirations.

In Ethiopia, CARE uses peer-based solidarity groups and community engagement strategies to improve family

planning access. Combining these strategies with the SAA model into a unique SRH program, [CARE achieved significant results](#) (see figure 2). Married adolescent girls became **more knowledgeable about HIV and other sexually transmitted infections**, and participants **reported greater communication about timing and spacing of pregnancies and contraceptive use with their husbands**.

In a new program funded by the Bill and Melinda Gates Foundation, CARE will support recently married adolescents to develop new initiatives to delay first births in Niger and Bangladesh. Young people are experts in their own lives, and involving them in the planning process is one of the best ways to deliver acceptable and effective solutions to their biggest problems.



## Spotlight on **ADOLESCENTS**



### **Paxisex:** “Be careful—sex”

Young people are powerful agents for social change and can become champions in the fight against gender inequality. [The Young Men’s Initiative](#), implemented by CARE in the Western Balkans, invited young men (ages 13-19) to deconstruct masculinity in their

cultures and to recognize how gender norms and male socialization can lead to inequitable attitudes. The program also made a deliberate effort to identify the spaces to reach youth with information on SRH, ultimately deciding to leverage the power of the internet. The *Paxisex* website is an educational, youth-friendly outlet that delivers critical information on contraceptives, safe sex, sexuality and reproductive health. The site delivers information appropriate to different stages of teenage sexual development, uses cartoon images, and has a corresponding Facebook page. *Paxisex*, which literally means “watch out—sex” but can be interpreted as “be careful—sex”, receives 2,000 new visitors each month and has provided a space for youth to

access SRH information that has been approved and validated by youth themselves. Promundo partnered with CARE Balkans to develop the *Paxisex* website as well as a SRH curriculum for schools and other campaigns to challenge young men’s notions of manhood while discouraging violence and discrimination.



► **FOCUS ON: GARMENT FACTORY WORKERS IN CAMBODIA**

Reaching women in the workplace with voluntary and equitable family planning services is a key challenge. CARE is working in the garment sector in Cambodia and Bangladesh to respond to the gaps in knowledge, awareness, and self-efficacy regarding SRH among female factory workers. In Cambodia

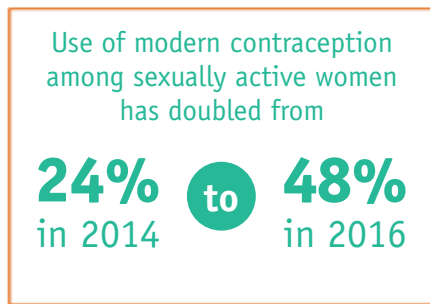
alone, women make up 85% of garment factory workers (Nuon et al., 2011). They are particularly vulnerable to abuse and exploitation due to low levels of education. Half of workers report being sexually active, and less than a third of these workers are using modern methods of contraception. To support

women in making informed, healthy sexual choices, access reliable reproductive health services and prevent unplanned pregnancies, CARE Cambodia developed Chat! Contraception, an innovative package of tools designed especially for garment workers.



# Chat! ជំងឺជក! កាតាតា

Chat! consists of short, targeted **activity-based sessions** that provide key information on communication and consent, contraception, sexually transmitted diseases, and safe abortion; **video dramas** featuring characters in a fictional garment factory that engage workers' emotions as they relate to the everyday challenges of characters; and an interactive **mobile app** that challenges workers to prove and improve their understanding of reproductive health topics. Although Chat! began in 2014, it has already seen some remarkable results:



Dalin, a Cambodian factory worker, participated in the Chat! training sessions and she is enthusiastic about what she has learned. *“I know and understand birth control and contraceptives. I want to spread this knowledge to my co-workers, so they can learn and know how to avoid abortions.”* When asked about the impact of the whole Chat! Contraception package on her future, she answered: *“The advantages for me in the future? With few children, and no abortions, my family can avoid poverty.”*

*“The advantages for me in the future? With few children, and no abortions, my family can avoid poverty.”*





► **FOCUS ON: GARMENT FACTORY WORKERS IN BANGLADESH**

In Bangladesh, the ready-made garment industry employs nearly 4.5 million people, more than 80% of whom are women—women who are living in poor conditions and lack access to social support, information, or services ([RMG Bangladesh, 2015](#)). In order to support these women and increase their equitable access to health services, including family planning, CARE worked with government, private sector, and local partners to adapt our successful rural Community Support System to the urban slums.

