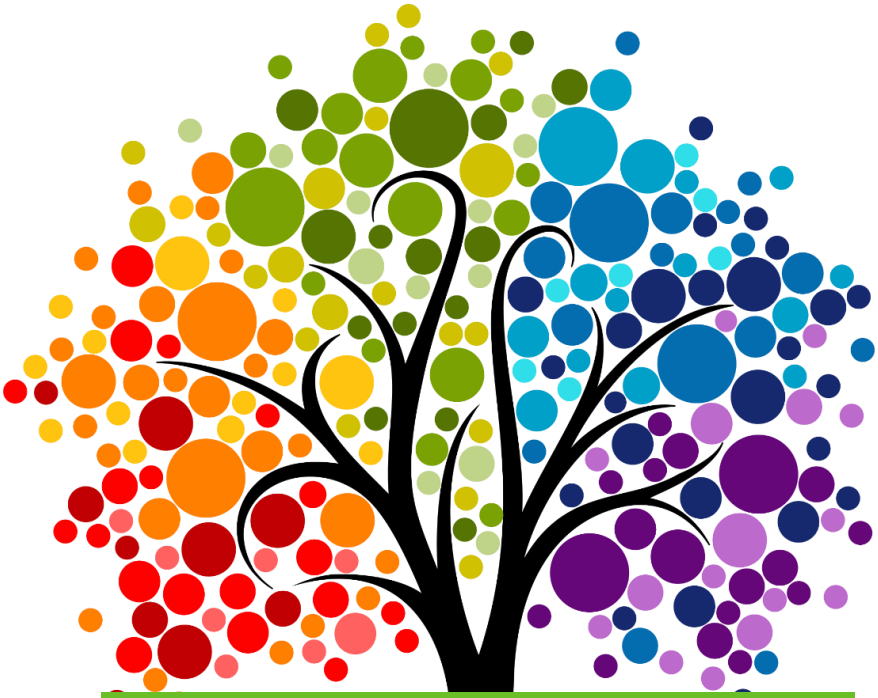


VÄESTÖLIITTO'S DEVELOPMENT COOPERATION PROGRAMME FOR ADVANCING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ANNUAL REPORT 2024

A World Where Sexual Rights Are Realized

Väestöliitto

Contents

Acronyms and abbreviations

AGYW	Adolescent Girls and Young Women
CHW	Community Health Workers
CPI	Corruption Perception Index
CS	Civil Servant
CSE	Comprehensive Sexuality Education
DHS	Demographic and Health Surveys
FGD	Focus Group Discussion
FP	Family Planning
GTA	Gender Transformative Approach
HRBA	Human Rights Based Approach
HRBP	Human Rights Based Programming
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Intersex, Queer
MHT	Mobile Health Team
MFA	Ministry for Foreign Affairs of Finland
MoH/MoPH	Ministry of (Public) Health
OECD/DAC	Development Assistance Committee (DAC) under Organization for Economic Co-operation and Development (OECD)
OPD	Organization of Persons with Disabilities
PMEL	Planning, Monitoring, Evaluation and Learning
PSEAH	The Preventing Sexual Exploitation, Abuse and Harassment
PwD	Persons with Disabilities
RBM	Results-Based Management
SDG	The Sustainable Development Goals
SEAH	Sexual Exploitation and Abuse and Sexual Harassment
SGBV	Sexual and Gender Based Violence
SRHR	Sexual and Reproductive Health and Rights
UNFPA	United Nation’s Population Fund, UN’s sexual and reproductive health agency
WwD	Women with Disabilities
VSL	Village Savings and Loan

1. Summary of the annual report 2024

Year 2024 was the third year for Väestöliitto as a new recipient of MFAs' programme-based support. The new programme incorporated earlier stand-alone development cooperation projects (*prevention of SGBV in Malawi* and *advancing sexual rights of persons with disabilities in Afghanistan, Tajikistan, and Nepal*) and communication projects in Finland (global communications and UNFPA information) to the new elements of LGBTIQ+ work in South Africa, Zambia and Zimbabwe and advocacy in Finland. These elements are tied together under the programme aimed at advancing sexual rights of the groups that are particularly vulnerable and marginalized. Therefore, the programme targets especially girls and women, persons with disabilities and LGBTIQ+ persons.

Väestöliitto's programme focuses on increasing knowledge, awareness, and capacities on SRHR of its various target groups as well as capacities and resources of the partner organizations. Through strengthening the life-skills and capacities of the most vulnerable persons and by empowering them, by strengthening the capacities and knowledge of the local duty-bearers, service providers and other responsible actors on SRHR issues, and through awareness raising and advocacy, the programme contributes to the realization of SRHR of the most vulnerable groups.

Overall, the programme aims at contributing to the realization of sexual and reproductive health and rights (**SRHR)** of the most vulnerable groups also contributing to the realization of Sustainable Development Goals (**SDGs**) 3.7 and 5.6. Although the impact level will be measured in more detail at the end of the programme in 2025, some signs of positive impacts can already be seen as work had already commenced through earlier projects.

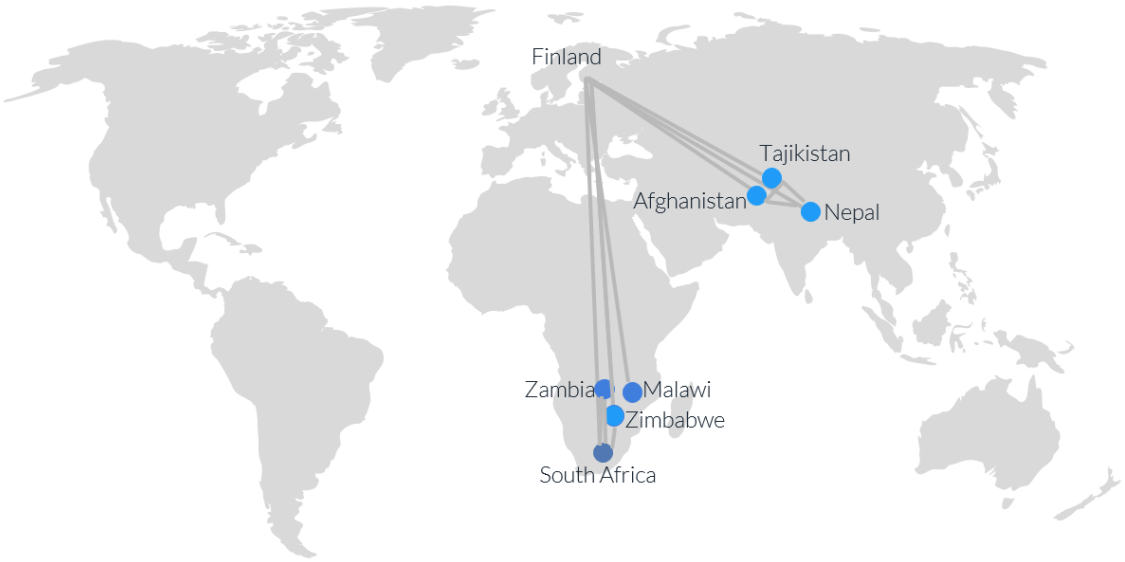
The partner organizations reached out to the rights-holders either through their own members or through their partners or other stakeholders, raised awareness in the societies to decrease harmful conceptions around SRHR of vulnerable groups, built capacities in the communities and did advocacy to change policies and legislation. During 2024 altogether 15 009 persons with disabilities received SHR services, 22 000 persons received comprehensive sexuality education, 2706 stakeholders received training on sexual rights, nearly 11 million persons were reached by awareness raising and media campaigns, and programme partners were involved in 139 political dialogues.

Learning and capacity building of programme partners is an important outcome of the programme and is tied with strengthening the expertise of all programme partners in SRHR issues of vulnerable groups as well as having strong capacities in managing the projects so that the outcomes are achieved. During the third year of the programme many efforts went into further strengthening the RBM structures.

2. Overview of 2024 in programme countries

Year 2024 was the third year for Väestöliitto as a new recipient of MFA's programme-based support. The programme is implemented in seven programme countries by Väestöliitto's partner organizations working in the field or Sexual and Reproductive Health and Rights (**SRHR)**.

Picture 1: Väestöliitto's programme countries



Väestöliitto's programme is implemented mostly in poor and fragile contexts where there are severe gaps in achieving SRHR. The programme countries belong either to the Least Developed Countries or lower middle-income countries and have low HDI, apart from South Africa, and poor SRHR indicators. In all contexts, especially the marginalized and most vulnerable groups face severe obstacles and restrictions when it comes to realizing their sexual rights which is why the programme is focused on advancing their rights.

Strengthening civil society through facilitating the capacity building of programme partners as well as supporting their networking and alliance building are critical approaches of the programme. As a result, the partners will be better positioned to do advocacy on SRHR of the most vulnerable groups but also counteract the shrinking space of civil society in the face of growing global opposition to SRHR. Shrinking space for civil society and the repercussions of the growing anti-gender movement is visible in all programme countries, including Finland, and continued having an effect to implementation during 2024. According to the latest CIVICUS civil society rating, the state of civil society in all programme countries remained either obstructed or repressed in 2024 (scale: open, narrowed, obstructed, repressed, closed).

