



Save the Children



SEXUAL & REPRODUCTIVE HEALTH & RIGHTS

OCTOBER 2025

EXECUTIVE SUMMARY

Sexual and reproductive health and rights (SRHR) has immediate and long-term consequences for the health of women, adolescents, and newborns. Adolescents and young women are particularly vulnerable and often experience threats to their SRHR through practices like child, early, and forced marriage (CEFM), unsafe abortions, forced sex and other forms of sexual and gender-based violence (SGBV).

In 2023, about 260,000 women died due to complications from childbirth, over 92% of which were in low- and lower-middle- income countries (LMICs). Maternal mortality is estimated to be 17%–28% higher among adolescent mothers and their babies are at higher risk to experience complications, disability, and death. Many women and adolescents in LMICs have poor access to SRHR information and services, and in humanitarian settings gaps in access are heightened.

Save the Children improves SRHR for women and adolescents through comprehensive sexuality education (CSE) and key life skills building, robust social and behavior change with communities inclusive of gender transformative approaches, integrated service delivery across development and humanitarian contexts, advocating for policy change and anticipatory action at global and national levels, and designing programs that address other determinants of health such as conflict and climate change. We work alongside partners to create system-wide change to bring sustainable and resilient solutions to children, adolescents, women, partners, families, and their communities.

KEY STATISTICS

- Annually **21 million** adolescent pregnancies occur in LMICs (50% are unintended)
- **260,000 women** died from complications in pregnancy and at childbirth in 2023
- Globally, **1 in 5 girls and women** alive today have been subjected to **sexual violence as children**. Among boys and men **1 in 7** experienced sexual violence in childhood
- Around **15 million adolescent girls** worldwide, aged 15-19 years, have **experienced forced sex**
- Around **1 in 5 women** aged 20-24 were **married before the age of 18**

Save the Children works in over **58 countries** to deliver SRHR programs and programs that integrate SRHR in primary health care and other programs.

In 2024, we secured **\$169,369,563** for **Health and Nutrition programs**.

In 2024, we reached over **9 million children and adults** through our Adolescent SRHR, Child Health, and Maternal and Newborn and Reproductive Health programs.

BACKGROUND

Globally 260,000 women died due to complications from childbirth in 2023, and 2.3 million babies died within the first 28 days of life in 2022. If the global need for modern contraception would be fully met, we could save over 70,000 women's lives annually.

Save the Children invests in families and communities to give children a healthy start, the opportunity to learn, and be protection from harm. Access to high-quality voluntary family planning (FP) and SRHR information and services can improve the health and well-being of girls and women, their families, and their communities while also contributing to broader development outcomes. Adopting a contraceptive method of choice empowers adolescent girls, women and couples to delay childbearing, and to prevent, plan, and space pregnancies. This can play a powerful role in reducing maternal and child mortality, breaking intergenerational cycles of malnutrition and poverty, and increasing women's educational attainment, economic opportunities, and agency.

Adolescence is one of the most critical stages of childhood, involving rapid physical, cognitive, emotional and social development and it is a critical timeframe of intervention for improving health outcomes and ensuring improved health of future

generations. In 2023, approximately 13 percent of adolescent girls and young women globally reported giving birth before age 18. This percent varies significantly by region and country, and levels of income and education. In Africa around 25 percent of adolescent girls and young women during the same period gave birth before age 18.

Adolescent mothers (ages 10-19) experience higher risks of complications such as eclampsia, puerperal endometritis, and systemic infections than women aged 20-24 years old. Babies born to adolescent mothers face increased risk of preterm birth, low birth weight, severe neonatal conditions, and death. Evidence suggests that the bodies of still-growing adolescent mothers and their babies may compete for nutrients, raising risk to both. Low birth weight is also associated with a higher burden of disease and early mortality. Infant mortality is a critical component of under-five mortality and is indicative of the overall health of a society. Improving outcomes for newborns means we must reduce unintended and adolescent pregnancies, support healthy timing and spacing of births, and improve the quality of care for mothers. Births that are too closely spaced are associated with significantly increased maternal and infant mortality and morbidity.

SAVE THE CHILDREN'S WORK TO ADVANCE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Save the Children works across 58 countries to implement SRHR programs and programs that integrate SRHR, with a particular focus on women and adolescents. Our programs cover a broad age spectrum, including very young adolescents (VYA) aged 10-14 years, adolescents aged 15-19 years, youth through age 24, and older women of childbearing age. Save the Children's work focuses on catalyzing equitable gender norms, helping adolescents transition through puberty into adulthood, and providing women and adolescents access to comprehensive sexual and reproductive health information and services.

Save the Children is a leader in maternal, newborn, and reproductive health in emergencies (MNRHiE) programming since 2006 and is currently implementing emergency preparedness, response, and recovery activities in 28 countries. We work in partnership to provide life-saving maternal, newborn, and reproductive health (MNRH) care to women, adolescents, newborns, children, and their families. Our emergency programs focus on rapidly delivering evidence-based and innovative interventions that address immediate MNRH needs and outbreak response in acute emergency and protracted crisis settings, while simultaneously working to enhance the quality, scale, and sustainability of health service delivery and strengthen health system capacity. Save the Children's MNRHiE team deploys to provide direct support during emergencies.

In all settings, we work closely with national ministries of health, education, youth, and gender, local government officials, health facilities, schools, communities, young people, as well as national, international and local civil society partners to design, implement, and rigorously evaluate SRHR programs. We deliberately plan for scale-up and sustainability as a component of program design and throughout implementation.

KEY APPROACHES

Save the Children includes several key approaches in our programs to achieve lasting impact:

Equity. Save the Children's emphasis on equity in FP and SRHR programs is a key element of our organizational commitment to realizing measurable change for populations most impacted by inequality and discrimination. We have a long history of working to extend equitable access to contraception and SRHR information and services in development and humanitarian settings.

Applying reinforcing interventions across the socio-ecological model. Improving SRHR outcomes require multiple interventions at multiple levels. Save the Children's approaches include interventions to reach adolescents and women with comprehensive SRHR information and activities to cultivate self-esteem, self-efficacy, life skills, linkages with health services, and gender equitable attitudes and behaviors. At the same time, these programs engage adolescents' and women's partners, families/parents, and communities to foster more positive attitudes, behaviors, and norms around SRHR and gender. Our programs

work closely with the health and education systems at all levels to strengthen high quality, CSE, SRHR information and services for adolescents and women, to foster SRHR, and gender equitable knowledge, attitudes, intent, self-efficacy, skills, and behaviours among adolescents and young people and increase access to responsive SRH services. We also advance the development and implementation of policies at national, regional, and global levels that support the rights and health of adolescents and women.