Garment factory management met with workers to discuss and address health issues the workers were facing. One of the issues raised was access to family planning. Although a local government scheme provides free family planning services to couples in their homes, women factory workers usually are not able to access these services because they are at work during the day. As a result of the factory workers voicing this issue to management, linkages were established with the Deputy

Director of Family Planning to ensure that the factory workers could enroll in the scheme for the family planning services. Additionally, a satellite clinic was created so that workers could easily access free family planning commodities and services at the factory.



**2700**  
**workers**  
now have  
access to free,  
consistent  
family planning  
services at the  
factory they  
work in.

## STRENGTHEN LOCAL GOVERNANCE MECHANISMS AND BUILD CAPACITY OF WOMEN AND COMMUNITIES

### KEY STRATEGY:

### ENSURE ACCOUNTABILITY AND IMPROVE RESPONSIVENESS OF HEALTH SYSTEMS

Since 2012, CARE has been working to expand spaces for meaningful participation of women and girls in shaping how reproductive health services are provided in their communities. Meaningful participation builds awareness, understanding, trust, and a sense of mutual accountability, shared responsibility, and motivation to act. This ultimately leads to improved responsiveness of the health system to the community's needs, fundamentally changing the relationship between the community and the health delivery system, and ensuring that they work together as a complete system to accelerate SRH progress.

### ► KEY APPROACH: COMMUNITY SCORE CARD<sup>©</sup>

[CARE's Community Score Card<sup>©</sup> \(CSC\)](#) brings together community members, health providers, and local government officials to identify obstacles to access and delivery of health services, to generate local solutions, and to work together to implement and monitor the effectiveness of these solutions

in an ongoing process. This approach gets community members and frontline service providers involved and invested in governance of local health services, establishing a new dynamic where the community system and health system work collectively to overcome challenges and improve outcomes.

### EVALUATION & EVIDENCE

We tested the effectiveness of this approach in improving family planning and other reproductive health outcomes through [a cluster-randomized control trial \(RCT\) in Malawi](#). The results were significant (see figure 3 below).

FIGURE 3

Results from [CARE's 2017 CSC impact evaluation in Malawi](#)



\*estimated effect in treatment vs. control at endline \*\*in treatment vs control from baseline to endline

(Gullo et al., 2017)

The CSC also catalyzed significant improvements in the level of male involvement in family planning, level of youth involvement in reproductive health issues, relationship between providers and communities, and availability and accessibility of information, all of which may have contributed to the large increase in use of modern contraceptives.

Our study is one of only a few RCTs that focuses specifically on the potential benefits of a social accountability approach, like the CSC, on improving access to, and use of, family planning services. In 2009, [Bjorkman and Svensson evaluated a similar social accountability approach](#) in Uganda and found use of family planning increased by 22% in intervention communities after just one year. Taken together, these results suggest that contraceptive use may be particularly sensitive to these kinds of approaches; establishing trust



and improving patient-provider relationships, as well as identifying and successfully addressing local level bottlenecks, may be two important factors in enabling increased uptake of family planning services. Social accountability approaches are gaining more visibility as comprehensive community engagement and governance mechanisms.

To further build knowledge in this field, [CARE reviewed its own experience with the CSC](#), and produced reports

and evaluations to describe the outcomes, successes, and challenges of our 15-year experience ([Gullo et al., 2016](#)). The reviews suggest that the CSC prompts a wide range of outcomes and merits further attention as a strategy for improving accountability. Lessons for improvement include creating environments that facilitate health worker buy-in and participation, and further exploring opportunities for vertical movement of information to states and civil society actors.

## Spotlight on ADOLESCENTS

### Put your dreams on hold

In Malawi, one in four adolescent girls (ages 15-19) have begun bearing children ([Government of Malawi, 2012](#)) – [Chisomo Peter is one of them](#). When she became a mother at 18, Chisomo had to drop out of school and return to live with her grandmother in the village of Champiti.

