



2015
NATIONAL
CONFERENCE

Tuesday, May 12 – 13, 2015

Washington Hilton Hotel
1919 Connecticut Avenue, N.W.
Washington, D.C. 20009

Helene Gayle Global Development Symposium

- 7:30 a.m. – 7:00 p.m.** Conference Registration
- 7:30 a.m. – 8:30 a.m.** Breakfast Buffet
- 8:45 a.m. – 9:00 a.m.** **Welcome Plenary**
Ambassador Alfonso E. Lenhardt, Deputy Administrator and Acting Administrator, U.S. Agency for International Development
- 9:00 a.m. – 9:45 a.m.** **Fireside Chat Plenary**
A conversation with Bo Cutter and Helene Gayle, featuring Carter Roberts, about Helene's tenure at CARE and the future of international development.
- 9:45 a.m. – 10:00 a.m.** **Coffee Break**
- 10:15 a.m. – 11:00 a.m.** **Morning Panel Plenary**
High-level panel discussion on some of the most pressing challenges that the international development field faces today, and the trends that industry leaders see in efforts to address these challenges; with a special focus on women's health, food security, climate change, and public private partnerships.
- 11:00 a.m. – 12:30 p.m.** **Taking it to Capitol Hill** (3 concurrent sessions)
- 12:30 p.m. – 2:00 p.m.** **Luncheon Plenary & Book Signing**
Nicholas D. Kristof, Columnist for The New York Times, two-time Pulitzer Prize winner
Sheryl WuDunn, Business executive, lecturer, best-selling author, and Pulitzer Prize winner
- 2:00 p.m. – 2:45 p.m.** **Afternoon Panel Plenary**
"It's about Women AND Men: A conversation on gender in development"
- 2:45 p.m. – 3:30 p.m.** **Legislative Briefings:** (3 Concurrent sessions)
 - Advocating to Improve Maternal, Newborn, and Child Health Around the Globe
 - Taking a Stand to End Gender Based Violence
 - Putting an End to Food Insecurity: The 2015 Global Food Security Act
- 3:30 p.m. – 4:00 p.m.** **Coffee and Snack Break**

4:00 p.m. – 4:45 p.m. **Legislative Briefings:** (3 Concurrent sessions)

- Advocating to Improve Maternal, Newborn, and Child Health Around the Globe
- Taking a Stand to End Gender Based Violence
- Putting an End to Food Insecurity: The 2015 Global Food Security Act

4:45 p.m. – 5:45 p.m. **Taking it to Capitol Hill Review** (3 concurrent sessions)

6:00 p.m. – 7:00 p.m. **General Reception - Mix, Mingle, and Network**

Leadership Reception (Ticketed Event)

7:00 p.m. – 9:00 p.m. **Dinner Celebration**

Presentation of the Delivering Lasting Change Award

Presentation of the Champion in Philanthropy Award

Special Remarks By
Senator John Isakson

Helene Gayle Tribute

Special Remarks By
Congressman John Lewis

Ambassador Melanne Verveer, Executive Director, Georgetown Institute for Women, Peace and Security, Georgetown University

Keynote Address
Secretary Sylvia Mathews Burwell, Department of Health and Human Services

Wednesday, May 13

8:00 a.m. – 9:00 a.m. **Breakfast Plenary**

9:15 a.m. **Buses Depart for Capitol Hill**

9:30 a.m. – 12:00 p.m. Congressional Meetings on Capitol Hill

12:00 p.m. – 1:30 p.m. **Congressional Lunch with Members of Congress**

1:30 p.m. – 2:00 p.m. Group Photo in Front of Capitol Hill

2:00 p.m. – 4:45 p.m. Congressional Meetings on Capitol Hill Continued

4:45 p.m. **Congressional Visit Feedback Forms Drop Off**

5:00 p.m. **Buses Departs**

What You Need to Know About Lobbying

Some people have a misperception about lobbying due to political stereotypes or negative stories about lobbyists in Washington, D.C. In fact, lobbying is a perfectly legal and effective way for policymakers to hear about issues that are important to their constituents. “Lobbying” simply means that you are offering your elected official, or their staff, your opinion about an issue. The CARE National Conference provides you with an opportunity to learn about women’s empowerment and poverty issues from development experts, lobby your Member of Congress, and raise awareness about the work that CARE is doing worldwide.

What is in this packet and do I need to bring it with me?

This packet gives you an overview of the full conference program – including all the opportunities you have to learn about issues related to global poverty, hear from keynote speakers, and prepare for your visits with Members of Congress. You will receive the complete binder when you register at the conference. Therefore, you do not need to bring this packet with you!

I’ve never lobbied before. How will I prepare for my meetings?

CARE will hold pre-conference briefing phone calls to give you the chance to learn about the issues and have your questions answered before you arrive in Washington D.C. In addition, during the first day of the conference, May 12, you will attend sessions, which will further prepare you for your meetings.

Read pre-conference packet: This packet gives you the background you need for your meetings:

- Talking points¹: this document will walk you through a meeting from start to finish and provide a suggested set of discussion points for each issue.
- Q & A: this document will provide you with in depth questions and answers about the issues you will be discussing.
- Additional readings: We’ve included a couple of articles [for more information](#) on our issues.

Participate in one of two conference calls lead by CARE Regional Advocacy Coordinators the week prior to the conference to review the information you received in your packet and go over any questions about the conference.

Wednesday, May 6

<http://dpreregister.com/10063388>

1:00 p.m. ET

(12:00 p.m. CST/11:00 a.m.
MST/ 10:00 a.m. PST)

Thursday, May 7

<http://dpreregister.com/10063404>

8:00 p.m. ET

(7:00 p.m. CST/6:00 p.m.
MST/5:00 p.m. PST)

¹ Issue asks will not be finalized until the date of the conference.

At the conference, you will receive all of the latest information about the issues – what’s important and what’s changed. You will have the opportunity to attend sessions that provide information on “how to hold a meeting on Capitol Hill,” and in depth legislative briefings on topics that relate to each of the issues we will discuss with Members of Congress.

You will lobby in small groups of 2-6 people and before the legislative briefings, you will have the opportunity to decide which group member will speak for each of the three issues. You will then attend the legislative briefing that pertains to the legislative issue you will discuss.

Also remember, you don’t have to be an expert on these issues! Members of Congress and their staff know that you are a citizen lobbyist and not necessarily an international development expert. If you are asked something you can’t answer, the best response is, “I’m not sure, but I can have someone from CARE get back to you.” Then, simply make sure we know about the question so we can follow up!

Will my trip make a difference?

Yes! Your presence at the conference makes an impact on policymakers. While it is not unusual for them to meet with constituents in Washington, D.C., those meetings are usually about a topic that affects the bottom line in their home district. Your trip to Washington, D.C. will underscore an important message to policymakers – that there is a growing constituency in America that cares about global poverty and its impact on our world.