Afghanistan has consistently been one of the most challenging countries in the world for women and girls, and the Taliban's return to power in 2021 has further curtailed their rights. The public healthcare system remains weak, marked by unequal access to services, reliance on international aid, and a shortage of medical professionals. A major concern is the lack of female healthcare workers, a problem made worse by the 2024 ban on higher education for women, including programs in midwifery and nursing. According to CIVICUS civic space in Afghanistan remains classified as 'closed'. Since the Taliban took control, the authorities have continued to perpetrate human rights abuses and violations of international law against the Afghan population with complete impunity. Afghan women, in particular, have experienced a severe denial of their basic human rights, as the Taliban has issued more than 200 decrees, orders, and edicts specifically targeting and restricting women's rights. These actions have severely limited women's access to education, employment, freedom of movement, and other essential liberties, effectively excluding them from public life.1 Ongoing security concerns and political changes in Afghanistan have created an unstable and restrictive environment for civil society. The Ministry of Economy introduced guidelines for NGOs that sparked concerns about increased interference in their operations, along with added administrative and compliance burdens. Despite these challenges, Väestöliitto's partner in Afghanistan has navigated the situation successfully through active engagement and collaboration with authorities and partners at the district, provincial, and national levels. In response to security concerns, alternative methods of service delivery such as deploying mobile clinics and involving community health workers in specific high-risk areas, were implemented. These approaches ensured continued access to services.

1 https://monitor.civicus.org/explore/afghanistan-the-taliban-threatens-to-shutdown-ngos-employing-women-and-continues-to-criminalise-activists-and-journalists/

Shrinking space for civil society was visible in Zimbabwe, which remained “repressed” according to the CIVICUS rating. In 2024, the human rights organizations in Zimbabwe became increasingly restrictive as debate around the Private Voluntary Organisations (PVO) Amendment Bill intensified. The government presented the Bill as a tool to combat money laundering and terrorism financing, but civil society widely viewed it as a mechanism to consolidate state control and limit independent voices. The Bill granted authorities broad powers to interfere in NGO governance, including the dissolution of boards and deregistration of organizations on vague grounds such as “public interest.” Human rights groups raised concerns that such provisions would criminalize legitimate activities, especially advocacy and civic engagement, and expose staff to heavy penalties. The uncertainty created by the pending law led to growing self-censorship within organizations, reduced space for policy dialogue, and anxiety among donors regarding compliance and security of funds. Despite strong opposition from local and international actors, the government pushed the Bill through Parliament by the end of 2024, setting the stage for its enactment in early 2025. This development marked a turning point in Zimbabwe’s civic space, signaling heightened risks for rights-based organizations and threatening the sustainability of their work in democracy, accountability, and human rights protection.

Zambia remained as “obstructed” according to the CIVICUS rating. In 2024, Zambia’s civil society operated under growing regulatory uncertainty and political tension. The proposed NGO Bill sought to expand government oversight by imposing stricter registration requirements, mandating detailed annual reports, and creating penalties for non-compliance, including fines and imprisonment. Civil society organizations criticized the bill for overreach, lack of consultation, and potential to stifle grassroots initiatives and policy advocacy. Although President Hichilema had promised reforms to repeal aspects of the restrictive 2009 NGO Act, these were not implemented, leaving NGOs under continued scrutiny. Despite these constraints, civil society remained active in governance, anti-corruption, and environmental advocacy, pushing for greater participation in national decision-making and stronger legal protections for environmental and human rights. Overall, 2024 marked a challenging year for Zambia’s civic space, with organizations navigating heightened legislative pressure while continuing to advocate for inclusive and rights-based reforms.

Malawi remained as “obstructed” according to CIVICUS ratings in 2024. Also in Malawi, the civic space was increasingly constrained in 2024 by the NGO Amendment Act, which imposed stricter state control through the NGO Regulatory Authority (NGORA). The law introduced harsh penalties, vague bans on “partisan” activity, and heavy financial burdens, including a nearly 1,900 percent hike in annual registration fees, sparking fears of silencing critical voices and forcing some organizations to operate informally. Civil society actors condemned the reforms as an assault on freedom of association, while the government defended them as necessary for accountability and combating illicit financing. The tension culminated in the signing of the “Lilongwe Civic Pact,” a symbolic step toward dialogue, though officials reiterated warnings against NGOs behaving like opposition parties. At the same time, press freedom remained fragile, with journalists facing harassment and arrests, exemplified by the detention of reporter Macmillan Mhone. Despite mounting pressure, civil society in Malawi continued to engage in advocacy for rights and accountability, though its operating environment grew more precarious and resource-strained.

In Finland, the government formed in 2023 started to implement its programme, including major cuts to ODA decided during the governmental negotiations. Further cuts were announced in April 2024, amounting to a total reduction of 1.2 billion euros over four years. The cuts were not allocated to the CSOs implementing MFA funded development cooperation programmes, but 2024 was a difficult year for civil society as a whole as MFA cut off multiple smaller CSO funding streams and other ministries cut their CSO funding budgets as well. The government also drafted the two major political documents guiding development policy: Report on International Economic Relations and Development Cooperation as well as the Report on Foreign and Security policy. This was an opportunity to emphasize the importance of SRHR and both reports finally did include SRHR as Finish development policy priority. Presidential elections and European Parliamentary elections took place in the first half of the year – neither had a huge impact on the political environment in Finland. The EP elections turned the European Parliament further right, which did and will have an impact on the discussion around CSOs and development cooperation. In Finnish political and public discourse, the heavy focus on hard security continued. In the end of the year global SRHR sector started to prepare for Trump’s second presidential term and major changes in US politics.

According to CIVICUS, fundamental freedoms in Tajikistan remain heavily constrained, with journalists, activists, and opposition figures subjected to arbitrary arrests, closed-door trials, and severe punishments. Press freedom has continued to decline, as authorities tightly control media content, limit access to official

information, and misuse legal frameworks to silence dissenting voices. Civil society organizations operate under constant threat of closure or criminal charges, while restrictive legal requirements hinder the registration of public associations. The government often cites national traditions and public morality to justify limitations on personal freedoms, disproportionately impacting women's rights and autonomy. As a result of this increasing repression, Tajikistan consistently ranks among the lowest in global democracy assessments, as documented in international human rights reports. In certain areas, cultural and societal norms led families to limit their involvement in project activities. To address this, Väestöliitto's partner in Tajikistan worked directly with families to raise awareness about the significance of SRHR education and the empowerment of women and girls with disabilities.

According to CIVICUS, Nepal's civic space is classified as obstructed, with documented violations including arbitrary arrests, the use of excessive force during protests, and the harassment and criminalization of journalists. Online freedoms are under threat. Over the past two decades, Nepal has made significant progress in socioeconomic development by introducing progressive laws and policies aimed at promoting gender equality and empowering women. Despite these advances, major gender-related challenges persist, including domestic violence, harassment, human trafficking, and sexual and gender-based violence. Harmful traditional practices such as witchcraft accusations, chaupadi, and child marriage continue to undermine the rights and well-being, both physical and mental, of women, adolescents, and girls. There is a considerable need for SRHR services for persons with disabilities throughout Nepal. Only a small number of Nepali organizations of persons with disabilities are actively engaged in addressing SRHR related issues. Moreover, the integration of SRHR into their programs and strategic plans remains limited. This highlights the ongoing necessity of advocacy initiatives and campaigns aimed at closing the gaps in SRHR service provision for persons with disabilities.

3. Results and impact

The many obstacles in the realization of SRHR for all, and especially for vulnerable persons, are often linked with limited knowledge and awareness, and limited capacities to act for their realization. Despite being a complex and multi-dimensional phenomenon that influences every aspect of human life, SRHR are often dealt with conflicting, false, and negative messages. It is very common that SRHR are surrounded by taboos, stigma, misunderstandings, and strong myths. These will hinder people from making important decisions regarding their SRHR limiting their options for fulfilling and dignified life, and at worse cause preventable morbidity and mortality. Sexuality is the most intimate area of one's personality, but knowledge, awareness and positive attitudes are direly needed in this area.

Therefore, Väestöliitto's programme focuses on increasing knowledge, awareness, and capacities on SRHR of its various target groups as well as capacities and resources of the partner organizations. Through strengthening the life-skills and capacities of the most vulnerable persons and by empowering them, by strengthening the capacities and knowledge of the local duty-bearers, service providers and other responsible actors on SRHR issues, and through awareness raising and advocacy, the programme contributes to the realization of SRHR of the most vulnerable groups.

As a result of the programme, the rights-holders will have the capacities to make informed decisions related to their SRHR and act for the realization of SRHR, negative and harmful stereotypes and attitudes regarding SRHR of vulnerable persons are challenged and transformed, and health service providers will have mainstreamed the SRHR issues of vulnerable persons in their work. Also, SRHR issues of especially vulnerable groups will be addressed by duty-bearers.

Väestöliitto's programme partners are often the leading SRHR expert organizations or human rights organizations in their countries, and the programme is implemented utilizing their expertise and networks. Strengthening their capacities strengthens directly also local civil societies.

Overall, the programme aims at contributing to the realization of sexual and reproductive health and rights (**SRHR)** of the most vulnerable groups also contributing to the realization of Sustainable Development Goals (**SDGs**) 3.7 and 5.6. Although the impact level will be measured in more detail at the end of the programme cycle, some signs of positive impacts can already be seen. This can be attributed to already established work which was commenced during the previous ongoing projects that were incorporated into the programme.

Increased access and utilization of vulnerable groups to SRHR services is already visible in some programme countries, such as Afghanistan. Persons with Disabilities' (PwD) access to SRH services increased in 2024 as

the number of services delivered to PwDs rose significantly compared to the baseline numbers 2021 (13091 in 2024 vs 4 947 in 2021).