Through CARE's CSC process, community members identified the need to tackle the issue of adolescent pregnancy in their village. As part of the community's solution to this issue, they developed a Community Action Group to share information on healthy practices with

pregnant women and new mothers. One of the group's members visited Chisomo shortly after she gave birth. "She advised me on how I can take care of my baby and myself," Chisomo said.

Community and health providers in Champiti report that youth involvement in reproductive health issues has risen by 28 percent. More adolescents now have access to family planning resources and the conversation surrounding reproductive health in communities is more open.

With her new knowledge, Chisomo said she does not want to have another child anytime soon. She has fully committed her new life to her one-year-old son, Precious.

*"After I gave birth, I started making plans for my baby's future," Chisomo said. "It is my plan to send my child to school at a good age. I will make sure he completes his education."*



## ► FOCUS ON: INNOVATING IN THE HEALTH SYSTEM IN BIHAR, INDIA

CARE is working to promote the empowerment, motivation, and retention of frontline health workers while increasing the resilience of health systems. Innovative solutions to family planning are needed in places like Bihar, India, where persistent barriers to family planning include poor quality and

availability of frontline health workers, lack of accurate data and limited access to services and information by neglected and marginalized populations. With funding from the Bill and Melinda Gates Foundation, [CARE is supporting the government of Bihar](#) to increase universal coverage and quality of life-saving

interventions to improve the health and survival of women, newborns, and children. Several tested approaches are being taken to scale in Bihar to ensure the expansion of accessible, high quality family planning services.

### Quality family planning services across 38 districts in Bihar

Working closely with the state government, CARE introduced comprehensive and whole-site training, quality assurance, and clinical monitoring and coaching within Bihar health centers. The intervention also includes training on clinical skills needed for female and male sterilization, performing integrated family planning counseling, and infection prevention. The project is taking a phased approach to scale: in 2015 it worked with 30 facilities, 100 facilities in 2016 and 70 more in 2017. The goal is to have 200 facilities providing comprehensive, fixed day family planning services across all 38 districts in Bihar state.



#### Mobile technology in the hands of frontline workers

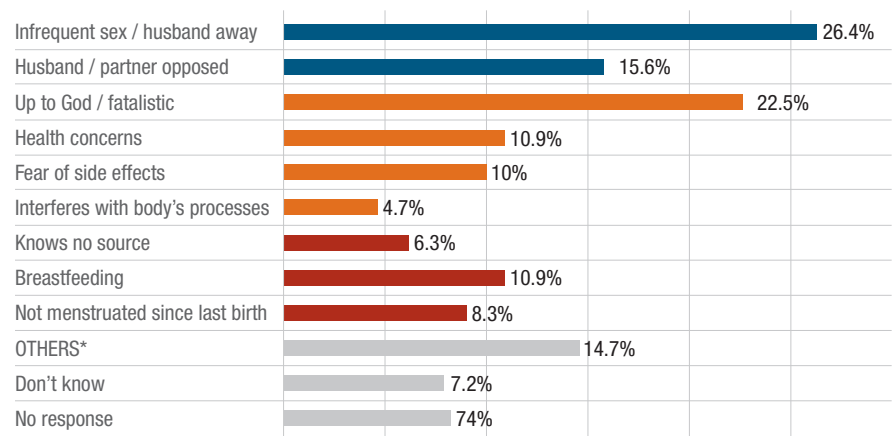
CARE India has been using mobile technology to aid frontline health workers in registering and tracking patients, managing care, and counseling pregnant women and mothers with newborns. Nado, a health worker, loves her new tool. *"I feel proud using this with women in my village. It increases my value in their eyes."*



### Next steps for family planning in Bihar

Planned activities include helping the government of Bihar to roll out injectable contraceptives and strengthen family planning services across the state. This includes support for capacity building of doctors and other health personnel, integrating a basket of choice into the successful facility-based nurse mentoring innovation, and improving procurement and supply chain management. CARE is also conducting an annual survey of women of reproductive age to assess progress on reproductive health and family planning indicators (see below for 2016 results).