Thank you for taking the time to attend the conference and prepare for your meetings!

2015 CARE National Conference

Frequently Asked Questions

Overview

As we approach the 2015 CARE National Conference, we wanted to make sure you are all ready for your trip to Washington D.C.! We have pulled together frequently asked questions in order to give you more information about the conference and help guide you through the experience. We hope these questions and answers are helpful. If you should need more information, please contact the conference team at nationalconference@care.org or 1-877-394-3747. See you Soon!

General Questions

Q: When and Where will the CARE National Conference take place?

A: The CARE National Conference will take place May 12th - 13th The Washington Hilton in Washington, D.C. The location of the hotel is 1919 Connecticut Avenue, N.W., Washington, D.C. 20009.

The General Reception on the evening of May 12th will take place in Columbia West on the Terrace Level. The Leadership Reception will take place in the Monroe Room on the Concourse level; tickets for this reception had to be purchased in advance in order to attend.

Q: What is the program for the CARE National Conference?

A: For a detailed program of May 12 - 13, please visit www.careconference.org.

Q: How will I know which legislative briefing to attend?

A: During the morning Taking it to Capitol Hill Training, we will explain that each lobby group will pick one person to attend at least one of the three legislative briefings offered from 2:45 pm to 3:30 pm and then again from 4:00 pm to 4:45 pm to become more informed on the three legislative issues we will be lobbying for. Once three individuals in the group have been designated to attend the sessions on Global Food Security, Maternal, Newborn and Child Health, and ending Gender-Based Violence, the other members of the lobby group can select any legislative briefing that they are most interested in.

Q: Can I switch lobby groups?

A: We do not allow participants to switch lobby groups due to the fact that groups have been put together strategically, so that efforts to deliver change in the areas of gender-based violence, food security and maternal and child health can be as efficient and effective as possible. If you have any questions about your lobby group, please direct them to your Regional Advocacy Coordinator.

Q: How will I know how to navigate Capitol Hill on May 13th?

A: Your registration packet includes a map of Capitol Hill and your meeting schedule indicates the building name, room number, as well as the phone number for the office you are going to. In addition, you will learn more about navigating Capitol Hill during your Taking it to Capitol Hill training session on May 12th. During this session you will be seated with the other people in your lobby group and the CARE staff member who will be accompanying your group on Lobby Day.

Never worry about asking Hill staff or police officers for directions. But you will be amply prepared by the morning of May 13th. Remember: you will be walking a good deal so wear comfortable shoes!

Q: Is there a place for me to put my luggage on May 13th?

A: You will be able to store your luggage at the Washington Hilton during Lobby Day. Please leave your luggage with the hotel concierge or bell captain before you head to Capitol Hill. You are responsible for dropping off your bag and picking it up when you return at the end of the day.

Q: What is the proper attire for the Conference?

A: On May 12th, business casual attire is appropriate for all activities at the hotel. For Capitol Hill on May 13th please wear business attire. This means for both men and women nice slacks and a nice shirt or blouse. May 12th is a packed day, so there is not much time to go back to your hotel room throughout the day. There is no need to change into different attire for the dinner that begins at 7:00 p.m.

Please consider your own comfort when deciding what to wear to the CARE Conference. It is important to dress for a warmer spring day; Washington, DC can become quite humid in May! For lobby day it is especially important to have a lighter breathable outfit and to wear comfortable shoes because you will be walking around all day.

Capitol Hill Visit Questions

Q: What will we be lobbying Congress about?

A: There are three issues we will be focusing on during the Conference: Food Security, Gender-Based Violence, and Maternal, Newborn, and Child Health. Detailed talking points on each issue are included in this pre-conference packet and will also be included in your participant binder, which you will receive at the conference registration desk.

Q: Who will I meet with on Capitol Hill?

A: During May 13th, Capitol Hill Day, you will meet with your Representative and two Senators. Most likely, you will be meeting with Congressional staff but you might have the opportunity to meet with your Member of Congress directly. CARE with the help of SOAPBOX Consulting, will schedule your Congressional meetings for you.

Q: What more can you tell me about how I can advocate locally?

A: You can become a member of our CARE Action Network (CAN), where you will communicate with your legislators, learn about upcoming CARE events, and become part of a global movement standing up for the rights of women, children, and poor families around the world. Get more information about CAN at www.care.org/CAN.

Join CARE on our social media channels to be among the first to hear about our groundbreaking work fighting poverty all over the world.

Hotel Questions

Q: Do I need to book my hotel room and make my own travel arrangements?

A: Yes. All conference registrants are responsible for their conference travel and hotel arrangements.

Meal Questions

Q: Are meals provided at the Conference?

A: On May 12th, breakfast, lunch, snacks and dinner are provided. If you purchase a ticket to attend the Reception on the evening of May 12th there will be heavy hors d'oeuvres. On May 13th, breakfast and lunch are provided.

Q: When and where do we eat lunch on May 13th?

A: For lunch on May 13th, we will all gather for the Congressional Champions lunch from 12:00 p.m. to 1:30 p.m. in room G-50 in the Dirksen Senate Office Building. Lunch will be served while we hear from our Congressional Champions.

Q: Will there be a vegetarian meal option at the Conference?

A: Yes.

Transportation Questions

Q: Is transportation provided at the Conference?

A: Buses will be provided to transport conference participants between the hotel and Capitol Hill on May 13th. This includes bus transportation to Capitol Hill at the beginning of the day and bus transportation from Capitol Hill to the Washington Hilton at the end of the day. Transportation to Washington, D.C. for the Conference is NOT included.

Q: How will I know how to get around Washington, DC?

A: This link <http://washington.org/browse-dc/dc-map> will provide you with a map of Washington, D.C., which will help you navigate the city.

Q: How do I get to the Washington Hilton from the airport?

A: The three airports serving the Washington, D.C. area are Ronald Reagan Washington National Airport (DCA), Dulles International (IAD), and Baltimore/Washington International Airport (BWI).

▪ Reagan National Airport (DCA):

Metrorail goes directly to Reagan National Airport. To get to the Washington Hilton, take the Yellow Line going towards Fort Totten to the Gallery Place-Chinatown Station and then transfer to the Red Line going in the direction of Shady Grove. Exit the Red Line at the Dupont Circle Metro Station and look for the Q Street exit. From Q Street, walk approximately 4 blocks north (uphill) on Connecticut Ave NW.

Reagan National is also a short taxi ride from the Washington Hilton and should cost around \$20 on average.

▪ Washington Dulles International Airport (IAD):

The easiest way to get to the Washington Hilton from IAD is by taking a taxi or the Super Shuttle. To take a cab, it will cost \$60-70 on average. Super Shuttle pricing is usually around \$30 per person.