Regarding *Changes in policies or laws to include SRHR issues of especially vulnerable groups,* Väestöliitto's partner organization held 72 meetings and workshops with duty-bearers and key public servants from the Ministry of Public Health, the Ministry of Disabled Affairs, the Ministry of Education and Higher Education, and the Ministry of Religious Affairs to disseminate Health Management Information System (HMIS) guideline and reporting formats. The revised version of HMIS includes new indicators for collecting disability disaggregated data. The HMIS guides the collection of national data on the health needs in public health facilities and informs further health related decision-making. This also supports ensuring that SRHR services for PwD are integrated into the broader healthcare system. The implementation of the new HMIS form was started from November 2023 onwards in the public health facilities, and Väestöliitto's partner also introduces the format through training sessions to its staff in 2024. Furthermore, Väestöliitto's partner organized a total of 42 meetings with civil society partners (including but not limited to the Afghan Family Planning Organization and the Afghan Midwifery Organization) to outline joint strategies and messaging towards duty bearers and key public servants and to further provide and facilitate access to SRH and family planning for people living with disabilities.

In Nepal, the Disability-Friendly Reproductive Health & Safe Motherhood Service Guidelines were released at the end of 2022. As a follow up, Väestöliitto's Nepali partner is working closely with all three tires of government and participate regularly in the reproductive health committee and sub-committee meetings. In 2024 Väestöliitto's partner aim at increasing support for accessibility of SRHR services, and was informed that government representatives from local, provincial and central levels had allocation funding for increasing accessibility of health centers.

In Malawi, the partner did coordinated advocacy and participated successfully in CSO advocacy coalitions which resulted in two policy changes in 2024: The National SRHR Policy was revised to incorporate provisions for key populations, PwD, and other vulnerable groups. Also, the National Strategy to End Child Marriage (2024-2030) was launched.

To contribute to the impact, the programme is designed around six mutually supporting and reinforcing outcomes. Thematically they fall under the following entities: *1. Capacity building of rights-holders; 2. Awareness raising in societies; 3. Capacity building in civil society; 4. Advocacy in programme countries; 5. Learning and capacity building of programme partners; 6. Global communication in Finland;*

3.1 Development cooperation in programme countries

The programme is implemented in seven programme countries through three thematical projects: **preventing SGBV**, **advancing sexual rights of persons with disabilities**, and **strengthening advocacy capacities of LGBTIQ+ organizations**. All three thematic projects contribute to the mutual outcomes described above and share the common goal of advancing the SRHR of the groups that are especially vulnerable and marginalized. However, the thematic projects focus on different target groups as the preventing SGBV project in Malawi focuses on girls and women; in Afghanistan, Tajikistan, and Nepal the programme targets persons with disabilities; and the focus is on LGBTIQ+ persons in Zambia, Zimbabwe, and through the South African umbrella organization also other LGBTIQ+ organizations throughout African continent.

Main partners of Väestöliitto's programme are seven civil society organizations in the partner countries. They are SRHR organizations in their countries, organizations of persons with disabilities specialized in SRHR of PwD, or human rights organizations specialized in LGBTIQ+ work. Four of the programme partners continued implementing ongoing projects and have been Väestöliitto's partners for several years. Two partners were selected based on their specific focus on LGBTIQ+ work and their organizational capacities to implement the programme's approaches. One partner was chosen due to their unique position as the umbrella organization of all LGBTIQ+ organizations in the African continent.

3.2 Especially vulnerable groups are empowered to make informed decisions on their SRHR and address SRHR issues in their communities

For vulnerable groups to make informed decisions on their SRHR and address SRHR issues in their communities, it requires among others empowerment through new knowledge and capacities on SRHR, and tools make those choices, such as good self-confidence and self-esteem. Also, empowering women economically will not only increase their financial independence, but also enhance their bargaining power, and

ability make more independent choices. Addressing SRHR issues in the communities can be challenging, and for this to be accomplished, the rights-holders have gained in-depth knowledge about SRHR, what are the root causes behind SRHR related challenges, and how to make a change.

Each partner implemented various types of life skills, empowerment, awareness raising and capacity building activities and increased rights-holders' knowledge on SRHR. The financial empowerment activities were implemented only in the SGBV prevention project in Malawi. An approximate 60 different trainings were implemented in 2024 reaching total of 4052 persons. Actions comprised of e.g. comprehensive sexuality education (CSE), trainings on SRHR, sexual and gender-based violence, peer support groups, gender transformative approaches and village savings models and different business models.

These actions translated into increased participation in decision making regarding one's own SRHR and increased number of persons with new capacities.

Decision making regarding one's own SRHR entails many very intimate and sensitive and decisions range from deciding to access SRH services to starting a relationship or a family that might not have been possible choices to make prior to the project. The data has been gathered through small focus group discussions and reflection discussions with a lot of attention paid to respecting the privacy and boundaries of rights-holders. The data reflects positive changes in people's lives as there has been an increased number of adolescent girls and young women who have participated in making decisions about their sexual health and have started to access youth friendly services. For example, in Tajikistan 68% (vs. 29% in 2022) of the PwD who participated the peer support groups in 2024 reported starting to make decisions about their own SRHR, such as making decisions about the number of children they want. In Zambia 65% of the adolescent girls and women and gender diverse persons reported actively engaging in decisions regarding their SRHR such as contraceptive choices, accessing SRH services, negotiating safer sex practices with partners. Importantly, there has been a 70 % increase among adolescent girls and young women who actively access SRH services.

Under *Increased number of persons from vulnerable groups with new capacities* the new capacities entail a range of various capacities that are elemental in increasing one's agency regarding their SRHR, such as *increased knowledge on SRHR and/or SGBV, knowledge how to report SGBV, advocacy skills, self-esteem, economic empowerment, change in SRHR related attitudes.* Percentage data was not available throughout the projects, but the positive changes that were recorded demonstrate that the rights-holders have benefitted significantly from the programme. Knowledge about different dimensions of SRHR as well as rights literacy clearly increased, and many harmful misconceptions and myths were clarified in the various capacity building sessions. There was also a positive change among PwD with increased knowledge on SRHR. For example, in Afghanistan 98% of rights-holders reported gaining knowledge on SRHR i.e. knowledge on contraceptives, menstruation and relationships, compared to 90% in 2022. Whereas the number was 91% in Nepal (82 % in 2022). in Tajikistan 29% of rights-holders reported increased knowledge on sexually transmitted infections. In Malawi, 80% of the women and girls reported gaining new capacities in especially mental health care and SRHR, integrated homestead farming, and SGBV case management. Through the work of Human Rights Clubs new capacities were gained on rights, and active peer educators became more skilled and confident. In Zambia the LGBTIQ+ community members reported that they gained new knowledge and skills to advocate for SRHR in their communities. Individuals have reported an increase in self-esteem and confidence, as well as new knowledge on SRHR.

3.3. Harmful conceptions around SRHR of vulnerable groups are decreased in the targeted societies

Vulnerable groups face discrimination and encounter stigma and stereotypes when it comes to their SRHR. The programme interventions intended to influence those stereotypes and misconceptions as well as gender norms in the targeted societies and communities through a variety of awareness raising activities. The rationale behind this is that it will not lead only to increased knowledge on SRHR of vulnerable groups but will lead also to a more positive and accepting society towards vulnerable groups in general. However, implementing awareness raising activities to the broad public about sensitive topics is not possible for all partners due to the elevated risks it imposes. Therefore, the LGBTIQ+ partners face restrictions in reaching out to the broad public through communications, and the results reflect the interventions of the SGBV and PwD projects.

Awareness on SRHR of vulnerable persons is raised in the targeted societies did take place under the SGBV and PwD projects. The partners implemented various types of awareness raising activities, such as community dialogues, regular club meetings in the communities, football tournaments, media engagement and journalist

training, social media campaigns, billboards, radio programs, and TV program. The different actions implemented reached out to 10 874 400 persons. Radio spots were broadcasted in Afghanistan with a reach of around 10,8 million. Partners in Malawi and Tajikistan raised awareness of broad public through their social media platforms such as Facebook, TikTok and Instagram. The LGBTIQ+ partners were able to implement social media campaigns within the safer spaces of their communities.

Own perceptions of persons from vulnerable groups of a more inclusive society on their SRHR issues was captured through Focus Group Discussion (FGDs), interviews and review meetings with rights-holders. Women and girls in Malawi reported that there has been a significant shift in perceptions and community acceptance of women occupying leadership roles that have historically been male-dominated, such as an appointment of a female traditional leader and electing a woman to lead a Community Victim support unit. In Zambia the LGBTIQ+ community members reported that although the general perception about LGBTIQ+ persons continues to be negative there are a few pockets of society that are becoming more progressive to the discussions regarding LGBTIQ+ issues. Persons with disabilities also reported several signs of a more inclusive society: for example, in Nepal, persons with disabilities who participated in the outreach camps shared that after the project interventions they feel more inclusive in the society. In Afghanistan, beneficiaries of project activities consider it to be safe to talking about SRHR issues within their community with other women with disabilities.

3.4. SRHR issues and needs of vulnerable groups are met with quality and care among service providers and civil society (e.g. schools, teachers, community leaders' forums, district councils, local development units, peer educators, parents, CSOs, organisations of persons with disabilities)

Being able to access SRHR services and information without any discrimination is a basic sexual right. Therefore, the programme increases the capacity of SRHR service providers and relevant civil society structures to provide sensitive services, information, and support through increased technical knowledge and skills on e.g. comprehensive sexuality education, disability, LGBTIQ+ issues, or SGBV specific issues but also by fostering a positive attitude change among service providers and civil society structures towards the SRHR of the most vulnerable groups. This also includes increasing the accessibility of services for vulnerable groups. Mainstreaming SRHR issues of vulnerable groups in community policies and having functional measures to address SRHR issues require that the community level leaders have knowledge and awareness about various dimensions of SRHR. Increase in the capacity and knowledge of civil society structures is achieved through rigorous capacity building on SRHR and CSE.