Age and life-stage tailored programming. Save the Children conducts age and life-stage tailored programming. SRH needs and capacities are distinctly based on age, life-stage, and other factors. Save the Children implements programming tailored to distinct needs, including for young people and women, including people with disabilities, as well as with particular attention to very young adolescents (VYA) and first time and young parents (FTYP). VYA experience new gendered expectations, puberty, and emerging sexuality while FTYP often fall between the cracks of traditional maternal health programs and adolescent SRHR programs that focus more on the needs of unmarried adolescents and adolescents without children. FTYP are particularly vulnerable to social isolation, increasingly entrenched inequitable gender norms, rapid repeat pregnancy, and maternal, infant, and newborn mortality and morbidity without access to adequate support. Save the Children has been a pioneer in piloting, evaluating, and scaling VYA programming for more than a decade, and our work across more than 15 countries has substantially advanced the field. In our work with VYA we aim to foster more equitable gender norms; provide information and services to promote healthy puberty and menstrual hygiene; prevent HIV and unintended pregnancy; and cultivate self-esteem and life skills. Our programs also address the health needs of FTYP and their babies while concurrently fostering more gender equitable norms within families and spaces for social support and skills building for young mothers. We also partner with Ministries of Health and Education and other national and local stakeholders to strengthen SRHR information and services for VYA and FTYP.



Health systems strengthening. Save the Children supports health systems to deliver high-quality, scalable, and sustainable facility- and community-based FP and SRHR services. Save the Children is a pioneer in the global shift to adolescent-responsive health systems, an approach that emphasizes embedding evidence-based adolescent-friendly elements within health systems so adolescents can access high-quality FP and SRHR products, information, and services when and where they choose. This includes, e.g. efforts to address underlying provider bias when delivering services to adolescents and to expand access to SRH services through facilities and in the community. We support Ministries of Health and roll out training on long-acting reversible contraceptives and postpartum FP and to adapt outreach services to integrate FP, so these services are closer to the community. Save the Children's MNRHiE programs strengthen health systems by building the capacity of clinicians, supervisors, health managers, and MOH staff so high-quality MNRH services are available during and after emergencies. Save the Children uses a variety of methods, which we tailor to the context (e.g., preparedness, acute emergency, protracted crisis, or recovery) and audience (e.g., clinicians, health managers, MOH staff). Methods include flash trainings, which are short training modules delivered at the facility for small groups of facility-based clinicians; self-guided learning in virtual and workbook formats; classroom training with simulation exercises; on-the-job training; ongoing mentorship; and blended learning. Save the Children has developed a tablet-based system for clinicians that streamlines supervision, allows supervisors to prioritize whom to supervise based on need, and enables individualized coaching.

Spanning the humanitarian-development nexus. Save the Children's MNRHiE programming spans the humanitarian-development nexus and includes responding to acute or protracted humanitarian emergencies; supporting the transition from emergency response to long-term development; enhancing household, community, and national-level resilience and preparedness; and strengthening health system capacity. Our MNRHiE programs are designed to enable flexibility, allowing Save the Children, our partners, and our local counterparts to pivot rapidly when needed. We work effectively with partners across the nexus by regularly engaging with relevant coordination mechanisms including by co-leading national and sub-national health clusters with MOH and WHO in many countries, and collaborating closely with national authorities and local non-state actors to build resilience, strengthen systems, and enhance the quality, scale, and sustainability of our activities.

Gender equitable norms. Save the Children's work focuses on catalyzing more equitable gender norms. We work with individuals, community health workers, and other community leaders and stakeholders, strengthen community capacity, and use social and behavior change (SBC) approaches to increase knowledge and address the social and gender norms limiting access to and use of SRHR information and services, including contraceptives. Save the Children designs and implements innovative, scalable norms-shifting SBC approaches. We use research and human-centered design to identify the drivers and determinants of behaviors which help us design programs that foster positive attitudes, behaviors, and norms in and amongst individuals, partners, families, and communities when tackling issues around SRHR.



Community mobilization. Save the Children regularly develops and implements community mobilization strategies in partnership with MOHs, local health authorities, country implementing partners, and SRH clusters. The strategies generate demand for key MNRH services, increase knowledge and awareness, and build community trust in service quality and availability. Each strategy is tailored to the settings' health system, existing community engagement mechanisms, and cultural, linguistic, religious, and security context. Trained community mobilizers (e.g., community health workers, community leaders, youth peer educators, and religious leaders) reach a variety of key groups (e.g., unmarried men and women, adolescents, and mother-in-laws) with messaging on MNRH topics through individual/couples discussions during home visits, large and small group sensitization sessions, radio and TV campaigns, street theater, SMS/WhatsApp messaging, stakeholder workshops, facility-based discussions, and other activities.

Adolescent leadership, advocacy, and social accountability. Our programs include mechanisms for adolescent leadership throughout the project cycle. Through Children's Parliaments, youth-led organizations, and community advocacy groups, we embed child rights and meaningful participation in decision-making ensuring their voices shape policies and programs. Our youth-led initiatives equip young advocates with the skills to engage policymakers, challenge restrictive laws, and demand access to rights-based SRHR services. Save the Children promotes adolescent-tailored social accountability mechanisms. Save the Children's Partnership Defined Quality for Youth (PDQ-Y) approach is a tested means to engage adolescents in the planning, implementation, monitoring, and evaluation of quality service delivery at the health facility and has been used in partnership with MOH in several countries. By mobilizing communities and strengthening accountability mechanisms, adolescents hold governments and service providers accountable to eliminate service gaps, reduce stigma, and expand access to comprehensive SRHR information and services. Technical assistance for development and implementation of rights-based laws and policies, costing of workplans and inclusion of SRHR in ministry budgets is also part of Save the Children's work.

Localisation. Save the Children prioritizes shifting power, resources, and decision-making to local and national actors, including adolescents and young people, ensuring more equitable partnerships, direct funding, and capacity strengthening for sustainable impact. We invest in local leadership and champion locally led solutions that ensure programs are contextually relevant, community-driven, and sustainable. By directly funding and supporting youth-led movements, national NGOs, and local CSOs, we enhance financial autonomy, enabling organizations to further develop their organisation and design interventions rooted in local realities. Strengthening local capacity to implement high-quality programs is a foundational element of all our SRHR and MNRHiE programs. We work in partnership with ministries of health and other key ministries, healthcare and other service providers, and local agencies and provide training, mentorship, coaching, and the resources our partners need to institutionalize and sustain impactful approaches and best practices. We regularly work with facilitators from MOHs and local implementing partners when delivering trainings and support our partners to develop and implement individualized plans to strengthen SRHR and MNRHiE service delivery, program implementation, and accountability structures.

Enabling data use for decision-making. Supporting health providers, government officials, and other local actors to collect accurate, complete, and timely information, conduct context-specific analysis, and use the results to inform decision making at multiple levels is a key part of Save the Children's SRHR and MNRHiE programs. In 2016, Save the Children developed the deployable health information system IMPACT to strengthen data collection in emergency settings and enable real-time data collection and use. IMPACT is built on the DHIS2 platform and is deployed for use in health facilities, primarily in fragile settings and humanitarian responses where the government's health information system is not functioning or the existing health information system does not include key data. Indicators are based on guidelines compliant with WHO standards and can be tailored to each context. The platform allows data sharing with national-level systems and includes dashboards that enable dynamic visualization of data all users can see. As of 2021, IMPACT has been used in 25 countries across six regions. Over 3.6M data values have been entered, and more than 670 monitoring dashboards were created and used by nearly 1,000 users.

