



# SEXUAL, REPRODUCTIVE & MATERNAL HEALTH & RIGHTS

Founded in 1945, CARE's programming extends around the globe—working to save lives, defeat poverty, and achieve social justice. One of the largest poverty-fighting organizations in the world, CARE works in over 100 countries, directly reaching more than 69 million people (73% women and girls) annually. Globally, CARE supports more than 33.8 million women annually to have improved access and rights to sexual reproductive maternal health services.

### CARE INTERNATIONAL IN TIMOR-LESTE

CARE has been operating in Timor-Leste since 1994. CARE works in all 13 municipalities and reaches 47% of Timorese households—102,000 people—with our nationwide sexual, reproductive and maternal health and rights, education, disaster preparedness and assistance, and rural livelihoods programming.

The right to health is one of CARE'S priority impact areas in Timor-Leste. We believe that everyone has both a right to life and health, and also the right to reproductive self-determination. CARE's health programs work at personal, social and structural levels to create the conditions that enable all individuals to realise these rights.

CARE International in Timor-Leste has been working in partnership with the Ministry of Health since 2004 to strengthen Sexual, Reproductive and Maternal Health and Rights (SRMHR) by focusing on improving equitable access to family planning; strengthening services to meet the supply and demand; and improving nutrition through education and kitchen gardens.

### **OUR 2030 GOAL:**

50 million people increase the fulfilment of their right to health

30 million women realise their right to sexual and reproductive health

#### SRMH IN TIMOR-LESTE

Women in Timor-Leste face huge maternal health challenges, with as many as 570 women dying per 100,000 live births—the highest risk of death due to birth in South-East Asia. High fertility rates, lack of family planning, low access to antenatal and postnatal services, lack of basic emergency obstetric care, and high levels of malnutrition in women all contribute to the high maternal mortality rates.

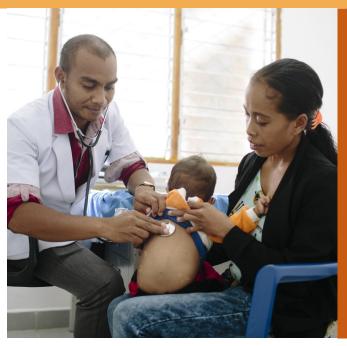
While the government has comprehensive SRMH Policies and Strategies, implementation is challenging, especially in rural areas. Barriers include a lack of quality services, low utilisation of services, lack of participation in family planning decision making, and deeply ingrained gender norms.



## SEXUAL, REPRODUCTIVE AND MATERNAL HEALTH AND RIGHTS: A THEMATIC PRIOTITY

CARE's Long Term Country Program identifies Sexual, Reproductive and Maternal Health and Rights (SRMHR) as a thematic priority for our work in Timor-Leste. We are working to support:

- ightarrow Equitable access to family planning: Gendered, evidence based approaches to address community barriers
- → Service Supply and Demand: Strengthening basic emergency obstetrics services and standards; increasing safe birth planning; promoting women's voice, interests and priorities; building community awareness and demand for quality accountable services
- → **Nutrition:** Providing gendered community education and an evidence based kitchen garden approach



### CARE'S WORK IN SRMH

CARE International has partnered with the Ministry of Health in Timor-Leste on SRMH projects since 2004, piloting gender transformative approaches to address high fertility, maternal mortality and malnutrition among women in rural disadvantaged areas.

Projects focus on improving equitable access to family planning; strengthening health services to meet demand; and improving production and consumption of nutritious food in households.

CARE's health and nutrition projects in Timor-Leste include identifying and training community health volunteers and establishing Mother Support Groups (MSG); education for MSG members on birth and family planning, nutrition and sanitation and hygiene; and health programming including supporting Community Health Volunteers, supporting equipment and logistics for health facilities and supporting women's groups to build community vegetable gardens.

### **HAMORIS PROJECT**

The HAMORIS project launched in 2017 and has been extended until 2022. Funded by the Australian Government, this project aims to contribute to lasting reductions in maternal mortality and morbidity by increasing the number of women accessing SRMHR services.

In mothers' and fathers' support groups, awareness is raised about family planning, the importance of antenatal and postnatal health care, nutrition, safe birthing practices, and gender equality.

### SAFE MOTHERHOOD PROJECT

CARE's Safe Motherhood Project worked in nine remote villages in south-western Timor-Leste to reduce the number of mothers dying in childbirth by teaching them about health and nutrition, improving the skills of local health staff, and the services they provide, and ensuring more women can access these services.

Funded by the Australian Government through the Australian NGO Cooperation Program, from 2014-2017 the project was implemented by CARE with Municipality Health Services and the Ministry of Health to benefit mothers, infants and young children in targeted communities in Ermera and Covalima.

### PROMOSAUN PRAKTIKA IMPORTANTE (PPI) PROJECT

CARE received support from the European Union in partnership with UNICEF to support the Ministry of Health to establish Mother Support Groups (MSG) in 52 villages. The Promosaun Praktika Importante (PPI) project was implemented over 14 months and focused on training of doctors and midwives, establishing MSGs and providing them with training and conducting the Participatory Rural Appraisal (PRA) process in the villages.

