

Objectives	Activities/Progress
<p>Strengthening knowledge of national societies and health systems to deliver high quality SRHR services based on the needs expressed by specific communities, in particular with regard to sexual and reproductive health, emergency obstetrical services, neonatal health, contraception, abortion and post-abortion care, and the treatment of sexually transmitted infections</p>	<p><u>Mali:</u> 196 CHW and 243 rural matrons trained and supported on the correct provision of adolescent-friendly FP information and services.</p> <p>196 CHWs (122 female; 74 male) and 656 Volunteers (349 female; 307 male) trained on the benefits and importance of pre and postnatal consultation, nutrition, assisted childbirth and birth spacing.</p> <p>260 CHWs and 243 rural matrons trained and supervised on providing SRHR services adapted to the needs of teenagers.</p> <p><u>Bangladesh:</u> A multi-purpose community space was established in camp 5 to facilitate awareness-raising activities, particularly focusing on services for women, girls, and unaccompanied or separated minors, including PSS (psychosocial support), SGBV, and health and hygiene promotion. The centre was relocated and rebuilt after a police post expanded, with input from community members, and equipped for trainings and activities. It engages 37 community volunteers, including 13 women, with 31 dedicated to outreach and 6 specialized in health and community centre roles. All volunteers received training on Psychosocial Support, Psychological First Aid; SGBV; Community Engagement and Accountability; and Protection, Gender and Inclusion. CRC's outreach in Camps 5 and 8W covers 3,928 households, totalling 16,479 people (8,058 male; 8,421 female).</p>
<p>Supporting evidence-based decision making by ministries of health and other policymakers and stakeholders by strengthening local Health Management Information Systems and research capacities to analyse and use information</p>	<p><u>Generating evidence:</u> CRC facilitated the generation and dissemination of evidence to establish a track record of its supported work in SRHR, particularly focusing on community health initiatives and the provision of services to mothers and children affected by conflict. References: Community-based health programming in conflict settings; CHWs in Africa, CRC support</p> <p><u>Mali:</u> Support provided to MRC to improve the quality of age-, gender- and disability disaggregated data collected by CHWs and volunteers, with a focus on adolescent data. 196 CHWs (122 F and 74 M) and 760 volunteers (412 F and</p>

	<p>348 M) were trained in correct data collection and disaggregation. % existing data collection tools were adapted to meet the current information management needs for adolescents.</p> <p><u>Nepal:</u> In Nepal, HMIS review meetings are mandated at all levels to improve decision-making. These participatory meetings, attended by municipality/rural municipality chiefs and technical officers, identify challenges in service delivery, infrastructure, drug availability, financing, and governance. Despite investments, gaps remain in areas such as ANC and PNC visits, demand generation, access for vulnerable populations, and reporting consistency. Recommendations include improving infrastructure, staffing, procurement, training, demand generation, coordination, reporting, and quality assurance.</p>
<p>Develop the skills of the local Red Cross and Red Crescent National Society volunteers to collaborate with their communities to promote preventive and caregiving practices, increasing self-reliance and resilience to shocks</p>	<p><u>Mali:</u> Provided technical support to MRC to establish a culturally appropriate and gender-sensitive feedback and complaints mechanism in 177 rural communities across three districts. Support provided to MRC, included training on PSEA (Protection from Sexual Exploitation and Abuse) (Protection from Sexual Exploitation and Abuse), code of conduct, community engagement and accountability in adolescent SRHR programming. A total of 57 people (20 female and 37 male) benefited from the training, including 25 trainers and 32 employees.</p> <p><u>South Sudan:</u> Hygiene management related to COVID-19 prevention; WASH, and menstrual hygiene management (MHM); awareness-raising for teachers, parents, and boys was carried out in selected schools and catchment communities. During this reporting period, the project team reached 38 schools and 190 communities awareness sessions.</p>
<p>Enhance healthcare workers' ability to access mothers and children affected by humanitarian crises including conflicts by advocating for the safety and security of patients and health care providers</p>	<p>CRC continued training of community health workers (CHW)/volunteers in Africa (between 2007-2022 close to 9000 were trained).</p> <p><u>Mali:</u> 104 volunteers (20 male, 84 female) were trained on the equitable provision of healthcare services in rural areas including referral services for newborn health adapted to the needs of adolescent parents, resulting in 9, 719 care and visits.</p>