Sexual and Gender Based Violence. Save the Children's implements an integrated approach to preventing, mitigating, and responding to SGBV, outlined in our Multi-sectoral & integrated Approach to Preventing, Mitigating & Responding to SGBV in Humanitarian settings, our SGBV Specialist Protection Programming for Adult survivors & Do No Harm Considerations, while our specialist protection response for SGBV survivors is embedded in our Steps to Protect Common Approach and case management services.

Strengthening climate and epidemic resilience of health systems. Save the Children's approach strengthens resilience against disease outbreaks, conflict, and climate challenges, ensuring sustainable health outcomes for children, adolescents, women, and families. In many of our SRHR and MNRHiE programs, Save the Children works on strengthening climate and epidemic resilience of health systems through working on anticipatory action planning, strengthening service delivery to enable continuation of essential services, community engagement, and campaigning and advocacy and policy engagement.

Integration. To broaden our reach and engage a wide range of groups, Save the Children systematically identifies ways to integrate SRHR and MNRH services and capacity strengthening activities into existing programs, such as by integrating reproductive health components into primary health care and linking those components with nutrition, expanded immunization program, and outbreak response activities. Many of Save the Children's adolescent SRHR programs integrate multi-sectoral initiatives that promote positive development of adolescents

and youth, including economic empowerment (through our adolescent skills for successful transition common approach and livelihoods programming), as well as several programs that create intentional linkages between adolescent SRHR, education, and child protection.

Common approaches. Save the Children developed and uses evidence-based and adaptable common approaches to address problems facing children, adolescents, women, and their families. (These common approaches represent our best understanding of what works to address these problems with quality and impact and include implementation guidance). Save the Children's SRHR and MNRHiE programming includes two of these approaches: My Sexual Health and Rights and Contraception by Choice. My Sexual Health and Rights targets adolescents, who are particularly vulnerable to CEFM, gender-based violence, and unintended pregnancies and at increased risk of maternal morbidity and mortality. It includes a set of evidence-based, gender-transformative interventions to be implemented with adolescents, parents, families, and communities, within health systems, and at the policy level. Contraception by Choice promotes the use of contraception for healthy timing, spacing, and limiting of pregnancies; provides information and access to quality contraceptive services that enable people to achieve their reproductive choices; and uses the socio-ecological model as a framework so programs apply a systems approach to increase access to and use of contraception.

KEY TOOLS AND RESOURCES

- [My Sexual Health and Rights 2-page brief](#)
- [Contraception by Choice 2-page brief](#)
- [Sexual and Reproductive Health and Rights Policy Brief](#)
- [Multi-sectoral and integrated Approach to Preventing, Mitigating and Responding to SGBV in Humanitarian settings \(2024\)](#)
- [SGBV: Specialist Protection Programming for Adult Survivors & Do No Harm Considerations \(2024\) \(all contexts\)](#)



KEY PARTNERSHIPS

Partnerships are the backbone of our approach to improving the scale, innovation, voice, and impact of our work for children, adolescents, and women. Save the Children works in ambitious, innovative, inclusive and diverse partnerships that help explore ways to bridge the development and humanitarian nexus and strive towards long-term system and policy level change. We work towards increased flexible funding, and systematically introduce partners to our networks and coalitions.

To contribute to achieving FP and SRHR outcomes in the countries where we work, Save the Children partners with local actors such as Ministries of Health (MOHs), Ministries of Education, and other line ministries, NGOs and CBOs – including youth-led organizations – to co-design, implement, and evaluate programs, with an emphasis on generating and applying evidence and learning for impact.

THOUGHT LEADERSHIP AND RESEARCH

Through our global thought leadership and research, Save the Children regularly leads or contributes to the development of technical and policy briefs, training packages and other resources to advance SRHR evidence, knowledge, and practice at global and national levels for greater impact for populations most impacted by inequality and discrimination in development and emergency settings.

Interagency Field Manual on Reproductive Health in Humanitarian Settings (IAFM). The IAFM [IAWG | Inter-Agency Working Group on Reproductive Health in Crises](#) is the inter-agency standard for reproductive health programming in humanitarian settings, including conflict zones and natural disasters. Save the Children played a key role in developing and reviewing content for the 2018 IAFM revision. We provided input across technical areas including contraception, adolescent SRHR, maternal and newborn health, and the Minimum Initial Service Package on Reproductive Health (MISP).

MISP. The MISP [Minimum Initial Service Package \(MISP\) Resources | Inter-Agency Working Group on Reproductive Health in Crises](#) outlines a set of crucial actions and activities required to deliver life-saving, high-quality reproductive health services during humanitarian crises that should be sustained and expanded through crisis and recovery. Save the Children integrates the MISP into all of our humanitarian health guidelines and tools and has trained our Emergency Health Unit (described further below), in the package. Save the Children contributed to the 2018 MISP revision, which now includes an objective on addressing unmet need for FP. In 2020, Save the Children contributed to sexual and reproductive health and COVID-19 guideline development and reviewed the MISP Considerations Checklist for Implementation during COVID-19.

ASRH Toolkit for Humanitarian Settings. This Toolkit Adolescent Sexual and Reproductive Health (ASRH) [Toolkit for Humanitarian Settings: 2020 Edition | Inter-Agency Working Group on Reproductive Health in Crises](#) provides strategies and resources to help close the SRH services provision gap and advance service prioritization for adolescents in humanitarian contexts. It includes user-friendly tools to assess the impact of a crisis on adolescents, implement an adolescent-friendly MISP, and ensure that adolescents can participate in developing and implementing programs throughout the entire program cycle. Save the Children partnered with UNFP to develop the toolkit in 2009 and in 2020 collaborated with IAWG's ASRH sub-working group to revise it in alignment with the updated IAFM and MISP. We gathered feedback from technical experts,

country-based implementers, and more than 90 young people to inform the changes. In response to requests from young people for easily adaptable and customizable tools, the full Toolkit is available online, with annexes in Word and PDF versions, case studies, and tips for users to apply the tools. The revised Toolkit includes a multi-sectoral tool that SRH services managers can use with non-health humanitarian staff to ensure SRH considerations for adolescents are integrated into program implementation.

Sphere Standards. Initially developed in 1997, the Sphere Standards [Sphere | For life with dignity](#) are a primary reference tool for national and international NGOs, volunteers, UN agencies, governments, donors, the private sector, and other actors responding to humanitarian emergencies. Save the Children played a key role in advocating for the inclusion of reproductive health in the standards as part of the 2018 revision process.