Metrobus serves Dulles Airport, operating between L'Enfant Plaza Station and Dulles. To get to the Washington Hilton, at L'Enfant Plaza, take the Yellow Line going towards Fort Totten to the Gallery Place-Chinatown Station and then transfer to the Red Line going in the direction of Shady Grove. Exit the Red Line at the Dupont Circle Metro Station and look for the Q Street exit. From Q Street, walk approximately 4 blocks north (uphill) on Connecticut Ave NW.

▪ Baltimore Washington International Airport (BWI):

The easiest way to get to the Washington Hilton from BWI is by taking a taxi or the Super Shuttle. To take a cab, it will cost \$60-70 on average. Super Shuttle pricing is usually around \$30 per person.

MARC and Amtrak trains run from BWI to Union Station. To get to the Washington Hilton, upon arrival at Union Station, transfer to Metrorail's Red Line going in the direction of Shady Grove. Exit the Red Line at the Dupont Circle Metro Station and look for the Q Street exit. From Q Street, walk approximately 4 blocks north (uphill) on Connecticut Ave NW.

Here are links for the metro and buses:

Metro Rail Map: <http://www.wmata.com/rail/maps/map.cfm>

Map of Bus Routes: <http://www.wmata.com/pdfs/bus/DC.pdf>



TALKING POINTS FOR YOUR CONGRESSIONAL VISIT

MAY 13, 2015

Please use these talking points as a guide, noting the suggested amount of time for each part. Be sure to decide who will address specific topics before the meeting begins.

Open Meeting – Group Leader

3 minutes each

1. **Introduce yourself** to the member of Congress/staff, mentioning if you are from his/her district or state with no more than one or two sentences about why you've joined CARE today to speak out against global poverty.
2. **Ask participants to quickly introduce themselves** (name & hometown ONLY).
3. **Introduce CARE**
 - CARE has fought global poverty for nearly 70 years. In 2013, CARE supported over 997 poverty-fighting projects in 86 countries to reach more than 97 million people.
 - CARE strives to end global poverty by focusing on its underlying causes and by empowering poor people to bring lasting change to their communities.
 - CARE places special focus on working alongside poor women because, equipped with the proper resources, women have the power to help whole families and entire communities escape poverty. Women are at the heart of CARE's community-based efforts to improve education, health and economic opportunity.
 - CARE has _____ private donors in your district/state. (see handout)
4. **Explain the importance of U.S. leadership and the price of fighting poverty**
 - We traveled to Washington to talk about the critical role that U.S. leadership plays in our efforts to build a healthy, stable and secure world.
 - More than a billion people struggle to survive on less than one dollar a day. We urge U.S. leadership to end the tragedy of extreme poverty in our lifetime.
 - The support of strong leaders – like you [or your boss] – is vital to this effort.
 - Even in these trying economic times, many Americans are generously lending a helping hand to their neighbors in the United States and abroad. **The world is looking to the United States for leadership that can both keep us on the path to global recovery and help end global poverty.**
5. **Introduce issues**
 - We would like to discuss key policy issues with you today that, if addressed, could make a significant and lasting difference in people's lives.

Specifically, we would like to discuss:
 - Ending Global Hunger: The Global Food Security Act Of 2015
 - Delivering An End To Gender-Based Violence
 - Healthy Mothers, Healthy Children: Ensuring Safe Pregnancy And Birth For Women Aroun The World

Address Key Issues – Group Members

3 minutes each

Invite group members to address issues.

ENDING GLOBAL HUNGER: THE GLOBAL FOOD SECURITY ACT OF 2015

Key Messages

Globally, over 805 million people – or around 1 in 9 people – are chronically hungry, and over 161 million children are stunted. The global population is expected to reach 9.6 billion by 2050, requiring 60% more agricultural production. Many of the least developed countries will have to double their access to food.

Put simply, feeding and nourishing today's hungry and malnourished, and the growing population of tomorrow – without destroying the planet– is perhaps the greatest challenge we currently face.

While the number of hungry people in the world has dropped by 200 million since 1990, we face increasing impacts of climate change, natural resource scarcity, and population growth. U.S. global food security and nutrition programs support families and farmers to build independent, prosperous lives. However, the **U.S. does not currently have a comprehensive global food and nutrition security strategy that coordinates U.S. global food security programming, the important integration of women, and the sustainable use of natural resources in addressing global hunger.**

CARE believes that the U.S. can, and should, play a more effective role in ending hunger. **The Global Food Security Act of 2015 requires a comprehensive and coordinated U.S. strategy** for global food security that **focuses on women and smallholder producers and leverages natural resource management practices.** This bill would **maintain and improve** U.S. programs in developing countries that increase sustainable and equitable agricultural development, reduce global hunger, and improve nutrition. The Global Food Security Act **requires a strategic, effective, and transparent approach** to U.S. food security assistance, with annual reporting to both Congress and the American public.

HOUSE ASK:

- Please co-sponsor and pass the Global Food Security Act of 2015 (H.R. 1567), a bill that codifies and improves U.S. global food security programs by ensuring transparent investments in women and smallholder farmers.

Senate Ask:

- Please support the upcoming introduction of comprehensive global food security and nutrition legislation, which will codify and improve U.S. global food security programs by ensuring transparent investments in women and smallholder farmers.

Background

Smallholder producers provide up to 80% of the food consumed in Asia and Sub-Saharan Africa. Smallholder producers, many of whom are women, are highly dependent on natural resources – including soil, water, oceans, and waterways – which are increasingly degraded. In some instances, the inclusion of natural resource management practices can dramatically increase yields. Preliminary research shows that sustainable agricultural techniques and improved crop varieties can **increase yields by four times** within three years. It is crucial to invest in increasing access to knowledge, weather information, and farming and cultivation techniques for smallholder producers so they can adapt to changing conditions, protect the natural resources on which they rely, and increase their yields.

In 2009, the U.S. responded to this challenge by creating its flagship agricultural development program, Feed the Future. The Feed the Future program is a great first step in repositioning the U.S. as a leader in addressing the daily threat of hunger that many face. However, **the U.S. needs a comprehensive strategy that coordinates the 11 government agencies and offices currently working to address food insecurity, and that focuses on the important role of women, smallholder producers, and the management of natural resources into programming.**

Current State of Play:

The Global Food Security Act of 2015 (GFSA) was introduced in March 2015 in the House of Representatives, and CARE is currently working closely with Senators to introduce a companion bill in the Senate.

House of Representatives: In March of 2015, Representatives Betty McCollum (D-MN-4) and Chris Smith (R-NJ-4) introduced **the Global Food Security Act of 2015 (bill number: H.R.1567)**.