#### Reasons for non-use of contraception among currently married women who wish to delay pregnancy



\* In-laws opposed, religious prohibition, knows no method, respondent opposed, menopausal/hysterectomy, lack of access/too far, costs too much, preferred method not available, no method available, inconvenient to use. 2016, SURVEY OF CURRENTLY MARRIED WOMEN

## Urban ASHAs

CARE has been partnering with the government of India to change the way front-line health workers deliver services in urban settings. As part of the consortium working on the [Urban Health Initiative \(2010-2015\)](#), CARE worked with 25 local non-governmental organizations to capacitate and deploy urban Accredited Social Health Activists (ASHAs), modeled after an approach used frequently in rural areas. The urban ASHAs provided outreach to over 1800 slums and 900,000 women in Uttar Pradesh, and they have now been incorporated into the state government health system.

As a result of the accessibility of services and information in the slums, independent survey data reported an increase in use of modern methods of family planning from 46.6 in 2010 to 56.2 at end line in 2014, closing the equity gap in access to family planning and SRH services for slum dwellers ([Johns Hopkins University, 2017](#)).



## Spotlight on ADOLESCENTS

### Bringing services to marginalized youth in Nepal

Critical to building a resilient health system is ensuring that marginalized

youth and adolescents have access to comprehensive services. In Nepal, CARE is working with health facility staff, trained in provision of youth-friendly services, to visit schools and youth clubs to deliver SRH information and conduct pop-up clinics for counseling and service referral. This program in Nepal is aiming to reach 15,000 adolescent girls

and boys from marginalized castes and Muslim communities in Rupandehi and Kapilbastu districts as part of a six-country adolescent empowerment initiative. This initiative is integrating approaches from education, economic empowerment, and SRH sectors to deliver holistic and integrated interventions that empower young people to improve their lives.



## CARE'S FP2020 COMMITMENT:

# REACH THE MOST VULNERABLE AND MARGINALIZED POPULATIONS TO REDUCE INEQUALITY, AND ENSURE WOMEN'S AND GIRLS' SRH NEEDS ARE ADDRESSED IN DEVELOPMENT, EMERGENCY, AND POST-CONFLICT RESPONSE ACTIVITIES

### KEY STRATEGY:

## FOCUS ON ADDRESSING FAMILY PLANNING NEEDS IN EMERGENCY AND POST-CONFLICT SETTINGS

Every day, women and girls are affected by conflict, crisis, and natural disaster, and CARE is working to respond and reach women and girls with critical, life-saving SRH and family planning services. Our experience demonstrates that family planning services are not simply nice to have during humanitarian crises, but are rather an essential, necessary, and feasible part of emergency response. For this reason, CARE prioritizes SRH when we respond to emergencies and works to ensure that family planning services are available to women in the most difficult, fragile and crisis-affected settings in the world.

As a leader in humanitarian and emergency response, CARE has also supported SRH programming in acute and protracted emergencies. Since 2015, CARE has supported SRH response in Syria and Nepal.

In **Syria**, CARE integrated emergency obstetric care, neonatal care, and contraceptive services into 10 primary health clinics in Aleppo and Idleb governorates. CARE also operates mobile clinics to deliver SRH and gender-based violence services, reaching an estimated population of 356,400 Syrians, including 87,501 women of reproductive age.

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 2015 earthquake.

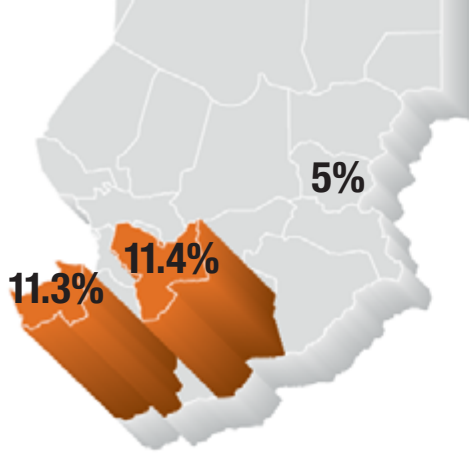


### ► KEY APPROACH: SUPPORTING ACCESS TO FAMILY PLANNING AND POST ABORTION CARE IN CRISIS-AFFECTED & FRAGILE CONTEXTS

CARE's [Supporting Access to Family Planning and Post Abortion Care project \(SAFPAC\)](#) supports government and partners in Chad, the Democratic Republic of Congo (DRC), Mali, Pakistan (and previously in Djibouti), to deliver

comprehensive and high quality services in hard to reach areas. The SAFAC model includes competency-based training, supportive supervision, effective supply chain management and procurement, and community engagement. Over the

last five years of SAFAC, results have demonstrated a steady and dramatic increase in new contraceptive users across the countries, [with 66% of the new contraceptive users choosing long-acting reversible methods](#).