E-learning modules. Save the Children has developed six e-learning courses for healthcare providers, MOH staff, program managers, and our staff that increase understanding of FP, reproductive health, and post-abortion care (PAC) in humanitarian settings. Courses designed for health care providers and MOH staff are available on tablets and can be used during supportive supervision. The modules are accessible in English, French, and Arabic via the Kaya platform and IAWG website. The PAC e-learning module is available in Somali and Urdu.

Research. Save the Children's MNRHiE programs integrate operational research to improve service delivery and/or strengthen program implementation. Between 2016 and 2021, Save the Children published more than 25 peer-reviewed articles on findings from this research in leading health journals, including *Global Health Science and Practice*, *Conflict and Health*, and *Sexual and Reproductive Health Matters*. Topics included increasing contraceptive prevalence in DRC and developing resilient FP and PAC services in Yemen. Save the Children's technical experts regularly present in major global health conferences, such as the Global Adolescent Health Conference, International Conference on Family Planning, IAWG's annual global meeting, and Women Deliver.

Global working groups.

Save the Children leads or participates in a range of relevant coalitions and working groups:

Save the Children, together with Profamilia, co-hosts the **FP2030 Latin America and the Caribbean Regional Hub 2023-2025**. To date, the FP2030 LAC Hub has engaged 170 entities—including civil society organizations, private sector actors, and government institutions—to advance FP and SRHR. A key priority for the FP2030 LAC Hub is to invest in young people as agents of change, ensuring their voices and leadership shape the future of SRHR in Latin America and the Caribbean. Through its Virtual Advocacy School, the Hub has reached 100 young advocates across the region. Among them, 30 successfully completed the program and were awarded scholarships to join the Youth Delegation that participates in the International Conference on Family Planning (ICFP 2025). The FP2030 LAC Hub has also strengthened regional and global advocacy, positioning the FP and SRHR agenda in key platforms such as the 15th Regional Conference on Women in Latin America and the Caribbean, the 5th Regional Conference on Population and Development, and the Commission on the Status of Women (CSW). Additionally, the Hub partners with Ministries of Health and academic institutions to generate evidence on FP and SRHR, with five research studies completed. Findings will inform policies and strategies that respond to the region's evolving needs.

Save the Children co-leads the **Voluntary Contraception and Adolescent Sexual and Reproductive Health (ASRH) in Emergencies sub-working groups** of the Interagency Working Group (IAWG) on Reproductive Health in Crises. As co-lead of the Voluntary Contraception working group, Save the Children collaborates with group members to set priorities and advance research, practice, and advocacy for voluntary contraception in humanitarian settings. As co-lead of the ASRH in Emergencies sub-working group, we collaborate with key actors to incorporate technical updates and evidence into new tools, lead the dissemination of tools and products, and provide support and training to partners in emergency responses.

Save the Children co-leads the **Every Newborn Action Plan in Emergencies (ENAP-E) working group** and collaborates with members to integrate humanitarian crisis and fragile settings response into the global ENAP agenda and is coordinating, monitoring, and facilitating the implementation of the group's 2020-2025 workplan.

Subject matter experts from Save the Children were recently selected to serve on the **Technical Expert Group for the Social Norms and FP-Immunization Integration High Impact Practices (HIPs)**. Through the Social Norms Technical Expert Group, Save the Children contributed to developing a new brief on addressing social norms to increase community support for FP use, one of a trio of revised briefs that now comprise the multi-level Social Behavioral Change (SBC) HIPs. Through the FP-Immunization Technical Expert Group, Save the Children contributed to revising and updating the HIP brief and now monitors emerging evidence on this topic.



PROGRAMS

Save the Children is a global leader in designing and implementing SRHR programs across both development and emergency contexts.

Program examples in development contexts

Below are some of our recent and current programs in development settings.

Adolescent Transition in West Africa (ATWA) in Mali, Niger, and Burkina Faso (2019-2024)

Save the Children's Adolescent Transition in West Africa (ATWA) programme, financed by the Netherlands' Ministry of Foreign Affairs through its embassy in Niger, aimed to improve SRHR and gender equality knowledge, intent, and behaviors among adolescents, as well as the offer of quality adolescent responsive SRH services by health facilities that are used by adolescents in the Liptako Gourma of Niger, Mali, and Burkina Faso.

The program included an intervention package at various levels of the socio-ecological model. Program strategies included SRH education in schools by teachers and peer educators, Menstrual Hygiene and Health (MHH) promotion in schools (including MHH education, construction and rehabilitation of WASH facilities and work with social enterprises, local producers, and with school structures to promote sustainable and affordable supplies of menstrual pads). The program also included group-based SRH activities for out of school adolescents, fostering a supportive community environment, improving SRH services for adolescents, and developing adolescent-competency among health service providers.

By the end of the program, 557,903 adolescents were reached with SRH education. External evaluations concluded that the ATWA program significantly improved SRHR and gender equality related knowledge, attitudes and beliefs, self-efficacy, and behavioral intentions among very young and older adolescents. More than 9,000 teachers (9,283) and mentors (564) were trained and supported with advice, support, and supervision to provide SRH education to adolescents in 2,405 schools, and in 2,857 small groups for out-of-school adolescents. More than 5,000 (5,149) peer educators were trained and are providing peer education in school, supplementing teacher-facilitated SRH education.

Regular monitoring data of health services, health service providers, and adolescent health service users indicated improvements in ASRH service provision in 510 health facilities. DHIS data showed that SRH service use by adolescents increased in the targeted health centers in the three countries, ranging from an 11% increase in Burkina Faso to 30% in Mali from 2021 to 2023, and a 43% increase from 2022 to 2023 in Niger. In total, 2,600 health workers were trained and provided with supportive supervision on youth friendly SRH services in 510 health centers. In total, at minimum, 419,353 adolescents (367,050

adolescent girls and 52,303 adolescent boys) used SRH services in health facilities supported by ATWA.

Intervention effectiveness and sustainability varies from one site to another, primarily due to the volatility of the security situation in certain program sites. Overall, however, engaging stakeholders and building partnerships through continuous dialogue and collaboration resulted in community ownership and educator, health service provider, and government buy-in. Partnerships across multiple levels were both essential to foster a supportive environment as well as to ATWA's successful reach. ATWA has paved the way for open dialogue on adolescent



SRHR in the Liptako Gourma area of Niger, Mali, and Burkina Faso. The strong community ownership and the shared responsibility for ASRH education and services among education and health service providers can be sustained over time through continued investment and support.

Save the Children worked closely with the Ministries of Health and Education in the three countries and partnered with the following CSOs: Association Zood-Nooma pour le Développement (AZND), Association appui moral, matériel et intellectuel a l'enfant (AMMIE), Association SOS/Jeunesse et Defis in Burkina Faso; Collectif des Femmes pour l'Education, la Sante, Familiale et l'assainissement (COFESFA), Alliance Médicale Contre le Paludisme-Santé Population (AMCP-SP), and Cabinet de Recherche Actions pour le Développement Endogène (GRADE) in Mali; and ONG Groupe d'appui au développement rural recherche action (GADDRA), and Conseil régional de la jeunesse (CRJ) in Niger. Save the Children also worked with social enterprises Palobdé Afrique in Burkina Faso, and Sutura in Mali. In addition, Save the Children worked with research partners the Center on Gender Equity and Health at the University of California San Diego (UCSD-GEH); and Groupe de recherche et d'action pour le développement (GRADE Africa) in Niger.