On April 23, 2015, the House Foreign Affairs Committee passed the bill out of Committee with unanimous consent. This bipartisan bill sustains and improves U.S. global food security programs by addressing the needs of women and smallholder producers and utilizing natural resources in order to achieve sustainable food security.

If passed, H.R. 1567 will achieve the following:

- Direct the President to develop a comprehensive multi-agency strategy and a coordinated action plan to address food security.
- Require a comprehensive strategy to include women's empowerment, management of natural resources, improved nutrition, and increased yields and incomes for smallholder producers as a part of its stated goals and implementation.
- Require consultation with local stakeholders, including local and national governments and farmers' cooperatives, about U.S. food security programs.
- Require annual reports to Congress and the American public on progress towards meeting strategy objectives, with transparent and measurable goals - including updates on how women are benefiting from programs, and how the U.S. is addressing their needs.
- Authorize one year of funding at its current level, to carry out international development programs and activities under the strategy.
- Update the Foreign Assistance Act of 1961 to include a renewed focus on women, nutrition, and smallholder producers.

List of House Co-Sponsors

* Original co-sponsors of the bill are marked with an asterisk (*). List is reflective of co-sponsors as of April 24, 2015.

- | | |
|--|------------------------------------|
| 1. Rep. Karen Bass [D CA-37]* | 11. Rep. Ed Royce [R CA-39]* |
| 2. Rep. David Cicilline [D RI-1]* | 12. Rep. Adam Smith [D WA-9]* |
| 3. Rep. Ander Crenshaw [R FL-4]* | 13. Rep. Tom Emmer [R MN-6] |
| 4. Rep. Rosa DeLauro [D CT-3]* | 14. Rep. Chris Smith [R NJ-4]* |
| 5. Rep. Eliot Engel, Eliot L. [D NY-16*] | 15. Rep. Mark Meadows [R NC-11] |
| 6. Rep. Jeff Fortenberry, Jeff [R NE-1]* | 16. Rep. Scott DesJarlais [R-TN-4] |
| 7. Rep. Betty McCollum, Betty [D MN-4]* | 17. Rep. Chris Van Hollen [D-MD-8] |
| 8. Rep. Jim McGovern [D MA-2] | 18. Rep. Ann Kuster [D-NH-2] |
| 9. Rep. Erik Paulsen [R MN-3]* | 19. Rep. Ted Poe [R-TX -2] |
| 10. Rep. David Reichert [R WA-8]* | |

Senate: CARE is currently working towards the introduction of the companion bill for the Global Food Security Act in the Senate. CARE is working closely with Senators Bob Casey (D-PA) and Johnny Isakson (R-GA) to finalize this bill. The Senate needs to hear from you that it is time for the U.S. to have a comprehensive strategy that includes a focus on women and smallholder producers, and leverages the management of natural resources. The Senate version of the Global Food Security Act seeks to achieve the same goals as the House bill listed above.

Talking Points

The Global Food Security Act of 2015 requires a comprehensive and coordinated U.S. strategy for global food security that focuses on women and smallholder producers and leverages natural resource management practices.

- Food security is the ability of hungry populations to grow, buy, and access adequate nutritious food themselves.

- Right now, 1 in 9 people are food insecure and 1 in 4 children suffer from stunting. The Global Food Security Act will address the dire need for food security.
- The economic costs alone of child malnutrition are substantial. It is estimated that the annual costs associated with child malnutrition reaches values equivalent to 1.9-16.5% of annual GDP in several African countries.
- The 2014 Worldwide Threat Assessment specifically cited food insecurity as a "destabilizing" threat to U.S. national security. Hunger is a humanitarian and security crisis, and Congress must address it.
- This bill would **maintain and improve** U.S. programs in developing countries that increase sustainable and equitable agricultural development, reduce global hunger, and improve nutrition.

Women and smallholder producers are critical to addressing global hunger and poverty. They must be at the center of the U.S. response to global hunger.

- **Eighty five percent of the world's farms are smallholder farms**, with an area smaller than two U.S. football fields.
- **Smallholders produce 80% of the food consumed** in Asia and sub-Saharan Africa. Investing in smallholder agriculture lays the foundation for these farmers to produce enough food to feed their families and communities at large.
- **In developing countries, 79% of economically active women spend their working hours producing food through agriculture.**
- Building women's and smallholder's capacity – through information, skills, and techniques – and empowering them to make decisions, is vital to ensuring they can adapt.
- **Reaching women and providing them with access to tools and education is key to reducing hunger.** One study showed that women's education contributed to a 43% reduction in child malnutrition, while food availability only accounted for a 26% reduction.
- Research shows that **if women farmers had the same access to productive resources as men, they could increase yields on their farms by 20–30%– and the number of hungry people in the world could be reduced by 100-150 million, reducing chronic hunger by 17%.**

A comprehensive U.S. strategy must leverage natural resource management practices so that communities can become more resilient by building sustainable solutions to hunger.

- Natural resources must be protected and maintained to support smallholder producers, communities, and livelihoods. Protecting resources including quality soil, water, fisheries and oceans is *key* in efforts to increase prosperity, reduce hunger, and prevent disasters.
- Smallholder producers – especially women - are particularly vulnerable to changing weather patterns, from rising temperatures to increasingly unpredictable rainfall patterns. They need access to information on agricultural practices that will help them preserve their resources.
- In some instances, the inclusion of natural resource management practices can dramatically increase yields. Preliminary research shows that sustainable agricultural techniques and improved crop varieties can **increase yields by four times** within three year.

DELIVERING AN END TO GENDER-BASED VIOLENCE

Key Messages

Gender-based violence (GBV) is at epidemic proportions in countries around the world. It is estimated that at least 1 in 3 women globally will be beaten, coerced into sex, or otherwise abused in her lifetime. In conflict-affected parts of the world, violence against women and girls, including sexual violence, can reach unimaginable levels.

The **International Violence Against Women Act (IVAWA)** would elevate the importance of GBV and women's empowerment as a foreign policy priority and make addressing GBV a cornerstone of U.S. development and foreign policy strategy.