	<p><u>Afghanistan:</u> The project successfully integrated gender issues into ARCS operations through various initiatives: (1) Family planning awareness sessions; (2) Distribution of menstrual hygiene kits; (3) Inclusion of midwives; (4) Sex-disaggregated data collection; (5) Prioritization of women and vulnerable groups in MHT (Mobile Health Teams) operations; (6) Regular first aid trainings and equipment provision to CBHFA volunteers, including 22% women; and (7) Training for Grandmother Committees on community integration and active participation. Additionally, midwives in MHT (Mobile Health Teams) focus on providing emergency health services to women, children, and pregnant women during disasters. Further efforts include vocational training for young women and participation in ECV training to enhance hygiene knowledge and disease prevention.</p> <p><u>Nepal:</u> In Sindhuli district, Nepal, six batches of Community-Based Integrated Management of Neonatal and Childhood Illnesses (CBIMNCI) trainings were finalized for health workers in coordination with the Health Office. The training aimed to enhance the knowledge and skills of health facility staff in improving newborn and child survival, growth, and development, as well as clarifying recording and reporting concepts. A total of 146 participants, including Nepal Red Cross Society volunteers, benefited from the training (66 female; 80 male). Trends indicated an increase in 4th ANC/protocol and institutional deliveries in certain areas, while BCG coverage increased in Marin.</p> <p><u>Bangladesh:</u> CRC deployed 4 rotations to support mobile clinics: Team Leads (4), Administrators (4), Doctors (7), Nurses (13), Paramedic (1), PSS (3), Med Log (1).</p>
<p>Improving access to comprehensive sexual and reproductive health services during emergencies in particular for women and adolescent girls</p>	<p><u>Mali:</u> Sensitization sessions were carried out in 579 communities on adolescent reproductive health and rights through the mobilization of peers (young leaders and gender champions as well as community leaders).</p> <p>Awareness-raising was carried out among community groups, particularly married teenagers, on the importance of prenatal and postnatal consultations, nutrition, assisted</p>

childbirth and birth spacing. 1,230 radio messages were broadcasted, reaching 2,642 people including 317 married teenagers. Awareness raising sessions on essential newborn care tailored to teenagers was conducted by CHWs reaching 2,223 teenagers.

Field team carried out needs assessment of rural maternity hospitals to identify and prioritize current needs resulting in medical equipment and medication procurement. Support was also provided on national contraceptive supply chain to guarantee availability at community and health facility level. Trainings were carried out for 188 CHWs (78 male; 110 female), 282 Association for Community Health members (258 male; 24 female) and 196 community health centre agents (94 male; 102 female).

South Sudan:

Under Develop/update implementation plan for SBCC strategy for the whole project duration (general hygiene/COVID-19 and MHM).38 supported schools and 190 community catchment areas received printed SBCC materials (SGBV Booklets and leaflets; 238 PSS; MHM Booklets; and 4,400 MHM Leaflets).

In collaboration with youth advisory groups, adaptation of SBCC materials was completed. COVID-19, MHM, SGBV and PSS booklets were revised by students from 27 schools and select peer educators.

Afghanistan:

Supported by Global Affairs Canada, the SERDRC project enhanced ARCS disaster response capacities, benefiting over 1.4 million individuals across 34 provinces. The project improved ARCS' systems and structures, resulting in more efficient humanitarian assistance delivery. ARCS' Mobile Health Teams (MHTs) significantly improved access to primary health care, particularly for women, who faced additional barriers. Despite initial resistance, female participants increasingly accessed MHT (Mobile Health Teams) services, with ARCS offering free transportation for emergency cases.

The project facilitated the recruitment of 13 midwives, leading to a 96% increase in maternity care services provided by the MHTs within one year of intervention. Maternal and child health services were integrated into the MHT operations, aligning with socio-cultural norms where women prefer care from female providers for pregnancy-