SRHR/HIV Knows No Borders (KNB) program in Zambia, Eswatini, Mozambique, South Africa, and Zimbabwe (2021-2026)

The KNB program, implemented by Save the Children and the International Organization for Migration (IOM), is funded by the Netherlands Ministry of Foreign Affairs, through its embassy in Mozambique. Operating in migration-impacted border districts in Zambia, Eswatini, Mozambique, South Africa, and Zimbabwe, the program targets vulnerable adolescents and youth aged 10–29, including migrants and sex workers, who often face barriers to accessing SRHR, HIV, GBV, and safe migration services. The program builds on phase 1 (2016 – 2020) implemented in six Southern African Development Community (SADC) countries.

Through a multi-sectoral approach, Save the Children, IOM and partners collaborate with health, education, immigration, and social services authorities, as well as with UN agencies, academic institutions, traditional and religious leaders, and local CSOs to strengthen SRHR service accessibility, policy alignment, and socio-cultural norms transformation. The program mobilizes, trains, and supports Change

Agents to deliver SRHR-HIV/GBV education through home visits, dialogues, and small group sessions, ensuring referrals and accompaniment for high-risk persons. It integrates CSE into national curricula and fosters youth participation and leadership through initiatives like the **Shift** campaign, menstrual hygiene management (MHM) social enterprises, and participatory CSE approaches.

To improve service access, KNB collaborates with ministries of health sub-national departments, government service providers, and local partners (including NGOs, CSOs, religious networks, traditional institutions and chiefdoms), delivering integrated SRHR-HIV/GBV mobile outreach services while strengthening referral pathways, service provider capacity and behaviors, and supply chain systems, and improving client service experience. Community-led efforts include by-laws prohibiting child marriage, school re-entry support, intergenerational dialogues, and GBV prevention campaigns, while regional engagement features annual learning forums for traditional and religious leaders.

Since 2021, KNB has reached over 472,000 young people, migrants, and sex workers with SRHR, HIV, and GBV information. Young people (10–24 years) comprised 77% of the reach, including 32% migrants and 10% sex workers. Interpersonal communication interventions were facilitated by 748 change agents through door-to-door visits, dialogues, and small-group sessions, while 160 schools delivered CSE interventions. Over 61,690 persons were referred to care, with 80% successfully accessing services (FP 56%, HIV 72%, GBV-related support 3.4%). Community-led initiatives empowered traditional and religious leaders to enact by-laws banning child marriages, dissolving 246 unions and enabling 176 teen parents to resume education in Malawi, Zambia, and Mozambique. Stakeholder engagement included 281 dialogue platforms, regional learning forums, and sensitization of 4,210 policymakers, culminating in the Chipata Declaration, which unified efforts to address child marriages, teenage pregnancies, GBV, and discrimination across six countries.

The KNB program works with Young Happy Healthy and Safe (YHHS) in Zambia, and with Family Trust in Zimbabwe. In all countries Save the Children works closely with Health, Education, Youth, Attorney General Office, Police, Immigration, Social Welfare ministries and service providers at national, provincial and district levels, with local Community, traditional and religious authorities, and with community platforms and change agents.



Foundations in Mali, Niger, and Sierra Leone (2021 - 2027)

Foundations is a 6-year project funded by Global Affairs Canada. The project is aimed at empowering the most marginalized and vulnerable adolescent girls across Mali, Niger, and Sierra Leone. The project interventions seek to dismantle harmful gender norms around adolescent sexual and reproductive health and rights (ASRHR) and promote gender equality and girls' empowerment by using an evidence-based approach that recognizes the multiple and interdependent spheres of influence shaping adolescent behaviors and norms. By engaging parents, adult caregivers, teachers, community leaders, health providers, civil society organizations (CSOs), including women's and girls' rights organizations (WGROs), and government decision-makers, the project addresses these spheres simultaneously to generate sustainable and meaningful change.

The initiative aims to strengthen the capabilities of civil society partners, particularly those focused on women's and youth rights, by supporting them to develop effective advocacy strategies, address gender-related risks using Save the Children's proven tools and approaches, including GREAT and REAL Fathers, as well as those of partners (such as Girl Shine, and the Engaging Men through Accountable Practice to Prevent Violence Against Women and Girls (EMAP)) and enhance their influence in adolescent SRHR policy and decision-making arenas through inclusive and equitable collaboration with key stakeholders.

The project target is 2.86 million girls, boys, women and girls (429,226 direct beneficiaries and 2,432,259 indirect beneficiaries). Foundations is now in its 5th year of implementation, and up to year 4 it reached 191,744 direct beneficiaries (77,648 men and boys and 114,096 women and girls) with awareness sessions, CSE, small group activities, SRH and SGBV services; 11,399 intermediate beneficiaries, such as healthcare providers and community health workers, religious leaders and other male gatekeepers, government officials and WGRO members (3,657 men and boys, 7,742 women and girls) with training and support, and 1,018,017 indirect beneficiaries (485,590 men and boys and 532,426 women and girls) with large scale campaigns.

Save the Children partners with the International Rescue Committee (IRC), Equipop, ODI and SickKids. The consortium partners focus on the delivery of key project components where each is best-placed, with the spirit of strengthening and complementing each other through value-driven relationships. To implement Foundations and ensure its sustainability, Save the Children collaborates with the following local partners, leveraging their technical expertise and strong connections with the communities: Planned Parenthood Association Sierra Leone (PPASL), and N'domakeh Federation in Sierra Leone; Association des femmes juristes du Niger (AFJN), Femmes Actions Développement (FAD), and Soutien aux ONG à l'Est et au Sud (SongES) in Niger; and Association Conseil pour le Développement (ACOD), and Association d'Aide et d'Appui aux Groupements ruraux et urbains (3AG) in Mali.

Transforming the Future - Combatting child marriages and teenage pregnancies in Malawi, Mozambique, Uganda, Niger, Nepal, and Colombia (2024-2028)

Since 2019 Save the Children Norway has included SRHR in multi-sectoral multi-year Norad framework agreements through integrated approaches in the health, education, and child protection sectors with the aim of combatting child marriage and teenage pregnancies. Under the current program Save the Children and partners continue to work in an integrated approach to prevent violence, child marriage and teenage pregnancies in Malawi, Mozambique, and Nepal. In all six countries Save the Children works to improve adolescents' access to quality SRHR information and services, including contraceptives, enabling them to make safe and informed choices. The program works with families and communities to change harmful social norms and attitudes around adolescent sexuality and contraception use, and facilitates interactive adolescent-caregiver sessions to improve attitudes and behaviors in caregiver-adolescent communication on adolescent SRHR.