SENATE ASK:

- Co-sponsor the bipartisan International Violence Against Women Act. **Bill Number: S. 713**

HOUSE ASK:

- Co-sponsor the bipartisan International Violence Against Women Act. **Bill Number: H.R. 1340.**

Background

- Gender-based violence primarily—though not exclusively—impacts women and girls; it includes rape, domestic violence, child marriage, female genital cutting and other harmful traditional practices.
 - Every year, violence in the home and community devastates the lives of millions of women and girls. Not only does this result in physical and psychological harm, but it can also increase vulnerability if the victim's family or community rejects her (him) due to the stigma associated with being sexually violated. While women and girls are the primary victims of GBV, men and boys are also victimized, and face similar difficulties in obtaining treatment and post-assault care.
 - High-profile incidents such as the fatal gang-rape of a young woman in Delhi, India and the attempted assassination of 15-year-old Pakistani education activist Malala Yousafzai, have helped raise the profile of GBV in the media. However, for every headline there are thousands of other attacks that go unreported.
 - Violence against women and girls is both a consequence and cause of poverty. Women who have been sexually violated are at risk of unintended pregnancies, contracting sexually-transmitted diseases like HIV/AIDS, and losing access to resources that can help lift them out of poverty due to the stigma placed on victims of abuse by family and community members.
 - There is also a direct economic cost associated with violence against women and girls. A recent USAID-funded study conducted by CARE, found that in Bangladesh, the cost of domestic violence alone was equivalent to 2% of the country's GDP and equal to the amount the Government spends each year on health and nutrition programs.
 - Violence against women and girls has become an increasingly prevalent fixture in conflict and post-conflict settings, including the Democratic Republic of the Congo and Syria, due to the breakdown of law and order and the fracturing of community bonds. In some situations, rape has been a tactic used by fighting forces to humiliate, intimidate, and traumatize communities, causing devastating harm that continues far beyond the duration of humanitarian emergencies.
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Talking Points

Violence against women and girls is at epidemic proportions in many countries around the world.

- At least 1 in 3 women globally will be beaten, coerced into sex, or otherwise abused in her lifetime, with rates reaching 70% in some countries.
- GBV primarily—though not exclusively—impacts women and girls; it includes rape, domestic violence, child marriage, female genital cutting and other harmful traditional practices.

It is imperative that the U.S. take a more proactive role in combating GBV globally.

- Congress can solidify the United States' commitment to combating GBV by passing the International Violence Against Women Act (IVAWA).
- This bill elevates the issues of GBV and women's empowerment to the State Department and the U.S. Agency for International Development (USAID) and requires the U.S. government to implement a long-term comprehensive strategy to prevent and respond to GBV.
- IVAWA will streamline and better coordinate anti-GBV programming across various U.S. government agencies, making addressing GBV a cornerstone of U.S. development and foreign policy strategy. Because this legislation is aimed at coordinating and integrating existing programs, it does not require the appropriation of additional funding.
- Just as U.S. leadership has been critical in global efforts to combat HIV/AIDS and child mortality, strong U.S. action to address GBV has the potential to impact the lives of hundreds of thousands of women and girls around the world.

HEALTHY MOTHERS, HEALTHY CHILDREN: ENSURING SAFE PREGNANCY AND BIRTH FOR WOMEN AROUND THE WORLD

Key Messages

Today, more than 200 million women in developing countries lack access to contraceptives, information, and services to allow them to adequately time and space their pregnancies. **This often causes life-threatening situations: complications during pregnancy and childbirth are one of the leading causes of death for women in the developing world, and the majority of these deaths are preventable.** Many of these preventable deaths occur among girls 19 years old and younger. In fact, pregnancy is one of the leading causes of death for girls aged 15 to 19 worldwide. The use of voluntary family planning to time and space pregnancies can prevent these deaths, reduce neonatal and childhood death, and support women and men to decide freely and responsibly whether and how many children to have.

Universal access to reproductive health care and family planning is not only a powerful means to dramatically improve maternal and child health, but it is also a low cost and essential component of sustainable development and poverty alleviation.

U.S. policies and resources must address barriers to accessing health services, such as: inequitable gender and social norms and poor governance. CARE advocates for the U.S. Government to support policies and allocate robust resources to increase the quality, accessibility, and availability of international family planning services as part of a **comprehensive approach to sexual, reproductive, and maternal health.** We must ensure that international family planning efforts receive the necessary funding to continue operating cost-effective programs that meet the needs of women, men, and children around the world.

HOUSE ASK:

- **Support funding for international family planning in the International Affairs Budget**
- **Support bipartisan, comprehensive legislation to support maternal health and family planning when introduced**

Senate Ask:

- **Support bipartisan, comprehensive legislation to support maternal health and family planning when introduced**

Background

What is family planning?

Family planning is a life-saving intervention that allows women and their husbands to access voluntary tools and educational information to help them determine when and if they will have children.

CARE has been working on sexual, reproductive, and maternal health programming for 50 years and currently supports programming in over 30 countries. These countries have some of the highest unmet need for family planning services, resulting in high rates of preventable deaths among women, infants, and children.

In 2012 alone, CARE reached 49 million women, men, and children with maternal health services and information including access to emergency obstetric care, skilled care at birth, postpartum care, and voluntary family planning. CARE's programs offer women and men tools to prevent pregnancy including oral contraceptives, IUDs, condoms, awareness building around natural family planning, as well as educational services to support safe usage of these methods. CARE knows that simple, inexpensive interventions can reduce maternal and child deaths substantially.

CARE seeks to involve men and women in dialogue around equity in couples' decision-making through education about family planning and parenthood based on the social and cultural norms of the countries and communities in which we work. **A woman's decision to use family planning is always voluntary.**

Talking Points

CARE is committed to gender equality and the reduction of poverty and social injustice. Improving sexual and reproductive health, and specifically addressing the unmet need for family planning to time and space pregnancies, is central to this commitment.

- CARE believes that access to sexual, reproductive, and maternal healthcare is both a fundamental human right and a critical development concern that is deeply rooted in gender equality.
- In many countries, the low status of women and girls, and persistent gender inequality, are closely associated with women's inability to exercise their sexual and reproductive rights. As such, it is essential that women have equal rights in society.

This is a life-threatening issue – complications during pregnancy and childbirth are a leading cause of death for women in the developing world. Access to voluntary family planning services significantly and demonstrably reduces maternal, infant, and child mortality, and improves maternal, child, and family health.

- Nearly every 2 minutes a woman dies of pregnancy-related complications, and almost 99% of maternal deaths occur in developing countries. **If all women with an unmet need for modern contraceptives had access to and used modern contraceptives maternal deaths would drop by 67%.**
- **The timing and spacing of births has a powerful impact on both a child and a mother's chances of survival.** By giving women the means to space the births of their children, deaths of children under-five would decrease by 25% – **saving 1.6 million children's lives annually.** By helping women space their pregnancies, bear children during their healthiest years, and avoid unplanned pregnancies, 1 in 3 maternal and child deaths could be prevented in the developing world.

Lack of access to family planning services disproportionately affects young women and girls.

- Child marriage, or marriage before the age of 18, is widely practiced in many regions of the developing world. Today, around 700 million women worldwide were married before the age of 18. Marriage, and subsequently pregnancy, at an early age, when a young girl's body is not ready for childbirth, can lead to severe complications or death.
- Fourteen million young women and girls ages 15-19 give birth every year. Pregnancy and childbirth is the second-most common cause of death for this age group in developing countries.