In Chad, CARE has seen remarkable uptake in long-acting, reversible contraceptive methods in the geographic regions where CARE operates. According to [Chad's 2014 Demographic and Health Surveys](#), the modern contraceptive prevalence rate have risen to 11.4% and 11.3% in Moyen Chari and Logone

Oriental regions, respectively. This is more than twice the national average of 5%. The work of the Chadian Ministry of Health with CARE represented the only access women had to high quality family planning services in these regions during that period.

### Everything is not lost

Access to SRH services for crisis-affected youth can change the course of a life, as evidenced by Aline, a 16-year old CARE program participant in DRC. *"It is a great joy for me to contribute with my ideas in defining indicators of quality of services that are offered in youth friendly spaces. I am also sad as I realize how I could have benefitted if these services were offered two years ago. I am 16 years old and*

*have a 6-month-old baby boy! Sometimes I feel I have ruined my dreams. However, everything is not lost. Because of this program, I now have opportunities. I have gained tremendous experience by working with community members on providing helpful services in youth-friendly spaces. Moreover, this experience has helped me gain confidence and have the courage to talk to my parents about my future and that of my son's."*



## Spotlight on ADOLESCENTS

### Increasing resilience for adolescents in DRC

In DRC, CARE is working to ensure that the SRH needs of adolescents who have grown up amidst crisis are not neglected and opportunities are available for them to create change for themselves and their communities.

CARE, along with representatives from the Ministry of Health's National Program for Adolescent Health, worked with youth from surrounding communities to design a program to meet their SRH needs in two internally displaced persons camps on the outskirts of Goma. The objective is to expand access to youth-friendly

services by sensitizing providers to the needs of youth, and conducting values clarification activities with providers. The project also used the CSC to bring together youth and providers to define common indicators of quality SRH services and put in place a system for



monitoring progress. In year one of this two-year project, CARE has:

- Provided family planning services, including comprehensive counselling, to **6,346 adolescents and young people, including 1,904 girls (30%)**
- Among girls who received contraception, **43% chose a highly effective, long-acting, and reversible method (implant or IUD)**