The program trains and supports health care service providers to offer confidential and respectful adolescent responsive services. Save the Children improves access to safe abortion in Colombia and is piloting the same intervention in Nepal. The program supports clinics that offer information, counselling, and referrals to abortion where SGBV is particularly prevalent and abortion is legal, but where there is little access to information and services. Save the Children and 160 local partners aim to directly reach 530,000 children in 13 countries (51% girls, and at least 5% children with disabilities) in total.

MOMENTUM Country and Global Leadership (MCGL).

As a core partner on USAID's flagship MCGL (2020–2025), Save the Children led adolescent and youth health and several other technical areas. Our adolescent-focused efforts advanced adolescent-responsive health systems, strengthening the capacity of local and youth-led partners to implement age- and life-stage tailored social behavioral change, especially for very young adolescents and first-time parents, and contributing to global technical understanding of youth-led social accountability. We co-created tools and guidance to support the unique capacity-development needs of YLOs.



Connect Project in Bangladesh and Tanzania (2019-2025)

The Connect project was funded by the Gates Foundation and aimed to introduce scalable, community and facility-based program enhancements designed to increase Post-Partum Family Planning (PPFP) uptake by first-time parents in Bangladesh and Tanzania. Save the Children used an innovative, systems-informed process to design the enhancements, then tested them at small scale before implementing them in a wider geographic area and working to institutionalize them within health systems.

In Bangladesh, Connect and local partners Resource Integration Centre and Palashipara Samaj Kallayan Samity reach first-time mothers with take-home materials on PPFP and postnatal care (PNC) designed to address key knowledge gaps. Health workers also use a risk screening tool to identify high-risk mother-baby dyads before they are discharged from health facilities after delivery, so they are prioritized for home visits by Community Health Workers (CHWs) within their first week at home. In total, Connect trained 1,345 providers; over 54,000 home visits were conducted; 10,484 FTMs received pre-discharge counseling; and more than 48,000 PPFP commodities were distributed between 2021 and 2024.

In Tanzania, Connect worked with the Tanzania Home Economics Association (TAHEA), a partner of Lishe Endelevu since 2018) to organize and strengthen 559 community support groups for pregnant and breastfeeding mothers and improve the inclusion of first-time mothers (FTMs) ages 15-24 in nutrition-focused community groups for mothers. Connect added four PPFP-focused games to the existing group content, supported CHWs to conduct home visits to counsel FTMs and their families on PPFP

and nutrition, referred FTMs for facility PFP, and provided refill of pills and condoms. CHWs enrolled a total of 5,712 FTMs into groups and conducted 4,301 home visits. At the facility level, Connect supported the Ministry of Health to develop and roll out a Gender and Respectful care on-the-job training learning resource package. TAHEA spearheaded implementation of community interventions, while Save the Children supported TAHEA with technical expertise and learning approaches, and in management and implementation.

The randomized controlled trial in Tanzania showed increased adoption of modern PFP among first time mothers in the intervention group at endline. Although PFP adoption in the control group was relatively high (58.1%), first time mothers in the intervention group were 13.1% more likely to adopt modern PFP. First time mothers in the intervention group also adopted PFP earlier, and exposure to Connect's approaches decreased discontinuation of modern FP by 28% compared to first time mothers in the control group (mean of 18%).

Pathways , Egypt (2025 - 2029)

Pathways is a four-year gender-transformative project, funded by Global Affairs Canada (GAC), with as ultimate objective 'Enhanced empowerment of adolescent girls and young women (AGYW) (10-24)

to exercise their Sexual and Reproductive Health and Rights (SRHR) in Assiut and Minia Governorates, Upper Egypt'. The project aims to reach 39,434 direct beneficiaries, including 23,374 AGYW (aged 10-24 years) with SRHR education and services. It is estimated that the project will impact approximately 1,016,578 indirect beneficiaries (of which 898,300 will be AGYW) with awareness raising and community-based interventions, technical training and capacity development.

The project is implemented in partnership with the Hawaa Al Mustaqbal Association (Hawaa), a local women-led organization focused on women and girls' health and well-being. The project will integrate various strategies to increase adolescent girls' SRHR decision-making power and agency and address underlying gender norms. At the interpersonal and community levels, the project will engage with adolescent girls and boys, young women and men, parents, care givers, and male influencers to raise their awareness on the significance of gender equality and SRHR, employing flagship Save the Children evidence-based approaches such as CHOICES and VOICES, and REAL Fathers, to ensure shifts towards gender equitable attitudes, including those related to CEFM and Female Genital Mutilation/Cutting (FGM/C), increase dialogues between parents and adolescents, and promote equitable sharing of household responsibilities. To enable this, the



project will work with community health workers and community change agents, who will be involved in awareness raising campaigns.

At the institutional level, the project aims to strengthen health system infrastructure, SGBV referrals and case management, and enhance knowledge and foster positive attitudes of health facilities staff and private providers. This will be done by supporting the health ministry in updating competencies and guidelines, training healthcare providers (including private providers such as pharmacists and private clinics) and non-clinical staff on adolescent-friendly and gender-responsive approaches, and fostering AGYW's participation in feedback mechanisms to guide decision-making. Strong attention is put on improving staff's judgmental and discriminatory attitudes towards AGYW via Values Clarification and Attitude Transformation (VCAT) training and supervision, alongside accessibility of SRHR services in community settings.

At the policy level, Save the Children will work closely with duty bearers, including policymakers, to advocate for more gender-responsive and inclusive SRHR services for AGYW, ensuring they are held accountable for upholding SRHR policies and national strategies, including the Ministry of Health and Population (MoHP), the Ministry of Education and Technical Education (MoETE), universities and the National Council of Women (NCW). The project will work closely with civil society organizations (CSOs), including women/youth rights organizations (WYROs), to improve their capacity to design advocacy and campaigning activities, mitigate gendered risks drawing from Save the Children's best practices and guidance pertaining equitable partnerships and women led advocacy (such as Save the Children Canada's Guiding Principles for Partnering with Women Groups and Rights Organizations, Save the Children's Child Centered Social Accountability Guidelines, and Save the Children's Organizational Capacity Assessment tool), and promote their meaningful participation in decision-making spaces, interfacing with decision making stakeholders.

Mi Salud y Mi Decisión (My health and my decision), Venezuela (2025-2028)

This is a three-year Global Affairs Canada funded project in Venezuela in partnership with local clinical service provider, PALUZ. Rutas aims to realize the SRHR for adolescent girls (12-17 years) and young

women (18-30 years) in Anzoátegui and Sucre States. To achieve this objective the project focused on two pillars: 1) Improving decision-making of adolescent girls and young women (AGYW) to access SRHR information and services, and 2) Enhancing provision of gender-responsive, adolescent- and youth-friendly, and environmentally responsible SRH services for AGYW.