The United States has been a leader in supporting international family planning.

- U.S. assistance for family planning in 2012 helped **prevent 9.4 million unintended pregnancies, 4 million abortions, 96,000 children from losing their mothers, and 22,000 women from dying.**
- These investments are highly cost effective. For example, the U.S. Agency for International Development (USAID) found that in Zambia, **1 dollar invested in family planning saves 4 dollars in other development areas.**

Access to sexual and reproductive health care is *critical* in times of conflict and emergencies:

- In times of natural and conflict-related emergencies, such as the current crisis in Syria and resulting influx of refugees to neighboring countries, women and girls are often subject to an increased risk of sexual violence, unwanted pregnancies due to a lack of access to contraceptives, and an overall lack of control over their situation. The need for family planning and reproductive health services is particularly acute in these areas.
- CARE is working in emergency and humanitarian response settings to provide interventions that include comprehensive family planning services, maternal and newborn care, sexually transmitted disease prevention and treatment, and post-abortion care.
- The successful integration of family planning into CARE's emergency humanitarian responses has the power to ensure the continuity of services for millions of the world's most vulnerable women.

Access to family planning services can reduce the number of abortions and abortion-related maternal deaths:

- CARE recognizes that unsafe abortions kill tens of thousands of women every year – **representing approximately 13% of all maternal deaths** (2008 estimates) – and poses a major health risk to women living in the developing world.

- While CARE does not perform abortions, the fact that millions of women are dying needlessly is a tragic reality that must be confronted. We need better solutions for women who lack access to sexual and reproductive health services and family planning.
- **Family planning reduces the need for abortions. Approximately 74 million unintended pregnancies occur each year; approximately half result in abortion and 20 million of those take place in unsafe conditions.**
- Studies in several countries show that increased contraceptive use contribute to dramatic declines in abortion rates, thereby reducing abortion-related deaths.

Conclude Meeting – Group Leader

1 minute each

- At the designated ending time, the group leader should thank the member of Congress/staff for his/her time and consideration of these important issues.
- Confirm if the member will support our requests and fill out the answers on the Congressional Feedback Form.

Q&A: The Global Food Security Act of 2015

Q. What is the global situation on hunger?

A: Globally, over 805 million people – or around 1 in 9 people - are chronically hungry, and over 161 million children are stunted. While the number of hungry people in the world has dropped by 200 million since 1990, we face increasing impacts of climate change, natural resource scarcity, and population growth. The global population is expected to reach 9.6 billion by 2050, requiring 60% more agricultural production. Many of the least developed countries will have to double their access to food.

Inequality and injustice shape access to adequate nutritious food, income, markets and livelihoods, especially for women and smallholder producers. Local and global systems must ensure food and nutrition security for everyone by increasing productivity, while promoting greater equity,, increasing resilience, and making sustainable use of natural resources. Put simply, feeding and nourishing today's hungry and malnourished, and the growing population of tomorrow – without destroying the planet– is perhaps the greatest challenge we currently face.

Q. What is CARE's approach to hunger?

A: CARE's work on food and nutrition security spans from responding to emergencies to enabling smallholder farmers, fishers, and pastoralists to sustainably increase their productivity, access markets, build their resilience to climate change, and ensure the nutrition of their families. CARE uses a holistic approach to tackling hunger and poverty, addressing the full spectrum of food and nutrition security challenges, linking emergency response and food aid to long-term development, addressing household vulnerability, and advocating for good practices at all levels.

CARE's comprehensive approach to ending hunger is:

- **Sustainable** – We promote sustainable food systems through responsible management of natural resources, stable and accountable institutions, and greater access to financial services.
- **Productive** – By addressing specific needs of women and smallholder producers, we work to increase both quality and quantity of their crops or other products.
- **Equitable** – We support the realization of everyone's right to food through promoting access to affordable nutritious food, and enabling equal access to opportunities, resources, services and rewards for women farmers as well as men.

Q. What do you mean by "food security?"

A: Simply put, food security is a situation when all people, at all times, have physical, social and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

Food insecurity, often referred to as hunger and malnutrition, is a complex problem that needs a comprehensive response. Feeding and nourishing the hungry and malnourished populations of today and tomorrow requires that we address all the needs of poor, food insecure households – and that we put them in the driver's seat. With access to the resources, information, and decision-making power they need, smallholder food producers can take control of their own futures.

Q. What is natural resource management?

A: Natural Resources Management (NRM) refers to the sustainable utilization of major natural resources, such as land, water, air, minerals, forests, fisheries, and wild flora and fauna. Together, these resources provide the ecosystem services that underpin human life.

It is critical, especially for women and smallholder farmers, that natural resources be used and managed in a sustainable manner in order to address food insecurity. Of the 11% of the world's land surface that is suitable for agriculture, 38% has become degraded by poor natural resource management practices. With no significant room to expand areas of cultivation, good farming practices and stewardship of the available land are necessary to increase agricultural productivity, ensure economic growth, protect biodiversity, maintain sufficient amounts of clean water, and meet the increasing food demands of a growing global population.

Q. What is the difference between a smallholder farmer and a smallholder producer?

A: The term “smallholder producer” encompasses food producers beyond the farming sector. It means farmers, pastoralists, foresters, and fishers that have a low-asset base and limited resources, including land, capital, skills and labor, and, in the case of farmers, typically farm on fewer than 2 hectares of land (an area smaller than two U.S. football fields).

Q. What can the U.S. do to address global hunger & malnutrition?

A: Right now, there is still no single comprehensive, coordinated U.S. strategy for addressing global hunger and malnutrition. The U.S. Government has recognized the importance of addressing hunger and malnutrition and, in 2009, the Obama Administration created its flagship agricultural development program, Feed the Future. The Feed the Future program marked a pivotal turning point towards repositioning the U.S. as a leader in addressing the daily threat of hunger. In 2013, Feed the Future helped nearly 7 million smallholder farmers access new tools and technologies to help them improve yields and boost incomes.

However, Feed the Future, and its important work has not been made permanent by codifying it into law and there is room for improvement and a strong need for better coordination. In addition, the important role of women, smallholder producers, and natural resource management are not always integrated into U.S. programs.

It is time for the U.S. to provide a legally supported, comprehensive global food security strategy – one that coordinates the government agencies programming around food security, focuses on women and smallholder farmers, and leverages natural resource management to build resilience and promotes sustainability for years to come.

Q: What is a comprehensive food strategy, and why is it important?

A: A comprehensive food strategy takes a whole-of-government approach to addressing food security. Currently, there are 11 U.S. government agencies and offices that implement or oversee global food security work, but there is no single coordinating strategy for U.S. programs working to end hunger and malnutrition.