The partners implemented various types of actions to improve the ways that SRHR issues and needs of vulnerable groups are met by relevant civil society and community structures and service providers. These actions ranged from collaborating with health centers to facilitate their SRH service provision to the vulnerable groups in the communities, building the capacity of teachers on comprehensive sexuality education, facilitating the sexuality education sessions held by teachers, training of trainers and peer educators, to creating IEC materials for the sexuality education sessions.

Positive change in attitudes and perceptions regarding gender norms or SRHR of vulnerable groups among service providers and civil society structures can be seen for instance in Malawi where a significant change has happened among service providers, as they have revised previously held assumptions about persons with disabilities, recognizing that disability is not a barrier to sexual health needs, and have begun accommodating these clients more effectively through both attitudinal and physical adjustments in service delivery. Also, CVSU has started to proactively engage in community outreach, teachers have embraced CSE, and men are increasingly seen as defenders of gender equity. In Zambia, the parent support groups have been important in changing the understanding regarding intersex experiences and issues. The parent support group in Lusaka is also supported by religions leaders who encourage parents by underscoring scripture that helps better understand intersex children. Regarding the work with accessibility and the rights of PwD to access health services a positive change can be seen that both health providers and civil society actors see that PwD have all social rights like other healthy individuals, they believe PwD can have a normal sexual life and can be potential parents. For example, in Afghanistan, also in 2024 all Väestöliitto's partner's service providers (all female) demonstrated positive changes in attitudes about serving clients with disabilities. This was supported by observations from project staff during the period, where providers were seen to actively anticipate and treat PwD with the same level of consideration as their other clients, recognizing that every individual, including PwD, possesses identical rights in SRHR. There was a conscious effort to eliminate feelings of discomfort when assisting clients with disabilities and, in fact, providers strived to offer additional support and care to those with disabilities. Furthermore, providers demonstrated a comprehensive understanding that PwD, like

anyone else, can be sexually active and may aspire to become parents, and be given the necessary support from their families and society. Furthermore, a growing number of community health workers, as active members of their communities, are advocating for SRHR, contributing to a more inclusive and comprehensive approach to addressing the needs of vulnerable populations.

Service providers and civil society structures have new technical skills to provide quality care to vulnerable groups entail several demonstrated improvements. For example, in Zambia the partner continues their collaboration with University Teaching Hospital (UTH) and have entered into formal agreements for quality assurance and Model Facility Piloting. UTH has adopted using a tool developed with Zambian partner to document client feedback post healthcare services. In addition, healthcare providers adopted gender neutral terms to interact with trans-divers and intersex persons. In Malawi, the health service providers were able to conduct outreach services only regarding family planning services but following trainings they became skilled in screening women for SGBV and providing them a comprehensive health package. In addition, advocacy and engagement by the youth activists of the project have led to the accreditation of several health facilities as Youth Friendly Health Service providers centers. In Afghanistan, service providers have developed new and improved technical skills, leading to higher-quality care for vulnerable groups, improved health outcomes, and greater satisfaction within targeted communities. In Nepal, a sign language training provided to service providers in 2023 at Valley branch reduced the time consumed by sign interpreter and increased the connection with the client. When Väestöliitto's partner asked in 2024 whether the service providers have learned any new words in sign language after the training, 80% responded their vocabulary of sign words has increased in comparison to previous year due to day-to-day practice in the clinic.

Number of community and civil society representatives addressing SRHR issues of vulnerable groups in their communities, types of ways of addressing SRHR issues demonstrates the commitment of the different civil society actors to support SRHR of the vulnerable groups and entail a multitude of different actions that the most vulnerable groups can also organize to advance SRHR. In 2024 altogether 1611 community and civil society representatives showed capacity in addressing the SRHR issues, such as service providers, teachers, representatives from organisations of persons with disabilities, community elders, School Human Rights Clubs, mothers' groups, female champions, women's forums, community policing forums and youth networks.

The ways of addressing SRHR issues were multiple and similarly to previous years entailed for instance leading community awareness-raising and educational campaigns on SRHR, facilitating open discussions within the community, providing personalized counseling, collaborating with local organizations to create a supportive environment for addressing SRHR concerns, distributing informational materials to raise awareness about SGBV-free schools and other related topics, providing safe spaces, organizing CSE sessions and parents' orientations, holding trainings for trainers for youth with disabilities, implementing women with disabilities' empowerment activities, including information on SRHR, distributing sanitary pads and participating in round tables, meetings and forums with duty-bearers.

3.5. Duty-bearers (decision makers, civil servants, other responsible actors) advance SRHR issues of especially vulnerable groups

Increasing the SRHR for everyone in society cannot be accomplished if the duty-bearers, such as policy makers, parliamentarians and government civil servants oppose advancing SRHR of vulnerable groups due to lack of knowledge and awareness of sexual rights which belong to everyone. When policies targeting SRHR issues of vulnerable groups exist, they might lack sufficient attention to implementation, budgeting, and prioritizing. Improving this situation requires that duty bearers at local and national level have capacity and motivation to implement those policies. This is achieved by building their capacities and sensitizing them to SRHR issues of vulnerable groups. The programme brought the shortcomings, gaps and needed changes in the laws and policies to the attention of the duty-bearers, advocated for policy changes and changing the discriminatory attitudes regarding SRHR so that vulnerable groups would be better included in the laws and policies.

Various actions were done to create new contacts with duty bearers and to increase their capacities in SRHR of vulnerable groups. A total of 49 different capacity building and advocacy actions were conducted in 2024 which translated into new initiatives or other actions carried out by duty bearers, and new dialogues between duty bearers and programme partners where SRHR issues are advanced. These actions include active participation in relevant technical working groups of the relevant ministries, training of duty bearers on SRHR issues, and facilitation of sessions where rights holders were able to share their concerns to the duty bearers.

Number and types of new initiatives or other actions on SRHR of vulnerable groups carried out by duty-bearers resulted in 15 initiatives. In Afghanistan, duty-bearers from the Ministry of Public Health (MoPH) actively participated in workshops and played a key role in facilitating the dissemination of revised HMIS guidelines in 2024. Along with other partners, Väestöliitto's partner raised awareness about the importance of gathering data on PWDs across all health facilities nationwide. Additionally, Väestöliitto's partner in Afghanistan supported the revision of the National Strategic Plan for Disability Prevention and Physical Rehabilitation, ensuring that SRHR and FP indicators were included for the first time and are being implemented. In Zambia the duty-bearers introduced three new initiatives: Ministry of Health embarked on a project to establish LGBTIQ+ friendly wellness centers in 4 districts that center especially on HIV interventions, STI screening, cervical cancer screening and mental health services. Also, local authorities organized a Careers Exhibition where they invited Zambian partner. Thirdly, local authorities organized a key populations engagement session in relation to the Global Fund country mechanism.

In Finland the advocacy efforts focused on emphasizing the importance of SRHR as a priority for Finland's development policy during the drafting of two governmental reports guiding development policy: Report on International Economic Relations and Development Cooperation and the Report on Foreign and Security policy. Key new political decision makers, advisers and assistants as well as civil servants were identified and contacted multiple times, especially emphasizing the importance of rights in sexual and reproductive health and rights. Väestöliitto was invited as an expert to two parliamentary hearings on the reports. European Parliamentary elections took place in May, and Väestöliitto was active both before the elections and after. A briefing on SRHR and EU policy was drafted and shared with political parties as well as candidates. Panel discussion Sex is EU Politics was organized together with Naisasialiitto Unioni and it gathered together candidates from seven different parties to discuss effects that EU politics has on SRHR both in Europe and globally. After the elections new MEPs were contacted and many of them were met in person in October in Brussels.

Key advocacy themes especially in the second half of the year included LGBTIQ+ rights and the impact of Trump's possible second term as the president of the United States. The briefing on LGBTIQ+ rights and development policy was disseminated during meetings as well as to parliamentarians in the APPG. As Trump was elected as the president, information regarding Global Gag Rule and Project 2025 was disseminated to decision makers and discussed in meetings. Väestöliitto continued meetings with Finnish civil servants both in Helsinki and Geneva on Human Rights Council. Also, Väestöliitto continued working in the SRHR advisory group that works in Geneva. Väestöliitto was active in the CSO hearings around the MFA preparation for the human rights council sessions and was able to support MFA in issues related to SRHR in HRC.

The advocacy in Finland achieved good results, as the two new governmental Reports emphasized the importance of SRHR in Finnish development policy. There were also 8 political statements emphasizing the importance of SRHR in Finnish development policy. This was achieved through regular dialogue with previous contacts such as politicians and civil servants as well as establishing various new relationships with stakeholders and duty-bearers from different political parties. Both advocacy and communications played a key role in building decision makers' capacity and knowledge on SRHR and groups experiencing vulnerability.

