

# CARE COMMITMENT SELF-REPORTING QUESTIONNAIRE 2020



*EWEC Secretariat, PMNCH, FP2020 self-reporting questionnaire to assess progress on implementation of commitments to the Global Strategy on Women's, Children's and Adolescents' Health.*

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## COMMITMENT PROGRESS SUMMARY NARRATIVE

Over the past year, CARE has continued to advance its efforts toward its commitment to FP2020: CARE's IMAGINE project, which aims to delay the timing of first birth among married adolescents in Niger and Bangladesh, published a qualitative study in 2019 that examines the factors that influenced married girls' early first birth in Niger. The article examines the underlying social, individual and structural factors influencing married girls' early first birth and participation in alternative opportunities in Niger.

CARE continues to generate evidence on CARE's Community Score Card. Building on evidence from a cluster randomized trial, CARE evaluated the sustainability of the CSC through a qualitative study, completed in 2019. Results from the study will be published in 2020.

Published results of a midline evaluation of CARE's model of private, community based skilled birth attendants in Bangladesh, indicate significant and impressive increases in access to and use of key maternal health services. The findings contribute to the larger body of evidence suggesting that private-sector approaches, when coupled with robust efforts to strengthen and collaborate with the public sector, can work successfully to deliver services in underserved communities and likely have an important role to play in our efforts to achieve universal coverage.

CARE partnered with UNFPA and Syria Relief and Development to develop The AMAL Initiative which addresses the need for an adolescent-responsive intervention grounded in transformative gender and social norms approaches at both the community and health service levels. With the face of fragile contexts becoming increasingly young, this package seeks to inform the global evidence base and dialogue around adolescent SRHR nexus approaches.

As co-chair of the Advocacy and Accountability Working Group for IAWG, CARE played in a leadership role in mobilizing effective, multi-stakeholder advocacy to ensure SRHR in crisis-settings was prioritized by donors, governments and civil society at key agenda setting moments including the Yemen humanitarian pledging conference, Oslo conference on SGBV, Women Deliver, and ICPD.

CARE and the Centre for Reproductive Rights launched a project to develop and test a scalable model for women-driven accountability for SRH in refugee camps in Uganda. CARE also contributed to the development of a set of practical guidelines for ensuring rights-based approaches to SRH in crisis-settings; a process led by the UNHCR.

Through the Youth Lead project in Cote D'Ivoire, CARE partnered with a vibrant network of youth advocates to make foundational investments to strengthen youth groups' long-term advocacy capacity. The project also generated new strategies for building equitable and authentic partnerships with and shifting power and resources to young advocates and their organizations.

In December 2019, CARE International Malawi (which is the CSO FP2020 focal point) convened a cadre of youth leaders from Malawi, Cote d'Ivoire and DRC to share barriers, breakthroughs and innovations for ensuring meaningful leadership of young people in shaping SRHR policies and programs.

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## **THEMATIC COMMITMENT PROGRESS**

### ***Reduce global maternal mortality to less than 70 deaths per 100,000 births***

Maternal mortality ratio, Proportion of births attended by skilled health personnel, Proportion of women aged 15-49 who received 4 or more antenatal care visits.

### ***End epidemics of HIV, TB, malaria, neglected tropical diseases and other communicable diseases***

Number of new HIV infections per 1000 uninfected population, by age and sex, Percentage of people living with HIV who are currently receiving antiretroviral therapy (ART)

### ***Ensure universal access to Sexual and Reproductive Health and Rights (SRHR)***

Percentage of women of reproductive age (15-49) who have their need for family planning satisfied with modern methods, Adolescent birth rate (10-14, 15-19) per 1000 women in that age group, Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care, Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education, Proportion of men and women aged 15-24 with basic knowledge about sexual and reproductive health services and rights

### ***Achieve Universal Health Coverage incl. financial risk, protection and access to services, medicines, and vaccines***

Coverage of essential health services (index based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access), Out of-pocket health expenses as percentage of total health expenditure

### ***Eliminate harmful practices, discrimination, and violence against women and girls***

Percentage of women aged 20-24 who were married or in a union before age 15 and before age 18, Proportion of ever-partnered women and girls aged 15 and older subjected to physical, sexual or

psychological violence by a current or former intimate partner in the previous 12 months, Proportion of women and girls aged 15-49 who have undergone female genital mutilation/cutting (FGM/C), Proportion of young women and men aged 18-29 who experienced sexual violence by age 18, Proportion of rape survivors who received HIV post-exposure prophylaxis (PEP) within 72 hours of an incident occurring

***Enhance global partnership for sustainable development***

Number of countries reporting progress in multistakeholder development effectiveness monitoring frameworks that support the achievement of the SDGs, Governance index (voice, accountability, political stability and absence of violence, government effectiveness, regulatory quality, rule of law, control of corruption)

***Geographic Coverage. Check all the geographical levels that you implement your commitment-related activities in?***

Global, Regional, Country, Sub-country

***Linkage to National Health Strategies. Are commitment-related objectives and/or targets aligned with the national health strategy of the country or countries in which activities take place in?***

Don't know

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**EVERY WOMAN EVERY CHILD FOCUS AREAS**

***Adolescent and Young Adult Health and Wellbeing***

Applicable

Current Status: Ongoing

Activities Implemented:

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Community Engagement: Yes

Research and Innovation: Yes

***Sexual and Reproductive Health and Rights***

Current Status: Ongoing

***Please explain the reasons for your answer and if and how COVID-19 influenced the projected change (or no change) in financial commitments. If possible, describe the estimated impact the projected change (or no change) might have on women, children and adolescents (maximum200words)***

CARE has implemented strategies, utilized tools and approaches to adapt to sexual and reproductive programming during COVID. CARE remains committed to fulfilling its FP2020 goals in the remaining time.

***Please explain the reasons for your answer and if and how COVID-19 influenced the projected change (or no change) in non-financial commitments. If possible, describe the estimated impact the projected change (or no change) might have on women, children and adolescents (maximum200words)***

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