Activities will include AGYW training, male engagement, community events led by WYROs and Gender/SRHR Champions, Health days led by PALUZ in partnership with health centers, value-clarification workshops with both medical and non-medical staff in health centers addressing bias towards AGYW SRHR, and setting up social accountability mechanisms within health centers. This gender transformative project aims to improve SRH outcomes using a socio-ecological model that addresses individual, relational, community, and societal factors. It centers on a localization approach with AGYW, WYROs and community stakeholders (including Gender/SRHR Champions) leading activities to encourage local ownership and sustainability.

Rutas leverages best practices from Save the Children's common approaches on SRHR (MSHR) and child-centered social accountability. It will adapt and use the Girls Decide curriculum to strengthen girls' understanding of gender equality, self-empowerment, and leadership and advocacy skills, which will be complemented with content from other contextually relevant resources to help strengthen their SRHR knowledge and skills, such as Save the Children Bolivia's SRH Guide (Guía salud sexual y salud reproductiva). The project will also work with adolescent boys and young men, engage them as SRHR champions and partake in discussions on SRHR. Small group activities with adolescent boys and young men, including partners of adolescent girls/young women will be engaged on positive masculinities. Young fathers will be sensitized on positive parenting, discriminatory gender norms, including through the use of the REAL Fathers curriculum. The project will use a novel digital beneficiary registration process that uses QR codes assigned to each participant and Kobo to scan them.

The project aims to reach 22,871 direct beneficiaries (9,070 adolescent girls, 7,937 women, 3,372 adolescent boys, and 2,492 men), 305 intermediary beneficiaries (42 adolescent girls, 142 women, 25 adolescent boys, and 96 men), and 17,700 indirect beneficiaries (6,960 adolescent girls, 6,240 women, 2,610 adolescent boys, and 1,890 men).

Sponsorship Program

Through private funding, Save the Children implements integrated SRHR programs for adolescents in thirteen countries. These long-term investments support girls and boys to develop and live free from violence through multi-sectoral community and partner driven interventions in health, education, protection and livelihoods. Using our proven intervention methods (Common Approaches), implemented together with caregivers, partners and Ministries of Health, we have measured increases in SRHR knowledge and in health seeking behaviors, and changes in norms on reproductive health and child marriage. Current example include:

- **Children’s Future Project – Sponsorship Program in Zambia (2021 – 2028)** - The program is implemented in Eastern province in partnership with Young Happy Healthy and Safe (YHHS), AFYA MZURI, and Chisomo. After 10 years in Lufwanyama, the program transitioned to Petauke, expanding its focus to adolescent protection, education, and SRHR to combat early pregnancy, school dropout, HIV infections, and child marriage through community-driven social change. The project collaborates with the Ministry of Health and the Petauke district adolescent technical working group (TWG) to enhance SRH service coordination, including establishing youth-friendly spaces at three health facilities and training 106 healthcare workers to provide adolescent-responsive SRH services. Additionally, 64 adolescents were trained as change agents, reaching their peers with SRHR information and referrals. The project addresses SGBV and CEFM through integrated approaches with Child Protection Committees (CPCs), schools, and health facilities. Dialogues with traditional leaders and sensitization campaigns have improved community acceptance of adolescent SRH services. Through 82 school-based ASRHR clubs, the project promotes teen pregnancy prevention, child rights awareness, and service referrals, contributing to a significant increase in adolescent meaningful participation and leadership - from 5,671 adolescents in 2023 to 14,621 in 2024. Teenage pregnancy cases dropped from 1,690 in Q1 2024 to 668 in Q4 2024, and SRH service uptake increased from 1,763 adolescents in 2023 to 2,512 in 2024. In 2023, operational research identified health system gaps in adolescent-responsive SRH services, informing programmatic improvements to strengthen accessibility and effectiveness.
- **Abwenzi A Ana - Sponsorship Project in Malawi (2022–2032)** – The project is implemented in Ntcheu district, Malawi, to protect children, especially girls aged 6- 18 years from sexual violence and exploitation. This multi-thematic initiative integrates SRHR and HIV education, child protection (including activities to end CEFM), education, water and sanitation, and livelihood support. The program works in close collaboration with the government and the District Executive Council, serving as the primary duty bearer across the thematic focus areas. By the end of 2023, the project reached 93,273 people, including 82,521 children and adolescents (41,833 girls and 40,688 boys) and 10,752 adults (5,906 women and 4,846 men).



Nomadic Health Project in Kenya (2017-2022)

Save the Children led the Bill & Melinda Gates Foundation-funded Nomadic Health Project in Kenya which focused on developing a scalable approach to increase the use of quality FP services among nomadic and semi-nomadic pastoralist communities. Save the Children conducted formative research with nomadic and semi-nomadic populations to understand the norms and barriers influencing FP use; conducted facility readiness assessments, and engaged in consultations with county and sub-county health management teams, religious and community leaders, and other health implementing partners to understand barriers and opportunities to FP and SRH service delivery among nomadic populations. Using this information, Save the Children developed a social behavior change (SBC) and service delivery strategy that aligned with the Government of Kenya's Community Health Strategy and was tailored for nomadic populations. Through these strategies, Save the Children reached more than 140,000 community members with FP and other health messages, and 7,500 women adopted FP methods, with a 19% average monthly increase. In an endline survey, 89% of respondents supported continued increased access to FP information and services, and 97% of religious leaders pledged support for FP.

Green Jobs for Adolescent Youth, Malawi (2023- 2026)

Funded by Save the Children Italy, the Green Jobs project supports youth employment, income generation, and environmental restoration in Mzimba South and Ntcheu districts in Malawi, ensuring a sustainable transition into adulthood for adolescents and young people. The project integrates SRHR and HIV prevention activities to improve SRHR, HIV, and gender equality intent and behaviors among adolescents and improves the availability and use of quality adolescent-responsive SRH and HIV services, including addressing barriers faced by girls, young women and persons with disabilities from accessing services such as transport challenges and stigma. The project strengthens SRHR and HIV outreach by training Youth Community-Based Agents, facilitating gender-inclusive small group discussions on SRHR, including on HIV and contraception, as well as on economic empowerment, and partnering with local organizations to enhance youth-led businesses, vocational training, and service delivery. The project targets 5,695 direct beneficiaries, including 1,695 youth (847 males, 848 females) and 4,000 community members, and works with Mzuzu Ehub, Mzuzu University, Technical Entrepreneurial and Vocational Education and Training Authority (TEVETA), Creative Centre for Community Mobilization (CRECCOM), and the Adventist Development and Relief Agency (ADRA).