Number and types of ongoing dialogues between decision makers and project partners where SRHR issues are advanced entailed various spaces for dialogue, resulting in 139 ongoing dialogues. These included e.g. participation in technical working groups where expertise was shared to other organizations and government stakeholders, and where best practices in ensuring that the SRHR of the vulnerable groups is advanced were discussed. In Afghanistan, 15 Ministry of Public Health task force meetings were attended by Väestöliitto's partner. These meetings focused on the implementation of HMIS guidelines and formats and the inclusion of indicators in the collection of data on PWDs. Furthermore, the partner organization highlighted the SRHR and FP needs of PWDs. The Malawian partner was influential in 5 governmental working groups providing technical expertise and using these platforms to popularize SRHR themes. The Zambian partner was active in one ongoing dialogue with the Human Rights Commission to collect and review human rights violations and experiences of violence experienced by trans-diverse and intersex persons.

3.6 Programme partners have strong expertise in SRHR issues of especially vulnerable groups, and SRHR of vulnerable groups is mainstreamed in partner organizations

To achieve the expected outcomes of the programme by 2025, it is necessary to have a highly functioning and learning-focused programme that aims at capacity building of all its partners. The programme focuses on networking and mutual learning, sharing of best practices and building capacity as means to increase the efficiency and effectiveness of any measures to improve SRHR of vulnerable groups within it. In practice, this was done through various capacity building actions as well as in partnership meetings.

Capacity and skills in SRHR of especially vulnerable groups and RBM are increased among programme partners was done through 3 live thematic partnership meetings of the three projects in 2024. In addition to partnership meetings and monitoring trips, programme partners participated in other types of capacity building actions. Some partners participated in several capacity building meetings and trainings to enhance their skills in SRHR of vulnerable groups. In 2024 the organization capacity assessments to establish the average score were not generally conducted, but the final score for all partners will be thoroughly assessed in 2025. The Malawian partner focused on targeted capacity building for entire staff on LGBTIQ+ populations, persons with disabilities, and RBM resulting in deeper knowledge and more comprehensive tools on inclusive and intersectional programming as well as greater openness, empathy, and commitment among staff for meaningful engagement with persons in vulnerable situations. The Zambian partner raised their expertise in SRHR particularly from the perspectives of trans-divers, intersex and adolescent girls and young women. Väestöliitto continued its process of deepening its understanding of decolonization through internal discussions and workshops, focusing especially on decolonized language and programme structures. Väestöliitto also continued active capacity building of its staff members regarding for instance LGBTIQ+ advocacy and RBM and was active in various CSO-networks that aim at joint learning as well as direct communication with relevant CSOs working in the same field for information sharing and coordination.

SRHR of especially vulnerable groups are included in the strategies and other projects of programme partners captures organizational changes among programme partners to include the girls' and women's SRHR issues or LGBTIQ+ or PwD needs into their regular work where relevant. In 2024 Väestöliitto's Malawian partner finalized its 2024-2028 Organizational Strategic Plan which explicitly recognizes diversity, inclusion, and equity as foundational values. This strategic commitment marks a critical shift in how the organization identifies, prioritizes, and responds to the SRHR needs of marginalized and vulnerable populations. The strategy mainstreams inclusive language, sets equity-focused targets, and outlines deliberate interventions aimed at reducing disparities in access to SRHR services. In Zambia, the partner developed a new integrated Strategic and Advocacy Plan for 2025-2027 which incorporates SRHR issues. The SRHR of persons with disabilities is included in our Afghan partner's country strategy thus in all their projects implemented in Afghanistan: in all their service delivery points, partner provides orientation to health providers on the provision of services for PwD and ensures that the health facility environment is convenient for PwD. The Nepalese partner's new organizational strategy for 2023-2028 states that Nepali partner will strive not only to expand the range of choices but also to broaden access to reproductive health services for poor, marginalized, socially excluded, and underserved populations, including persons with disabilities. Moreover, following governance reforms at Nepali partner organization, representatives from vulnerable and key populations have been included in both central and branch committees. Väestöliitto's Tajik partner's organisational strategy includes SRHR of PwD. Tajik partner is also the Tajik Country Office of the Abilis Foundation and has successfully advocated to include SRHR of PwD as one of Abilis' priority areas.

Number and types of CSO-led alliance alliances, partnerships, networks, working groups or similar the partners are working with on SRHR demonstrate the level of connectedness of programme partners to relevant stakeholders, and also highlight the need and achievements of working in collaboration with other stakeholders when advancing sensitive issues. The seven programme partners are active in altogether 39 CSO-led partnerships. In Malawi, the partner is active in 11 different national and district level alliances maintaining the already existing partnerships and networks such as consortium Power to Youth, Malawi SRH Alliance, membership in the District SRHR network and AGYW network at district and national level. The Zambian partner is a member of seven different networks, such as the Zambian Key Populations Consortium. The programme partner in Afghanistan is partnering with different civil society actors on inclusive SRHR, such as university lecturers, representatives from the healthcare community, representatives from disability groups and community and religious leaders. In 2024, Nepal partner signed a memorandum of understanding with four new organizations of persons with disabilities in Banke and continued collaboration with 7 old partner organizations of persons with disabilities.

3.7 Global communications in Finland; The awareness on SRHR, comprehensive sexuality education (CSE), SDGs and their interlinkages are raised among broad public and young people

SRHR is one of the priorities of Finnish development policy. A large proportion of Finns support development cooperation and attach particular importance to the promotion of women's rights as part of development cooperation. This creates an important basis for the global communication of Väestöliitto. However, broad public, and especially young people in Finland have limited knowledge and awareness on SRHR and CSE as elemental global questions. Their interlinkages to the achievement of the SDGs are also not very well understood. Therefore, the programme's development communication aims at raising the awareness of the broad public and especially young people on these topics. This will empower them to act for the realization of SRHR.

The objective of global communication in Finland is to raise awareness among the general public and young people about SRHR, comprehensive sexuality education (CSE), SDGs and their interlinkages. In 2024, the global communication focused on raising awareness of the work of Väestöliitto to improve the sexual rights of vulnerable groups, women and girls, LGBTIQ+ people and persons with disabilities. In addition, awareness of UNFPA's work was raised, which also increased awareness of the cooperation between Finland and UNFPA. Global communication was planned and monitored through regular internal meetings and to ensured that global communication is in line with Väestöiitto's other communication efforts.

The information for the indicator *Persons reached through development communication and global education assess that they have good understanding of SRHR, CSE, SDGs and their interlinkages* was collected through survey disseminated on social media. The target groups' self-assessment of their grasp on program themes and interconnections yielded the following results: 4 out of 5 on sexual rights, 4 out of 5 on CSE, 3 out of 5 on SDGs, and 3 out of 5 on their interlinkages. This result underscores the need for more information, especially concerning the links between SRHR and SDGs. While awareness regarding SRHR is quite good and has been staying at the same level during the programme, the survey reveals a gap in understanding how these issues intersect with achieving SDGs. This suggests that communication about SRHR has either been effective or has been ongoing long enough for the target groups to build foundational knowledge. However, there's still a demand for information about SRHR's role in development and its interconnection with SDGs. This should be considered when planning communication activities and especially when the plan is to bring up more specific programme themes such as LGBTIQ+ issues rather than general SRHR.

The second indicator was *Number of visits to website, reach of social media posts, number of shares and engagement rate in social media, video views, blog views, podcast reach*. In total Väestöliitto's social media reach reached 5.9 million. In various social media channels, there were 85 316 followers in total. There was a significant decrease in the reach of social media channels compared to previous year. This is partly explained by the fact that social media channel X does not offer statistics for free accounts.

It also should be noted that different social media channels' analytics changed during the year 2023, so statistics are not directly comparable to previous years. Changes in the nature of the X and the discussion culture have led to the need to introduce other channels with SRHR themes and Väestöliitto decided to stop using X and switch to Bluesky in the beginning of year 2025. Also, Väestöliitto closed its TikTok account. Paid ads are more visible than organic content and that is why those needs to be prioritized to get more views. However, themes that are allowed and forbidden on Meta's channels limit the possibility to market certain themes that are relevant to SRHR.

Continuous monitoring during the program's duration is planned. Engagement with development communication has been increasing, averaging about 30 reactions per post. Reactions are still moderate, but analysis suggests that this increase might explain with paid and targeted advertising, so the reach is bigger than Väestöliitto's followers. Still due to the sensitivity and polarization of SRHR topics, individuals might find it challenging to express their support, leading to fewer interactions despite substantial impressions. And those posts that are not paid get fewer reactions than the paid posts. In addition, the analysis suggests that some of the SRHR topics, such as abortion, LGBTIQ+ rights and gender-based violence, get more reactions than other SRHR or development cooperation themes. This may indicate also that those most controversial SRHR issues, due to polarization, may get more reactions because those who support those want to be even more vocal. On the other hand, some find it difficult to express their support because of the polarization. This is why

Väestöliitto’s global communication has been diverse and experimental, to find ways to communicate that appeal to Väestöliitto’s target groups.

The third indicator was *Number and types of direct target groups reached*. Engaging young people proves more challenging due to Väestöliitto's predominantly adult follower base. Not all social media platforms provide this information, so precise information on the age breakdown in terms of reach cannot be provided.

The program also targeted decision-makers, reaching them through social media and events like UNFPA's State of World Population report launch. Social media reach in this specific group was hard to assess but directly reached 65 decision makers.

To raise awareness among the target groups, various global communication activities were carried out, including social media campaigns, blog series, different material distribution such as Sexual Rights publication and stickers, events like the launch of the SWOP (State of World Population) report, World Village Festival and EU parliament panel discussion, and posts on current issues related to the program themes. Communicating about the program and its results is a fundamental aspect of Väestöliitto’s communications strategy, as it plays a key role in increasing awareness among the target groups about development cooperation, SRHR, and SDGs, as well as garnering support for development cooperation.