**BUILD POLITICAL WILL AND MOBILIZE ACTION AT ALL LEVELS**

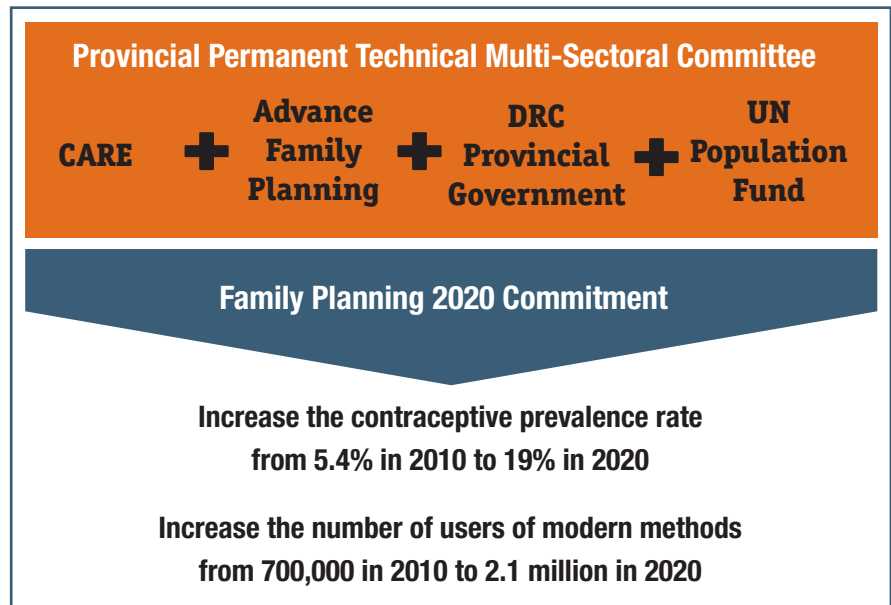
**KEY STRATEGY:**

**BUILD AND SUSTAIN POLITICAL WILL AND MOBILIZE INVESTMENTS IN FAMILY PLANNING FROM DONORS AND NATIONAL GOVERNMENTS**



**Delivering on DRC's FP2020 Commitment**

In North Kivu Province, CARE is convening DRC's first provincial-level Permanent Technical Multi-sectoral Committee on Family Planning (CTMP/FP), which is the pre-eminent advocacy platform for building commitment across multiple government sectors for expanding family planning services to all health areas in the country. The CTMP/FP brings together government and civil society organizations to support the country's family planning commitments – including those made at the International Conference on Family Planning in 2013 – to increase the contraceptive prevalence rate to 19% and provide 2.1 million women and girls with contraception by 2020. In 2016, CARE led a process to quantify the family planning funding gap in North Kivu, and supported the Ministries of



Health and Planning to lobby provincial-level lawmakers and succeeded in securing a new budget line item to fill

the gap and ensure adequate funding for family planning.



**Supporting Australia's women's rights champions**

CARE Australia hosts the Secretariat of the Australian Parliamentary Group on Population and Development, a cross-party group of parliamentarians who champion women's rights and advocate for investments in comprehensive SRH services, including universal access to rights-based family planning. From 2015-2017, representatives from this

group led 16 round-table briefings in the Australian Parliament, and supported these representatives to champion SRH and rights through delegations led by the Asian Forum of Parliamentarians on Population and Development in seven international conferences.



## Building U.S. support for family planning through ‘Learning Tours’

CARE USA regularly organizes “Learning Tours” with members of the United States Congress, policy makers, journalists, and opinion leaders to demonstrate the impact of family planning programs around the world. Through Learning Tours, CARE is building a powerful cadre of champions who advocate for continued US government investment in international family planning programs. After

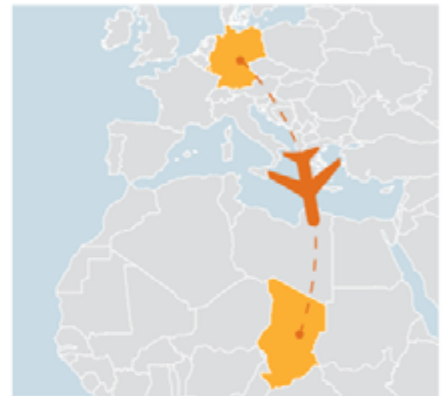
trips, Learning Tour alumni have gone on to make strong statements in support of family planning during legislative hearings, and co-sponsored key family planning/SRH legislation, including the *Reach Every Mother and Child Act*, which gained sweeping bipartisan support in the 114th US Congress.



## German parliament learns about family planning in Chad

In 2016, CARE Germany-Luxembourg organized a parliamentary learning tour, bringing government officials to Chad to witness the substantial SRH needs of women and girls in a fragile, chronically unstable context.

Following the trip, CARE Chad provided briefings at the Ministry of Foreign and European affairs in Luxembourg as well as the European Commission in Brussels to make the case for sustained investments in family planning.



### KEY STRATEGY:

**ENSURE FRONTLINE HEALTH WORKERS ARE AUTHORIZED BY THEIR GOVERNMENT TO PROVIDE EQUITABLE ACCESS TO LONG-ACTING, REVERSIBLE CONTRACEPTIVE METHODS**

## Supporting Djibouti’s national family planning policy and guidelines revision



With funding from Family Planning 2020’s Rapid Response Mechanism, CARE was invited in 2016 by the Ministry of Health in Djibouti to help revise the national family planning policy and guidelines, with the goal of expanding the cadres of health workers authorized to provide a full range of contraceptive methods. This policy change will help Djibouti reach many unserved women, including internally displaced people and refugees.





## Enabling access to family planning in Chad by empowering health workers

CARE played a leading role in the reform of Chad’s national family planning policy. The new policy authorizes midwives and nurses – the primary service providers for the most poor and rural women in Chad – to provide a wide range of contraceptive methods, including long-acting and

reversible methods. This policy change resulted in an **8-fold increase in the number of healthcare workers authorized to provide family planning**, unlocking access to services for thousands of women.



