

CARE International Commitment



Narrative:

For more than 60 years, CARE has been working around the globe in countries with high unmet need for family planning services. We put women and girls in the center because we know that we cannot overcome poverty until all people have equal rights and opportunities. They face distinct barriers to realizing their bodily autonomy and accessing health information and services, which in turn has profound effects on their and their family's health, wellbeing, and economic resources. Supporting SRHR is fundamental to our mission of promoting social justice and gender equity and reducing poverty worldwide.

CARE's goal is for **30 million women and girls to realize their right to SRH, including family planning, by 2030**. We will achieve this through the following commitments:

All CARE country offices (COs) amongst the 107 Cos that implement health programs integrating sexual and reproductive health, will have indicators which are tracked annually towards and aggregated to measure the realization of the right to sexual and reproductive health rights. The global indicators for CARE are the following:

- Demand satisfied for modern contraceptives among women aged 15-49 (SDG indicator 3.7.1)
- Proportion of births attended by skilled health personnel (SDG indicator 3.1.2)
- Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SDG indicator 5.6.1)

1. Put SRHR, women's rights and gender equality at the center of our health programming and policy work so that individuals, particularly **girls and women**, are empowered to act on decisions that affect their health and well-being. CARE will implement participatory approaches for addressing gender and social barriers limiting the use of family planning and other essential SRH services in 100% of projects with a family planning component.

2. Reach the most vulnerable populations with family planning and other essential SRH services to save lives, reduce inequality and strengthen both individual and community resilience to shocks. CARE will address the family planning and reproductive health needs of women and girls in fragile and crisis-affected settings by ensuring that at least 80% of all large-scale humanitarian responses support implementation of the MISP and building emergency preparedness and planning activities into new SRHR projects. CARE will **support adolescents and youth** to access family planning by creating an enabling and equitable environment to realize their rights and lead the change they desire for themselves and their communities.

3. Improve the agency and wellbeing of frontline health workers by training, equipping, incentivizing, and managing them to deliver SRH and other health services in their communities. CARE will focus on frontline health workers, who are overwhelmingly female, as a primary beneficiary group to be recognized as part of the health system, to be paid fairly, to be protected, and to access to relevant training to build their capacities as health personnel when relevant. Given their proximity to the population they serve, frontline health workers play a central role in increasing access to family planning and other SRH services. CARE will directly support

2.1 Mn FLHWs in 10 Priority countries by 2025.(Bangladesh, India, Tanzania, Somalia, DRC, Ethiopia, Nigeria, Pakistan, Afghanistan and Chad)

4. Strengthen local health systems to deliver rights-based, high-quality, affordable family planning services as part of the minimum primary health care package of services. CARE will support **frontline health workers**, including community-based health workers, to enhance their agency, skills and motivation as well as strengthening their organizations and associations, to deliver quality family planning practices. CARE will work with local and global partners to strengthen the capacity of health systems to collect, use and analyze data to inform decision-making and improve the quality and accountability. CARE will work alongside **local governments and women and communities, particularly the most marginalized groups, on accountability processes between duty bearers and rights holders**. CARE will leverage our long-term relationships with the governments, frontline health workers and communities to **plan and prepare for crises** (including pandemics) so that health systems and communities are more resilient to crises from conflict to public health emergencies.

5. Engage with social movements to shift power to local partners, especially, women and youth-led civil society, to lead FP initiatives and decolonize health programming including mindset and approaches in all systems and processes. CARE will do this through equitable partnerships with women-led and youth-led grassroots and civil society partners that increase their voice and leadership in FP/SRH programming and strengthen their institutional capacity to thrive and grow beyond project cycles, as well as in local, regional, and global policy forums building jointly our advocacy priorities. Local partners will directly manage at least 25% of humanitarian project budgets by 2030.

6. Influence policies, strategies, funds and plans at multiple levels – global, national, operational - to improve equitable access to FP. CARE will support social movements and civil society engagements in national and regional FP planning processes and accountability platforms, influence national SRH policies to improve access to FP (e.g. task shifting to allow nurses and midwives to provide log-acting reversible contraception in primary health clinics), support communities and local health systems to advocate for increased funding and improved quality for a gender transformative family planning (e.g. policies and budget lines at national level), raising awareness of existing family planning policies and laws that support people of all genders access on FP, and supporting frontline and community health workers to be recognized as part of the health system.

Outcomes:

1. 30 million women and girls to realize their right to SRH, including family planning, by 2030.
2. 2.1 Mn Frontline Health Workers by 2025 will be supported by CARE to realize their demands.