Throughout the year, results and activities from the partners were shared, further increasing people's awareness of Väestöliitto's status as an MFA’s partner organization and as a development cooperation NGO.

In the communications related to UNFPA, posts were actively shared to increase awareness among the general public and decision-makers about UNFPA's work and Finland's support for the organization. Also, youth were targeted through the UNFPA communications, which aligns with the objective of increasing awareness and support for development cooperation among the target groups. This was done for example in World Village Festival and on social media.

Throughout the year, Väestöliitto analyzed the communications messages and employed different approaches depending on the issue and target groups. SRHR topics have become increasingly controversial and personal for individuals, resulting in polarization. It was also recognized that many people may find it challenging to communicate or express their support for these topics, leading to a moderate number of engagements with the posts, despite receiving a significant number of impressions. However, the situation is constantly analyzed and utilized replies to reinforce our message, reframing the arguments from different perspectives and providing various examples.

The output *Number and types of development communication and global education activities implemented* states that in total 333 global communication activities were implemented in 2024. This included different social media posts and campaigns, blog series, events like the launch of the SWOP (State of World Population) report, World Village Festival and EU parliament panel discussion, and posts on current issues related to the program themes and program itself and its results.

The large number of communication activities and the scale of the activities contributed to the achievement of outcomes. When using different channels and ways to communicate programme’s topics, it increases the chances that the messages reach the target groups. Also targeted paid ads on social media are used to contribute to the outcomes. This allowed the target groups to learn about SRHR and related topics in different ways and repeatedly, thus increasing their knowledge.

3.8. Contribution to the aggregate indicators of the MFA

The programme provides data for the MFA’s development policy results reporting through the aggregate indicators of two priority areas. The programme’s expected outcomes align with Finnish government’s *Priority Area 1: Rights of women and girls* and *Priority Area 3: Education and peaceful democratic societies.* Therefore, the programme’s monitoring system gathers data which is compatible with Priority Area 1: Rights of women and girls; under outcome 1: output 1.1, output 1.2 and output 1.3 as well as outcome 2; output 2.1, and output 2.3.

Priority Area 1: Rights of women and girls, Outcome 1 (*The right of women and girls of all abilities to access high-quality non-discriminatory sexual and reproductive health services is protected (SDG 3.7, SDG 5.6)*)

Output	**Indicator**	**Väestöliitto's data 2024**
Output 1.1 Laws and policies that ensure access to inclusive, non-discriminatory and quality sexual and reproductive health services are strengthened (SDG 3.7., SDG 5.6.)	Number of developing country decision makers reached with initiatives to promote adoption/implementation of laws and regulations that ensure availability of inclusive, non-discriminatory and quality sexual and reproductive health services	**In 2024 no data on individuals, but 49 different advocacy actions were conducted.**
Output 1.2. Women's, girls' and boys' of all abilities have improved access to comprehensive sexuality education and sexual and reproductive health services (SDG 3.7., SDG 5.6)	Number of persons receiving sexuality education or SRH-services	**22 003 total**
Output 1.3. Men and boys play an increasing role in realizing SRHR (SDG 3.7., SDG 5.6)	Number of men receiving sexuality education or SRH-services as per output 1.2 indicator	**605 total**

Priority Area 3: Education and peaceful democratic societies, Outcome 1 (*Access to quality primary and secondary education has improved, especially for girls and for those in most vulnerable positions (SDG 4.1., SDG 4.5.)*

Output	**Indicator**	**Väestöliitto's data 2024**
Output 1.2. Enhanced institutional capacity to improve learning outcomes	Number of educational institutions, incl. higher education, reached through measures aimed to increase their capacity	**13 total**

Priority Area 3: Education and peaceful democratic societies, Outcome 4 (*The enabling environment for and capacity of the civil society and persons in vulnerable positions to influence and participate in decision-making has improved. (SDG 5.5., SDG 16.7., SDG 16.10.)*

Output	**Indicator**	**Väestöliitto's data 2024**
Output 4.1. Strengthened public and political participation and decision-making power of women and those in vulnerable positions (SDG5, T5; SDG16, T7)	Number of people who have taken part in decision-making	**No data in 2024**
Output 4.2. Increased capacity of an independent, vibrant and pluralistic civil society to organize, advocate and participate in political decision-making	Number of developing country CSOs with improved capacity to influence development in line with Agenda 2030	**7 total**
Output 4.4. Enhanced protection of independent media, whistle blowers and human rights defenders (SDG 16, T10)	Number of journalists, associated media personnel, trade unionists or human rights advocates supported.	**0 in 2024**

3.9. Analysis of the results

As the programme was designed to incorporate Väestöliitto's already ongoing projects to the new elements with new partners, it continued having an effect on the consistency of the performance and the achievement of the outcomes even during the third programme year. Two of the thematic projects were already in full implementation at the onset of the programme and the third thematic project was properly kicked-off very late in 2022.

All the partner organizations have good mechanisms and capacity in reaching out to the rights-holders either through their own members or through their partners or other stakeholders. Proving capacity building and social support, empowering rights-holders in making informed decisions and strengthening their tools to live lives of their own choosing, as well as being more aware of the rights that belong to them are approaches that all partners are already strong at. This outcome of building the capacities of rights-holders is the only outcome the achievement of which was most consistent among all partners also in 2024 as it is least likely to be affected by those external factors that make the other outcomes more challenging to be achieved in more fragile or suppressing contexts.

Raising awareness in societies to decrease the harmful conceptions around SRHR of vulnerable groups is an outcome which is more challenging to achieve in a consistent way among all partners. To be successful, the outcome is reliant on the possibility to talk relatively openly about the SRHR of the most vulnerable groups. However, the LGBTIQ+ partners continued to be obstructed to conduct large-scale campaigns or awareness raising actions with clear LGBTIQ+ messages.

Capacity building in communities so that the SRHR issues and needs of vulnerable groups are met with quality and care among service providers and civil society structures is an outcome which contains a broad variety of strategies which are guided by the type of the partner organization, societal context, and their level of access to cooperate with the various civil society structures. Some partners have SRHR clinics themselves and therefore have direct access to a number of service providers who do not require sensitization to the topics. However, as sexuality and various SRHR topics are very sensitive and are surrounded by deep-rooted prejudices, attitudes and values that are not always aligned with rights-based approach to sexuality, some civil society structures require more rigorous sensitization and capacity building. Parents, religious and traditional leaders, teachers, or civil society actors might not feel comfortable about talking about SRHR issues nor advocating for them. Usually through continuous and respectful sensitization and providing culturally sound justifications it is possible to have an effect to the underlying attitudes and have the important stakeholders fully onboard.

Advocacy in all programme countries is an outcome that is likewise affected by the external factors such as societal attitudes, values, religious sensitivities and legislation as well as the position of the partner organization among the civil society actors. Many partners are very established CSOs and are well connected with relevant duty-bearers through direct contacts, memberships in different working groups or advisory boards, or other types of dialogues. Some relatively smaller partners might not have similar level of access to duty-bearers but have nevertheless been able to establish relevant contacts in order to advance the SRHR issues of the most vulnerable persons. The opportunities to have vocal and visible advocacy are naturally more limited in countries where the SRHR issues of the most vulnerable persons are very much contested and marginalized persons face severe oppression such as in the countries where LGBTIQ+ issues are advanced. In those cases, the most effective advocacy strategies include strong advocacy partnerships with other like-minded organizations and carefully identifying advocacy opportunities. The capacity building sessions on advocacy and a programme-wide joint understanding on advocacy strategies and modalities held in 2023 did provide stronger and more focused advocacy effort in 2024.

Learning and capacity building of programme partners is an outcome that is tied with strengthening the expertise of all programme partners in SRHR issues of vulnerable groups as well as having strong capacities in managing the projects so that the outcomes are achieved. In 2024 all programme partners exhibited exceptional enthusiasm in building their capacities, learning from each other and learning new ways of reaching out to vulnerable groups.

3.10 Analysis of the Advancing SRHR of person with disabilities project

The SRHR of PwD thematic work in Väestöliitto's programme is continuation from the project that was piloted and implemented with the MFA project funding in 2019-2022.

The focus areas for partners are the provision of SRHR and FP services for PwD, building the capacity of rights-holders and stakeholders, raising awareness in societies about SRHR of PwD, conducting advocacy, and building capacity and mutual learning among all programme partners. All these activities contributed to and made a positive change for the realisation of SRHR for PwD.

The project effectively introduced measures to improve both physical and informational access to SRHR services for persons with disabilities. This involved utilizing accessible means when conducting awareness efforts, and providing information in formats that accommodate a range of diverse abilities. Comprehensive training was also delivered to healthcare providers to equip them with the skills and sensitivity required to meet the specific needs of persons with disabilities. Community engagement activities were conducted to combat stigma and foster inclusivity. In addition, advocacy initiatives were carried out to influence policies and practices at both community and institutional levels. Sustainable partnerships were formed with organizations of persons with disabilities, other civil society organizations, healthcare providers, and government agencies. These collaborations lay the groundwork for ongoing cooperation, ensuring the programme's long-term impact and potential for scale-up.

Afghanistan

Väestöliitto's partner has been able to continue its operations despite the Taleban regime and its multiple restrictions directed to women. The partner organization has had to mitigate with increasing number of restrictions impacting women's ability to work – and has succeeded well to maintain its female staff still in 2024.