### KEY STRATEGY:

**ADVOCATE FOR THE ADOPTION AND IMPLEMENTATION OF POLICIES THAT ENSURE ALL WOMEN AND YOUNG PEOPLE CAN EXERCISE FULL, FREE AND INFORMED CHOICE ABOUT FAMILY PLANNING USE, WITHOUT DISCRIMINATION, COERCION OR VIOLENCE**



## Advocating for comprehensive sexuality education (CSE) in Burundi

To capitalize on the government of Burundi’s commitment to deliver comprehensive sexuality education in primary and secondary schools, CARE Burundi led a coalition of partners, including UNFPA, Rutgers and Cordaid, in advocating for the development and institutionalization of a national comprehensive sexuality curriculum. CARE and its partners helped build the case for this by sharing adolescent health data from Burundi, which show high rates of unintended pregnancies, and facilitated a visit for Burundi government officials to Kenya to observe the feasibility and impact of comprehensive sexuality curriculum first-hand. As a result



of these efforts, a UNESCO-endorsed CSE curriculum, [The World Starts With Me](#), was pilot tested and endorsed by the government of Burundi as a national module for schools. CARE Burundi and its partners, in continued collaboration with

the government, have now embarked on a five-year, nation-wide program to reach 1.1 million adolescents and youth (ages 10-24) with quality and comprehensive SRH information and services.



## Unlikely family planning champions in Chad

In southern Chad, CARE addressed local opposition to women seeking family planning services by engaging with religious leaders and police officers. Through CARE-led dialogues and advocacy initiatives, these community leaders gained a new understanding of Chad’s family planning law, which

permits women to access family planning services even without their partner’s consent. Once educated on the applicable laws and benefits of family planning for women, men, and families, they became effective family planning champions in their communities.



**KEY STRATEGY:**

**INVEST IN THE CAPACITY OF WOMEN, YOUNG PEOPLE AND LOCAL CIVIL SOCIETY TO ADVOCATE FOR THEIR OWN HEALTH AND RIGHTS**



**Citizen engagement in Myanmar**

Civil society participation is very nascent in Myanmar, particularly in northern Shan State, where ongoing insurgency and ethnic conflict has increasingly led to political instability. CARE is working at the local level to create space for citizen engagement on village health committees, and at the national level to ensure that the government’s 2018 national reproductive health strategy includes mechanisms that enable meaningful citizen participation.

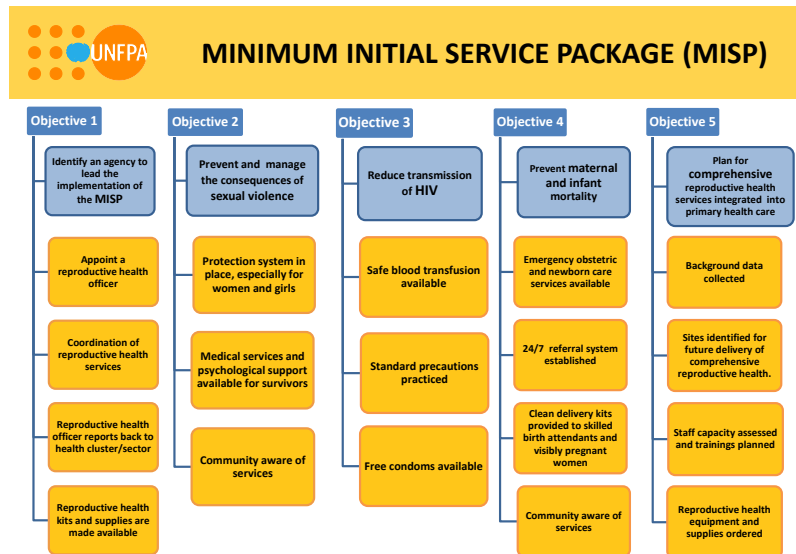
**KEY STRATEGY:**

**ELEVATE FAMILY PLANNING AS A CORE, LIFE-SAVING INTERVENTION IN ALL HUMANITARIAN RESPONSES, AND MOBILIZE POLITICAL WILL TO MEET THE SRH NEEDS AND RIGHTS OF ALL PEOPLE AFFECTED BY CRISIS AND CONFLICT**



**Prioritizing family planning within the MISP**

CARE is an active member of the Inter-agency Working Group for Reproductive Health in Crises (IAWG), serving on the steering committee and co-chairing IAWG’s Voluntary Family Planning Working Group and Advocacy and Accountability Working Group. In 2016, CARE played a leadership role in the revision of the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, successfully advocating for the repositioning of family planning as a priority intervention within the Minimum Initial Service Package for Reproductive Health in Crisis Situations (MISP).