	<p>related matters. Midwives reported the availability of antenatal, postnatal, family planning, and immunization services across all regions served by the MHTs.</p> <p><u>Nepal:</u> The project aimed to raise RMNCAH awareness, through billboards and radio ads targeting marginalized communities. Forum Theatre raised health awareness in Phikkal Rural Municipality on topics including immunization, safe motherhood, and SGBV. The methodology selection and event planning involved close coordination with local authorities and health coordinators, to maximize impact in an area with lower health service indicators, limited transportation, and scattered geography.</p> <p><u>Bangladesh:</u> Community volunteers conducted household visits to identify community members at risk of or affected by SGBV and in need of PSS. Tailored messages were delivered based on individual needs and conversations. Each month, the volunteers visit between 1,700-2,700 households.</p>
<p>Strengthening Canadian capacity to provide quality SRHR services in emergencies with a focus on neglected areas of SRHR including adolescent health and addressing HPV</p>	<p><u>Mali:</u> Annual meetings of the Project Steering Committee (made up of representatives from Global Affairs Canada (co-chair), Ministry of Social Development (chair), CRM, CRC, Ministry for the Promotion of Women and Children, Ministry of Education, and beneficiaries) to engage in dialogue between stakeholders and promote learning. Additionally, discussion on overall guidance, challenges encountered and solutions, project direction and progress are carried out along with approval of future SRHR workplans.</p>
<p>Committing resources to enhance access to SRHR services for women and girls, particularly in conflict settings</p>	<p><u>Mali:</u> Deployment of CRM volunteers and CHWs for awareness-raising activities in 579 communities on the importance of establishing a system of community emergency transport to primary health clinics for emergency care. Supported CHWs with training on supply chain logistics and procurement of contraceptives.</p> <p><u>South Sudan:</u> Awareness sessions in relation to hygiene practices for prevention of COVID-19, MHM (challenges associated with access of menstrual products, care, usage, and disposal process for reusable pads), and hygiene promotion for improved sanitation practice were held during the reporting</p>

	<p>period and reached 31,582 (14,475 male, 17,107 female) people from 38 schools and 190 community catchment areas. Additional sessions, facilitated by trained teachers, project staff and volunteers, will benefit 17 schools, including the distribution of reusable sanitary pads. will benefit from more sessions.</p> <p>To address stigma, taboos, and myths surrounding menstrual hygiene management, seven radio talks show sessions were held between the months of April 2022 to March 2023 with an estimate reach of 90,000 people per session.</p> <p><u>Nepal:</u> An adolescent health education program was conducted in 14 schools in Sindhuli district, Nepal, reaching 780 students, including 416 girls. Topics covered included menstruation hygiene, family planning, substance abuse, adolescent and reproductive health, SGBV, and nutrition. Following the sessions, students reported increased understanding of physical and mental changes, improved menstruation hygiene management, enhanced knowledge of preventive methods and family planning, and increased comfort in sharing queries and problems.</p>
<p>Advocating for the systematic integration of complete sexual and reproductive health services into humanitarian interventions</p>	<p><u>Mali:</u> A community communication strategy was developed by and for adolescents, women and men on healthy relationships, the right to reproduction health and ways to prevent and respond to GBV. 180 adolescents (90M and 90F) and 126 Adults (45F and 81M) were engaged in its development.</p> <p><u>South Sudan:</u> The Social and Behavioural Change (SBCC) strategy was revised to include information on newly developed materials annexed into the strategy. To date, the strategy has been revised twice. After consultation with the students, a review of IEC materials was completed and reflected in the 2nd version. The mapping exercises of unsafe spaces was also completed in all 38 schools in Year 3.</p>
<p>In line with relevant country and institutional strategies, support programming which strengthens the capacity of health systems using a gender equality</p>	<p><u>South Sudan</u> Gender equality issues were discussed with local leaders and groups and special provisions in project hiring for female participation.</p>

<p>framework to deliver SHRH as well as newborn and child health services particularly in emergency and conflict settings.</p>	<p><u>Evidence</u> showed that CRC, in partnership with ICRC, implementation of integrative community-based health service delivery in conflict-affected areas like CAR and South Sudan resulted in agile and responsive operations. Lessons included, decision-makers must prioritize community engagement, address inequities by involving vulnerable groups, negotiate safe access for service delivery, account for logistical and resource limitations, and contextualize services with support from local actors.</p>
<p>Support SRHR training for Red Cross emergency response unit (ERU) personnel, the rapid deployment of the delegates with expertise in these areas and emergencies.</p>	<p><u>Afghanistan:</u> One of the main immediate outcomes of the program was to strengthen the ARCS emergency health disaster preparedness capacities by recruiting and training more female healthcare workers for deployment. CRC supported over 13 midwives to this effect.</p> <p><u>Nepal:</u> In Sindhuli district, there are 56 health facilities, including 51 health posts, 4 primary health centres, and 1 hospital. Twenty-two health facilities had FCHVs trained through Health Office Sindhuli and Plan International Nepal, while the remaining 33 received training through NRCS Sindhuli. After training, 17 health facilities with poor health indicators conducted HMG meetings to improve basic health services. Over 5 months, 151 FCHVs organized 755 events, reaching 10,336 mothers with health topics such as danger signs during pregnancy, delivery, and post-delivery, breastfeeding, nutrition, immunization, diarrhoea, and pneumonia.</p>