The project enhances accessibility and inclusivity in SRHR services for individuals with disabilities, particularly female clients with disabilities. At the rights-holder level, Väestöliitto's partner continued to reach extensive number of persons with disabilities and contributed to improving their knowledge and awareness regarding their SRHR. Community involvement and collaboration with local leaders and organizations has continued to be crucial to successfully reducing stigma and cultural barriers, making SRHR services more acceptable and accessible. The project has led to increased participation of rights-holders in decision-making and achieved a notable increase in the involvement of vulnerable persons in decisions related to their SRHR, empowered individuals to have agency over their reproductive health choices and contributed to a more supportive and inclusive community environment.

Awareness raising campaigns such as radio campaigns and booklets have continued to play a key role in enhancing the knowledge of right-holders and community members at large about SRHR of persons with disabilities. As during previous years, also in 2024 engagement of religious leaders to provide awareness during prayers was seen to have heightened awareness among vulnerable populations regarding their SRHR. Väestöliitto's partner provided orientation to religious leaders and community elders to identify, address, and remove barriers to contraception, information, and SRH services, particularly for vulnerable groups. Religious leaders were sensitized about PwDs SRH and FP, which improved their awareness and changed their attitudes positively, thereby increasing access and referral to SRH and FP services.

Despite the many context-related challenges in Afghanistan, the partner has observed clear signs of positive impact through the project. Satisfaction among persons with disabilities using SRHR services has increased, reflecting that the services are becoming more responsive to their specific needs. Service providers have also shared encouraging feedback, noting improved communication and stronger understanding between healthcare staff and patients with disabilities. These developments have contributed to better health outcomes for persons with disabilities, supported by increased knowledge, greater awareness, and improved access to higher-quality services.

Nepal

In 2024, Väestöliitto's partner reported that interventions such as comprehensive sexuality education sessions, peer educator mobilization, and awareness-raising activities have supported informed decision-making around SRHR. Orientation programs for journalists and media personnel have further enhanced public awareness, as media coverage has helped highlight the importance of SRHR for persons with disabilities. Capacity-building initiatives targeting organizations of persons with disabilities have enabled these groups to incorporate SRHR activities into their annual plans. At the same time, advocacy efforts, such as provincial workshops and orientations for local government representatives, have increased sensitivity toward inclusive services and underscored the need for supportive policies and guidelines. These workshops also created a platform for ongoing advocacy by bringing together key stakeholders to push for long-term, community-level improvements.

Partnerships and coordination among organizations of persons with disabilities and other relevant actors have helped identify and address gaps in SRH service provision. During clinic visits, Nepali partner observed that persons with disabilities are now bringing others from their communities to access SRHR services, demonstrating growing trust in the system and increasing peer-to-peer outreach. This grassroot level mobilization reflects growing empowerment, as individuals with disabilities encourage others to seek services and engage in informed discussions around their rights. Their social inclusion has notably increased, with more individuals actively participating in public dialogue and influencing decisions in the disability sector. The celebration of International Disability Day, led by the central ministry, further signaled the government's commitment to inclusion. Additionally, like-minded organizations are now embedding disability-related components into their core programming, reflecting broader recognition of the SRHR needs of persons with disabilities.

Tajikistan

In 2024 Tajik partner worked in the rights-holder level particularly through "Summer school" and "Peer Support Groups". These activities were aimed at improving life skills of persons with disabilities, raising their awareness and building their capacity on SRHR issues.

Notable signs of impact include Tajikistan's progress toward the ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the development of a new draft law on Persons with Disabilities, where Tajik partner successfully advocated for the inclusion of SRHR issues specific to persons with disabilities. Additionally, the increased visibility of challenges and rights of persons with disabilities through articles, radio programs, video podcasts, and other media initiatives has played a crucial role in raising public awareness. These efforts have not only brought SRHR issues into mainstream discussion,but also encouraged community-wide dialogue on creating an accessible and inclusive environment for persons with disabilities.

The project implementation faced numerous challenges. Reaching the most vulnerable Dushanbe, Istaravshan, Buston, and Rudaki required additional effort due to logistical and accessibility challenges. Cultural and societal barriers also posed significant difficulties. In some communities, stigma and taboos surrounding SRHR topics made it hard for participants to engage openly or apply what they had learned within their environments. In several instances, girls and young women were prevented from attending events or fully participating in activities due to restrictions imposed by family or community members.
Additionally, nationwide energy limitations, including frequent power outages, disrupted communication and interfered with consistent engagement, especially in areas outside the capital. Although initiatives like the Summer School and Peer Support Groups proved to be highly effective, their limited number meant that many potential participants were not reached. As a result, opportunities for widespread capacity building and sustained impact across all target groups were restricted.

3.11 Analysis of the Prevention of SGBV in Malawi project

The SGBV project in Malawi had already commenced as a stand-alone project in 2021 and was in full implementation in 2024 with well-established partnership between Väestöliitto, the Finnish partners, and the

Malawian partner strongly ongoing from 2013. In comparison with the two other projects of the programme, the SGBV project in Malawi is bigger in size, personnel in the partner organization, as well as expected overall reach of the project. Therefore, the reported results and the number of the stakeholders and community structures the project can reach are not completely proportional to the other partners of the programme.
The project has made notable progress in advancing SRHR with outputs translating into tangible outcomes for women and girls. Increased SRHR knowledge, wider access to youth-friendly health services (YFHS), and community sensitization have all contributed to strengthening rights realization. Capacity-building sessions for staff on LGBTQI+ inclusion and disability rights fostered more inclusive programming and positively shifted organizational attitudes. Similarly, training for women and girls on SRHR, comprehensive sexuality education, and integrated health frameworks built resilience and empowered them to challenge harmful practices.

Multi-stakeholder partnerships, including participation in SRHR Alliances and technical working groups, enabled joint advocacy, resource mobilization, and knowledge sharing. These collaborations contributed to the adoption of inclusive policies, positioning the project to influence systemic change beyond the community level.

In 2024, significant outcomes were realized, including expanded youth participation in SRHR decision-making, policy advances toward inclusivity, and improved access to services for adolescent girls, young women (AGYW), and other marginalized groups. These gains formed a foundation for long-term impact, moving closer to the overarching goal of universal SRHR.

Evidence of positive change is visible at multiple levels at this state of implementation, such as the clear evidence that women and girls are increasingly challenging harmful norms and seeking justice in sexual and gender-based violence cases. Also, adolescent girls and young women have more access to HIV testing, contraceptives, and other services without male gatekeeping, indicating growing autonomy. Social media engagement and open dialogue on sensitive issues reflect shifting community norms and greater visibility of SRHR concerns. Male peer educators are effectively leading community sensitization, engaging traditional leaders and integrating SRHR messages into community events.

In addition, inclusive outreach has expanded, with health providers now actively including adolescent girls and young women as well as persons with disabilities in SRHR and SGBV screening. Enhanced SGBV case management and coordination across community structures, supported by cascade training, have also strengthened local SGBV response systems. Youth-driven advocacy has gained momentum, particularly through the Malawi 2063 Youth Engagement Strategy and the launch of the National Ending Child Marriage Strategy, which demonstrate high-level political commitment.

Despite these achievements, progress has been uneven due to several systemic and contextual challenges. At policy level, national commitments have not been fully translated into practice, with weak decentralized implementation mechanisms and insufficient resources at local government level. Many vulnerable groups remain unaware of revised policies or lack the means to claim their rights, particularly in rural areas. Cultural and social barriers are also persistent: Deeply entrenched patriarchal norms, stigma surrounding SRHR, and resistance to female leadership continue to limit participation, particularly among adolescents and unmarried women in the project area. Survivors of SGBV still face fear of retaliation, shame, and re-victimization. While male champions play a critical role, limited resources, supervision, and logistical support constrain their ability to cascade training effectively.

Economic hardships and recurrent droughts compounded the challenges, affecting household livelihoods and the sustainability of women-led businesses despite project support. Although mitigation efforts included promoting drought-resistant crops and providing irrigation kits, broader economic instability remained a barrier. Operational challenges also emerged. Limited health facility coverage, under-resourced service points, and inadequate transport for community policing forums (CPF) hindered timely access to and delivery of SRHR/SGBV services. Fragmented youth participation further limited the effectiveness of advocacy, as engagement in decision-making processes often remained inconsistent or narrowly focused.

Overall, the project demonstrates strong alignment between outputs and outcomes, with early signs of systemic and behavioral change. Progress in youth engagement, inclusive policy adoption, and shifting social norms indicates a positive trajectory toward long-term impact. At the same time, sustained effort is required to address persistent barriers.

3.12 Analysis of the Advancing the advocacy capacities of LGBTIQ+ organizations project

The new element in Väestöliitto's development cooperation - the LGBTIQ+ project – continued having certain challenges in its implementation during the third year of the programme despite many overall successes and advancement in attaining the expected results. Many attempts to strengthen the project management and implementation of the Zimbabwean partner lamentably failed in many respects, and the unfortunate decision to phase out from collaboration was made in 2024. This was jointly discussed in the partnership meeting with all LGBTIQ+ partners in 2024.

Despite this, the project still made several strides forward in other fronts, and there was good progress under outcomes that concentrated especially on capacity building of rights-holders and advocacy. Under the challenging working environment of Zambia and Zimbabwe, the partner organizations are not able to conduct awareness raising for the broad public nor engage with duty bearers at the same level as the other programme partners do. As the role of the South African partner is to support the capacity building of its member associations throughout the African continent, they do not engage in national advocacy nor reach out to rights-holders or civil society structures.