Program examples in humanitarian contexts

Some of our humanitarian SRH/FP programs include the following

READY (2018 – 2024)

Save the Children leads READY, a three-year, \$8 million USAID/BHA-funded program that is augmenting global, regional, and country-level capacity to prepare for and respond to major infectious disease outbreaks. The project strengthens coordination between global humanitarian structures and the operational organizations that respond to outbreaks. It is also strengthening overall technical capacity to efficiently launch integrated responses. Given the importance of maintaining access to Maternal Newborn Reproductive Health (MNRH) services in any emergency response, READY works with partners to ensure outbreak preparedness efforts consider the need for ongoing MNRH services. In response to the COVID-19 pandemic, READY worked in partnership with IAWG to review MNRH guidelines, share experiences and lessons learned, and identify the challenges and gaps in implementing humanitarian MNRH services. Based on this series of consultations, READY produced the report, *MNRHiE and COVID-19: Adaptations, Successes, Challenges, and Next Steps – An Expert Consultation*. [MNRH-and-COVID-19-Consultation-Report-2020.pdf](#)

Emergency Health Unit. (Since 2016)

Save the Children's Emergency Health Unit includes four rapid response teams of midwives, obstetricians, pediatricians, and other clinical and operational staff who can rapidly deploy after an emergency. Teams provide services to treat the most common causes of morbidity and mortality in emergencies, including primary healthcare and MNRH services, emergency obstetric and newborn care, nutritional stabilization, infectious disease response, mass vaccination, and disease control. Services are tailored to the context, respond to community needs, and can build on Save the Children's existing health and nutrition services in-country or operate independently. Since 2016, the Unit has responded to more than 35 crises, including Hurricane Matthew in Haiti, the Nepal earthquake, the Kasai conflict in DRC, the Rohingya refugee crisis in Bangladesh, the Tigray crisis in Ethiopia, and Ebola in DRC, Malawi, Mozambique, Pakistan and Gaza. Teams have reached more than 3.2 million people and trained more than 15,000 health workers.

The EHU has been accredited as a Type 1 Fixed PHC and a Reproductive Maternal Newborn Child Health specialized care team by the WHO Emergency Medical Team (EMT) in April 2025.



Reproductive health in Emergencies (2020- 2024)

Save the Children implements reproductive health activities as part of emergency health and multi-sectoral programs funded by USAID the United States Department of State. These programs reach refugees, internally displaced populations, and host communities. The MISP, antenatal care, and post-natal care are prioritized for the affected population in new emergencies. We facilitate the transition to comprehensive SRH programming as the situation stabilizes. We currently implement programs in camp and non-camp settings in Afghanistan, Bangladesh and Myanmar (targeting Rohingya refugees), Eastern DRC, Rwanda (targeting Burundian and Congolese refugees), Somalia, South Sudan, Syria, Northern Uganda, and Yemen.

Family Planning and Reproductive Health in Emergencies (2011- 2022)

With funding from a large anonymous donor, Save the Children has integrated reproductive health services in several short and long-term humanitarian responses in acute and protracted conflict and crisis settings across 11 countries: DRC, Egypt, Haiti, Niger, Pakistan, Rwanda, Somalia, Syria, Uganda, Bangladesh, and Yemen. We focus on providing long-acting reversible contraceptives and PAC, both frequently overlooked essential services. We train and mentor frontline health workers, provide commodities and essential health supplies,

and support community mobilization. Save the Children has piloted the use of tablets for supportive supervision and on-the-job training and is scaling this approach in six country programs. By 2020, our programs had increased access to and availability of FP and PAC services for 2.2 million people. From 2011 through 2020, national nurses and midwives and Save the Children clinicians provided services to 613,000 new FP clients or clients switching to a new method, with 37% percent choosing long-acting or permanent methods. To date, more than 46,000 women and Girls have been treated for complications arising from miscarriage or unsafe abortion. Beginning in 2021, Save the Children shifted our focus to localization and system strengthening. We are now building on our previous work with MOHs and local implementing partners in the countries where we work to expand access to and quality of FP and reproductive health in emergencies through a localization approach.

Adolescent Sexual Reproductive Health (ASRH) in Emergencies. (2018-2020)

With funding from the Netherlands' Ministry of Foreign Affairs, Save the Children leveraged its role as co-lead of the IAWG's ASRH in Emergencies sub-working group to improve adolescents' access to SRH care in humanitarian settings and encourage youth participation in IAWG's work. From 2018-2020, Save the Children conducted regional ASRH in emergencies workshops, training 44 SRH managers and



coordinators who cascaded the training to their colleagues, applied for funding and implemented ASRH programming, and advocated for ASRH activities in relevant coordination meetings and global events. We provided technical assistance on ASRH in emergencies to more than 50 organizations, including local and international NGOs, youth networks, government ministries, academic institutions, and UN agencies, and also led the revision, translation, and dissemination of the ASRH Toolkit for Humanitarian Settings. Save the Children produced an advocacy video on ASRH in Emergencies (available with Arabic, French, and Spanish subtitles) and updated other key guidance documents, including the ASRH in Emergencies fact sheet (available in Arabic, French, and Spanish). During the COVID-19 pandemic, Save the Children provided an operational crisis-management workshop series for youth-led organizations (YLOs) and community-based organizations serving young people. Sixteen participating YLOs then received micro-grants of \$3,000 to cover their emerging operational needs. Save the Children also conducted ASRH research in Rwanda's Mahama refugee camp and the surrounding host community, collecting perspectives from nearly 600 adolescents on their experiences seeking health services during COVID-19. This data was used to consult with ASRH stakeholders, including young people, and co-develop recommendations to address identified needs. Finally, Save the Children provided two YLOs with \$20,000 grants to implement ASRH programming in two refugee camps in Rwanda. Financial and technical capacity strengthening throughout the grant periods complemented these awards.

In 2020 with funding from UNHCR, Save the Children trained more than 30 UNHCR partner staff and district government staff working in Uganda's Bidibidi refugee settlement. The training curriculum used the IAWG ASRH in Emergencies training packages adapted for the Ugandan refugee context through consultations with MOH, district government staff, and community members, including youth representatives. Save the Children followed up with all participants after the training to monitor action plan implementation and provide mentorship and coaching on ASRH. As a result of this successful initiative, UNHCR requested additional ASRH support in 2021 to roll out the ASRH tool for MENAEE and ESA Regions.

Gender-based violence. (2019-2021)

From 2019 to 2021, Save the Children collaborated with UNFPA to deliver trainings on gender-based violence, intimate partner violence, and clinical care for survivors of sexual violence. Training of trainers was conducted to certify 19 trainers across different regions. With the pool of certified trainers, trainings on Clinical Management of Rape and Intimate Partner Violence (CMR/IPV) have been integrated into humanitarian responses, including in Cox's Bazaar, Bangladesh, as well as Colombia, and the more recent responses in Tigray, Ethiopia, Syria, and Somalia.

Save the Children is co leading the SRH Task Team group with UNFPA under the Global Health Cluster, and had a pivotal role in developing the new WHO training curriculum on Clinical Management of Rape (CMR) and Intimate Partner Violence (IPV) in emergencies. The new toolkit was critically needed to standardize response to CMR/IPV among all organizations, address service gaps, strengthen the health response to SGBV, and ensure effective, compassionate care for survivors.

THANK YOU



Save the Children