**Critical Partnerships for universal access to family planning**

CARE is also an active member of Every Woman, Every Child, Everywhere work stream, a multi-stakeholder partnership which 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. In 2015, CARE played a leadership role in shaping the group’s vision and five-year work plan, which includes

actions to ensure universal access to family planning and SRH programming, and prioritizes voice and leadership of women and girls.

# Conclusion & Key Actions

FP2020 has powerfully catalyzed a renewed global focus on family planning. While great progress has been made, with 30.2 million more women having access to family planning, we are far from reaching our goal of enabling 120 million women and girls to use family planning. **We must accelerate progress and fill key gaps in reaching the hardest to reach with the family planning services they want and need. CARE is re-galvanizing its efforts to uphold and fulfill the commitments it made in 2012. We will partner with others in the global family planning community and call on governments, partners and civil society to:**

## 1. Ensure access to comprehensive family planning services in all crisis-affected and fragile settings.

Globally, more than 32 million women and girls of reproductive age require humanitarian assistance (OCHA, 2016). Delivering family planning services to these women and girls is critical to achieving FP2020 goals as well as fulfilling the rights of women and girls in crisis-affected and fragile settings. Family planning remains one of the most neglected and underfunded components of humanitarian response. We must ensure that donors, governments and humanitarian actors commit to ensuring universal access to life-saving family planning for all women affected by conflict and crisis. Specifically, the *Minimal Initial Service Package* – including family planning services – should be implemented at the onset of a crisis, and systems and funding put in place to ensure continuity of family planning services through all phases of humanitarian response, including in protracted crises.

## 2. Invest in participatory governance and social accountability processes to transform health systems and drive FP2020 progress.

Social accountability is a dynamic process that empowers women and young people to directly monitor the healthcare services they receive, and negotiate to receive the services they need and want. Investment in and use of social accountability approaches can build trust and catalyze solutions to improve family planning and SRH outcomes, and help ensure that women and girls' rights are respected, protected and fulfilled. Evidence shows that investments in social accountability can dramatically increase acceptability, quality and utilization of family planning.

## 3. Ensure programming for adolescents is designed and co-created with adolescents themselves.

Globally, there are 1.8 billion young people between the ages of 10 and 24 (UNFPA, 2014). Many of them urgently need family planning but face powerful barriers to accessing services, such as poverty, stigma, discrimination and lack of knowledge about their health and rights. Unless we partner with young people to design and deliver policies and programs that address their realities and meet their needs, we will not be able to fulfill the family planning needs and rights of the billion young people who live in FP2020's 69 focus countries.

## 4. Strengthen health systems by ensuring adequate capacities, compensation, and support to frontline health workers providing family planning and reproductive health services.

The global shortage of health workers presents a critical challenge to the accessibility, availability and expansion of contraceptive methods available to women and girls. If women are to choose the contraceptive method that best meets their needs, health workers who are trained, equipped, and authorized to provide information or access to family planning services must be able to reach them. Innovation in the health workforce is needed to ensure that even the most marginalized and vulnerable have access to high quality family planning information and services.

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#### International Secretariat

##### Geneva

Chemin de Balexert 7-9  
1219 Chatelaine, Geneva  
Switzerland  
T) +41 22 795 10 20  
F) +41 22 795 10 29  
[www.care-international.org](http://www.care-international.org)

#### Representation Office to the United Nations

##### New York

777 First Avenue  
5th Floor  
NY 10017 New York  
U.S.A.  
T) +1 212 687 3181

#### Representation Office to the European Institutions

##### Brussels

Rue du Trône 12  
B-1000 Brussels  
Belgium  
T) +32 2 502 43 33

#### International Members

##### CARE Australia

[www.care.org.au](http://www.care.org.au)

##### CARE Canada

[www.care.ca](http://www.care.ca)

##### CARE Danmark

[www.care.dk](http://www.care.dk)

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[www.raksthai.org](http://www.raksthai.org)

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