A comprehensive strategy would coordinate the myriad of agencies involved in implementing food security policy. It would also address needs of women and smallholder farmers, leverage natural resource management, and coordinate the continuum of food security programs - from emergency response to safety nets and social protection to long-term agriculture development. Such a strategy would increase the effectiveness and efficiency of U.S. assistance aimed at addressing chronic

hunger. It is important to show that food security is a priority for the U.S. Government by ensuring coordination, and solidifying and improving upon recent advances in addressing global hunger.

Q. What are the main provisions of the Global Food Security Act of 2015 (GFSA)?

A: The Global Food Security Act of 2015 sustains and improves U.S. global food security programs by addressing the needs of women and smallholder producers and leveraging the management of natural resources in order to achieve sustainable food security.

CARE is currently working towards the introduction of the companion bill for the Global Food Security Act in the Senate.

If passed, the Global Food Security Act will achieve the following:

- Direct the President to develop a comprehensive multi-agency strategy and a coordinated action plan to address food security.
- Require the strategy to include women's empowerment, management of natural resources, improved nutrition, and increased yields and incomes for smallholder producers as a part of its stated goals and implementation.
- Require consultation with local stakeholders, including local and national governments and farmers cooperatives, about U.S. food security programs.
- Require yearly reports to Congress and the American public on progress towards meeting strategy objectives with transparent and measurable goals - including updates on how women are benefiting from programs and how the U.S. is addressing their needs.
- Authorize one year of funding at its current level to carry out international development-assistance programs and activities under the strategy.
- Update the Foreign Assistance Act of 1961 to include a renewed focus on women, nutrition, and smallholder farmers.

Q&A: Bringing an End to Gender-Based Violence

Q: What is gender-based violence?

A: Gender-based violence (GBV) refers to any harm perpetrated against a person on the basis of gender—the socially ascribed differences between males and females. GBV is rooted in unequal power dynamics between men, women, boys and girls. Women and girls are often the targets of Gender-based violence because of social norms and beliefs that perpetuate their second-class social status. GBV includes physical, sexual, and psychological abuse of women and girls in the home, community and in schools, human trafficking, traditional practices such as female genital cutting, forced marriage, honor crimes, and widespread sexual violence and exploitation during and after conflicts and natural disasters.

Q: How prevalent is gender-based violence?

A: Gender-based violence is a pervasive problem that occurs in family, community, and conflict settings. Studies have found that at least 1 in 3 women globally will be beaten, coerced into sex, or otherwise abused in her lifetime, with rates reaching 70% in some countries. The World Health Organization estimates that globally 1 in 5 woman will be the victim of rape or attempted rape in her lifetime.

Violence against women has become an alarmingly prevalent feature in conflict situations, where women are subject to rape, forced marriage to soldiers, sexual slavery, and other forms of violence. In recent months, there have been numerous reports of incidents of GBV in Syria, South Sudan, the Democratic Republic of the Congo and other conflict zones.

Q: Why is CARE concerned about gender-based violence?

A: CARE's decades of work in emergency relief and development has shown us that violence against women and girls has profound implications for victims and communities, yet it is often ignored. Victims of sexual violence are at heightened risk of experiencing health problems including contracting diseases like HIV, complications from unintended pregnancy, and other life-threatening reproductive health problems. In addition to the physical harm that women and girls experience as a result of GBV, they often suffer deep psychological scars that endure for the rest of their lives.

Furthermore, women and girls who have experienced GBV may be rejected by their families and communities due to the stigma that is associated with being violated. This may cause them to lose access to resources, ultimately making them more vulnerable both economically and physically. CARE recognizes the role GBV plays in perpetuating these vulnerabilities and overall inequality in addition to the direct harm it causes women and girls.

There is also a very real economic cost associated with GBV. A recent USAID-funded study conducted by CARE found that in Bangladesh, the cost of domestic violence alone was equivalent to 2% of the country's GDP and equal to the amount the Government of Bangladesh spends each year on health and nutrition programs.

Q: What type of programming does CARE do to address GBV?

A: CARE recognizes that gender-based violence is embedded in cultural and societal norms of unequal status and power and requires a long-term approach to fostering personal, community, and societal changes. CARE is working to prevent GBV in over 20 countries around the world.

CARE programs foster women's empowerment and prevent GBV by:

- Strengthening local networks to address legal, psycho-social, medical and other needs of GBV survivors;
- Fostering women's economic savings and loans programs and finding a voice through collective action;
- Engaging men and boys in exploring their own understanding of gender identities, cultural expectations of violent behavior, and their role in promoting gender equity;
- Supporting women's rights organizations that seek to promote social change towards gender equity and facilitating public dialogue around the rights of women as citizens and human beings;
- Working to improve property and inheritance rights for women and girls; and
- Enhancing universal girls' education.

Q: What is the U.S. government currently doing to address GBV in developing countries?

A: In 2012, President Obama released the *United States Strategy to Prevent and Respond to Gender-Based Violence Globally*, an interagency strategy that aims to integrate GBV prevention into all relevant areas of U.S. foreign policy. The strategy seeks to improve coordination among U.S. government agencies and partners on the ground, better integrate GBV efforts, and enhance and expand effective programming that addresses GBV. The *Strategy* is in the process of being implemented, but work needs to be done to ensure that addressing GBV is a long-term priority of the U.S. government, particularly since the Strategy is set to expire this summer.

Q: How can Congress work to address GBV?

A: Congress can pass the **International Violence Against Women Act (IVAWA)**. This legislation elevates the importance of GBV and women's empowerment as a foreign policy priority and requires the US government to implement a long-term comprehensive strategy to prevent and respond to GBV. IVAWA will streamline and better coordinate anti-GBV programming across various U.S. government agencies, and will make addressing GBV a cornerstone of U.S. development and foreign policy strategy. **Because this legislation focuses on better coordinating and streamlining existing programs, it does not require additional funding.**

Just as U.S. leadership has been critical to global efforts to combat HIV/AIDS and child mortality, strong U.S. action to address GBV has the potential to impact the lives of hundreds of thousands of women and girls around the world.

Q: How does IVAWA relate to CARE's efforts to combat GBV at last year's CARE National Conference?

A: Two years ago, CARE called on Members of Congress to sign a letter to Secretary of State John Kerry urging him to implement the U.S. government's interagency *Strategy to Prevent and Respond to Gender-based Violence Globally*. While this letter was an important step in demonstrating Congressional support for this strategy, passage of **IVAWA** would further cement support for this strategy by legally requiring its implementation. **IVAWA** would also increase accountability and Congressional oversight of the strategy's implementation, ensuring that these critical efforts to address GBV remain a priority for both Congress and the Administration.

Q&A: HEALTHY MOTHERS, HEALTHY CHILDREN: ENSURING SAFE PREGNANCY AND BIRTH FOR WOMEN AROUND THE WORLD

Q: How big of a problem are maternal deaths globally?

A: 290,000 women die each year from complications related to pregnancy and childbirth, and for every woman who dies, 30 are left severely disabled. Approximately 99% of maternal deaths occur in the developing world, and the vast majority of these deaths and disabilities are preventable.

Since 1990, maternal deaths have dropped by 45%. Despite this progress, maternal mortality represents one of the greatest public health disparities in the world today. Hundreds of thousands of women suffer and die needlessly every day from preventable complications related to pregnancy and childbirth. Unfortunately, there has been inadequate investment and limited political will from the U.S. Government in international family planning services that would reduce maternal, neonatal, and child mortality. The considerable progress made on other health issues such as HIV/AIDS, malaria, and child survival highlight the potential impact U.S. investment can have in saving lives. While the past decades have seen increased political attention and resources dedicated to maternal health, there is still much to be done.

Q: What is the reality for a family who has lost a wife and mother?

A: Maternal death has a profound impact on the health of a woman's family and her community. When a mother dies, her children are less likely to be food secure, go to school and get immunized against diseases. In fact, children who lose their mothers are up to 10 times more likely to die before their second birthday than children whose mothers survive.

Healthy mothers create healthy societies: a healthy mother is more likely to earn an income, participate in her community, and raise healthier children.

Q: Why is voluntary family planning important to the health of mothers?

A: By equipping women and couples with the power to decide whether and when to have children, family planning significantly reduces maternal and child mortality, and improves the health of the whole family. When a pregnant woman has not had time to fully recover from a previous birth, the new baby is often born underweight or premature, develops too slowly, and has an increased risk of dying in infancy or contracting infectious diseases during childhood. Research shows that children born less than two years after the previous birth are about 2.5 times more likely to die before age 5 than children born 3 to 5 years after the previous birth.

Q: How can family planning prevent deaths from unsafe abortions?

A: Approximately 74 million unintended pregnancies occur each year, and approximately half of these, result in abortion. About 47,000 women die of complications from unsafe abortions annually, and thousands more suffer serious health problems. Studies in several countries have shown that increased contraceptive use contributes to dramatic declines in abortion rates, thereby reducing abortion-related deaths.

Q: With so much need in the developing world, why should we prioritize the issue of maternal health and family planning?

A: Deaths caused by AIDS, malaria or childbirth, are all tragic and worth U.S. attention and assistance. As an organization that works on all of these issues in more than 80 countries in the developing world, we've seen the strong link between maternal health and all other efforts to fight poverty. A maternal death can trap a family in the cycle of poverty whereas a healthy mother can break the cycle of poverty because healthy mothers are more likely to earn an income, participate in her community and raise healthier children.

Evidence has shown that improving the access and quality of maternal health services also strengthens the overall health system. A woman seeking medical care for pregnancy and delivery will recognize a health clinic as a trusted institution that can improve her health and the health of her family. She is more likely to bring her children in for services including life-saving immunizations, HIV testing, and bed netting provisions as a prevention tool against malaria, a preventable and treatable disease that kills thousands of children under the age of 5 every day.

Q. What is CARE's approach to family planning?

A: CARE's comprehensive approach to family planning depends on the social and cultural norms of the countries and communities in which we work. Our approach is to address the needs of the woman first, including her desire to delay or prevent a pregnancy. An important piece of any family planning program is education about a woman's health and how contraceptives work to prevent a pregnancy. A woman's decision to use family planning is always voluntary. We also explore barriers that families and individuals experience as they seek these services. We support both modern and traditional methods of family planning depending on the needs of the individual.

Q: How does CARE engage men on the issue of family planning?

A: CARE seeks to involve men in dialogue around equity in couples' decision making, including decisions about family planning and parenthood. We do so through creating safe spaces for discussion around social norms for both men and women.

Background Reading on the Issues

Ending Global Hunger: The Global Food Security Act of 2015

<http://blogs.rollcall.com/beltway-insiders/global-food-security-act-critical-step-forward-ending-hunger-commentary/?dcz=>

<http://politicsofpoverty.oxfamamerica.org/2015/03/feed-the-future-results-global-food-security/>

Delivering An End To Gender-Based Violence

<http://www.nytimes.com/2015/03/10/world/un-finds-alarmingly-high-levels-of-violence-against-women.html>

Healthy Mothers, Healthy Children: Ensuring Safe Pregnancy And Birth For Women Around The World

<http://www.washingtontimes.com/news/2015/mar/6/rep-renee-ellmers-and-diane-black-nurse-nurse-let/>

CARE Social Media

We encourage you to use your Facebook, Twitter and Instagram accounts to share your experiences at **#CNC15** with your friends, family and fellow CARE supporters around the world.

 facebook.com/carefans

 twitter.com/care

 Instagram.com/careorg

Don't forget to type the **#CNC15** hashtag in your posts!

What to share?

Share what you want. Really. We'd love to see your pictures from the event and read your thoughts about the conference, the speakers and the trip.

Social Media Ambassador

We want everyone to be active on social media, but we know it's a busy time. Here's a simple solution: Appoint one person in your group to be the social media ambassador, who can take photos and send messages throughout the day. This social media ambassador can also remind others to post on social media and to use our hashtag **#CNC15**.

Things to Share

Here are some suggestions of things to share:

- Inspiring quotes from speakers
- Interesting statistics or facts from your binder and your training sessions
- Reflections on what you've learned at the end of each day
- Photos of yourself and your group on Capitol Hill
- Photos of your group with your representatives, senators, and members of their staff

Posting about CARE Issues

On May 13 you and your fellow CARE activists will be on Capitol Hill advocating on behalf of individuals living in extreme poverty around the world. Below is some sample language you are welcome to use or adapt in your social media posts.

On hunger and food security:

Women + girls must be at the center of our food security efforts. [NAME OF CONGRESS MEMBER], please support #GFSA by becoming a co-sponsor. We can end global hunger together. [NAME OF CONGRESS MEMBER], please support #GFSA by becoming a co-sponsor.

On violence against women:

Everyone deserves a life free from violence. [NAME OF CONGRESS MEMBER], please support #IVAWA by becoming a co-sponsor. Help end violence against women & girls worldwide. [NAME OF CONGRESS MEMBER], support #IVAWA by becoming a co-sponsor.

On healthy mothers and children:

Ensure healthier moms & babies, [NAME OF CONGRESS MEMBER]. Support funding for global family planning in the International Affairs Budget. Please, [NAME OF CONGRESS MEMBER] support maternal health and family planning legislation for mothers around the world.