South Africa

South African partner plays quite a different role within the programme by focusing on capacity-building of project partners instead of direct service provision, national advocacy or driving change in South African national context. Its efforts create an enabling environment for LGBTIQ+ organizations within the African region to strengthen their work in which vulnerable persons, particularly those within LGBTIQ+ communities, can exercise agency over their SRHR. By equipping organizations with skills, strategies, and tools for advocacy and knowledge-sharing, South African partner enables grassroots actors to deliver SRHR education, support legal literacy around sexual and gender-based violence (SGBV), and strengthen self-advocacy.

Although South African partner does not directly build the capacity of individuals, its contributions have had an impact on the broader ecosystem of SRHR advocacy in the African region. Partner organizations supported by South African partner have expanded access to information and facilitated dialogues between communities, civil society, and policymakers. These exchanges have integrated the lived realities of LGBTIQ+ persons into advocacy work, leading to stronger destigmatisation efforts and greater recognition of inclusivity in SRHR discourse. Community engagement efforts initiated by civil society partners further amplified the voices of vulnerable persons, reinforcing their sense of belonging and agency in shaping an inclusive future.

One of South African partner's key achievements has been its contribution to the development and validation of an SRHR strategy. This milestone engaged activists, civil society organisations (CSOs), and decision-makers in a participatory process, resulting in concrete recommendations for inclusive policy change. The strategy now serves as an advocacy tool to strengthen engagement with duty-bearers and guide actions to dismantle legal and institutional barriers to SRHR access. This validation process not only enhanced the relevance of the strategy but also ensured its ownership by stakeholders across the sector. This has led to strengthened partnerships with policymakers, increased advocacy for inclusive healthcare policies, and the emergence of new initiatives addressing systemic barriers. By providing LGBTIQ+ activists with a refined and practical framework for advocacy, the programme has enhanced their capacity to influence policy and hold institutions accountable for advancing rights. The strategy process also contributed to strengthening CSO-led alliances and networks which enables broader and more strategic engagement with policymakers and other stakeholders. This collaborative and participatory approach reinforces institutional ownership of SRHR advocacy, laying a foundation for long-term sustainability and impact. This strategy will be officially launched in the Pan African Regional Conference in 2025.

Importantly, South African partner's focus on capacity-building rather than direct service provision ensures that its interventions are scalable and sustainable, strengthening civil society's ability to advocate for rights over the long term. However, challenges remain. The wider sociopolitical context continues to present barriers, particularly with increasing restrictions on civil society and the persistence of negative rhetoric in media spaces all over Africa. These dynamics make open alliances with LGBTIQ+ persons difficult for some mainstream

organisations. In response, South African partner has supported its partners in re-strategizing engagement approaches and building on linkages across the LGBTQI+ sector to mitigate risks and sustain momentum.

Zambia

The Zambian partner made significant strides in advancing SRHR for adolescent girls and young women (AGYW), trans-diverse, intersex, and broader LGBTIQ+ communities. Safe spaces in Zambia have flourished, offering regular wellness activities and enabling dialogue on SRHR and general health. These hubs have become critical entry points for increased engagement, with 65% of AGYW, trans-diverse, and intersex persons now reporting active participation in SRHR decision-making. Peer-led approaches have been central to this progress. Nineteen peer leaders across 12 districts in five provinces have expanded outreach, creating a snowball effect that reaches diverse communities. This has strengthened rapport between grassroots groups and Zambian partner organization, leading to increased participation of marginalized populations in both physical and digital SRHR dialogues. Enhanced health-seeking behavior reflects growing knowledge and confidence, with individuals proactively seeking PrEP (CAB-LA), condoms, IVF, hormone replacement therapy (HRT), and related services.

The project also influenced national institutions. Local authorities invited Zambian partner to career exhibitions and Global Fund country mechanisms, while the Ministry of Health endorsed HIV and SRHR services for key populations. Zambian partner signed a memorandum of understanding with the University Teaching Hospital (UTH) for quality assurance and piloting a model facility. Human Rights Commission engagement further expanded accountability, supported by new prosecutorial powers to address violations against trans-diverse and intersex persons.

There has also been greater visibility of LGBTIQ+ issues through digital campaigns, media engagement, and participation in national and regional platforms such as the RAHi. Also, parent support groups established across four towns, with participation from religious leaders, fostered a new kind of dialogue on intersex experiences and shaping community perceptions. Healthcare providers increasingly adopted gender-neutral language and integrated SRHR services for key populations, supported by training and direct collaboration with Zambian partner. During 2024 partnerships with youth-led and regional SRHR organization were strengthened which expanded the partner's influence beyond Zambia. Importantly, there is growing evidence of positive perception shifts, particularly among youth and in public spaces such as sports, where inclusivity is more widely accepted.
These outcomes indicate rising self-esteem, autonomy, and community resilience among LGBTIQ+ persons and AGYW, with visible platforms now available to report violence, negotiate rights, and claim services.

Collaboration has been a defining feature of the project. Engagements with the Human Rights Commission, The Youth Platform 360, Planned Parenthood Association of Zambia (PPAZ), and other LGBTIQ+ organizations further reinforced collective advocacy and service linkages. Zambian partner organization's presence in grassroots spaces—through soccer initiatives, parent groups, and youth networks—has raised visibility and strengthened community trust. Partnerships with institutions such as the Zambia Air Force and professional soccer academies have further diversified entry points for SRHR advocacy.

Despite progress, the project continues to face systemic and contextual challenges: for instance, there are age-related barriers and healthcare provider prejudice restrict AGYW's service uptake. Deep-rooted cultural practices normalize SGBV and hinder reporting of the cases, and also mental health services remain inconsistent, particularly outside urban areas. Negative rhetoric in mass media perpetuates stigma, despite targeted interventions to shift reporting practices, and while peer-led models are effective, they require sustained resources, mentorship, and logistical support to remain impactful.

Zimbabwe

Despite the challenging working environment, the outputs achieved during 2024 contributed to advancing project outcomes. By generating an "information capsule" for future use, the outputs provide a strategic knowledge base to guide innovative SRHR interventions. Importantly, they strengthen organizational interconnectedness and broaden the lens of SRHR work to include dimensions of choice, pleasure, safety, security, and wellness—elements often overlooked in traditional programming.

Through creative approaches, particularly the use of visual arts, the project fostered inclusive spaces for marginalized groups to share experiences, affirm their agency, and participate meaningfully in shaping SRHR discourse. These approaches have catalyzed a shift toward more holistic and justice-centered frameworks that prioritize the voices of under-represented groups such as LBQT+ persons and other marginalized womxn.
The project also deepened linkages between SRHR and overall well-being, contributing to a growing recognition among rights-holders and organizations within the LGBTQI+ sector that sexual and reproductive justice is central to broader human rights. Intersectional strategies facilitated synergies across diverse marginalized communities, advancing collaboration and solidarity.

Several indicators demonstrate a positive trajectory toward the project's long-term goals: Growing peer-to-peer conversations about SRHR in social spaces among LBQT+ persons and other marginalized womxn and building informal but strong support systems among the community. Another positive sign is the creation of both physical and virtual safe spaces that foster understanding of diversity, intersectionality, and shared realities, which strengthen community resilience. There has also been increased recognition of LBQT+ persons' SRHR needs, including linkages to broader women's rights agendas, showing a widening of advocacy coalitions. Also, there is improved understanding of safety, security, and wellness within communities, enhancing informed decision-making on SRHR issues. Importantly, there is enhanced knowledge among allies regarding the diverse SRHR needs and challenges of LBQT+ persons, including intersections with other identities. Collectively, these developments point to an emerging movement where LBQT+ persons are empowered to claim rights, challenge exclusionary systems, and build alliances with other marginalized groups.

Despite achievements, the project faced important challenges. Engagement with duty bearers was hindered by the absence of an effective stakeholder engagement strategy and compounded by rising negative rhetoric on traditional and social media platforms. This environment fueled stigma and resistance, complicating advocacy efforts. The looming PVO Act Amendment also created a restrictive context, discouraging mainstream organizations from openly aligning with LGBTQI+ groups. This has limited opportunities for broader coalitions and increased the isolation of LBQT+ organizations. Additionally, while peer-to-peer dialogue and creative expression were effective, sustaining these platforms requires resources and long-term commitment. Without adequate institutional support, there is a risk of fragmentation and burnout within community-led initiatives.

4. Transparency and accountability of the programme

Transparency and accountability of the programme continue to be considered as key policies that crosscut the programme's planning, implementation and reporting. The underlying value is that the ownership of the programme's approaches is strongly in the hands of the local communities, rights-holders and key stakeholders to make sure that both the targets and the applied strategies to reach them really meet their needs and are relevant from their perspective. It also means that programme partners are accountable to the rights-holders, communities and stakeholders on the results and progress made. As the implementation of the programme's project is the responsibility of the programme partners, their crucial role is also to design the most suitable approaches together with the target communities.

The partners in the programme countries ensure transparency and accountability in various ways. In Malawi, the partner utilized the methods of Meaningful Youth Participation where young people were actively involved in project design, implementation, and monitoring. This included leading the successful Social Accountability Monitoring sessions for accrediting health facilities as Youth Friendly Health Service providers. Also community dialogue and empowerment encouraged women and adolescent girls to lead advocacy efforts and speak out against SGBV enhancing their ownership of SRHR outcomes. In addition, partners and local structures were involved in planning and in reflection meetings reinforcing accountability. A commendable method of having feedback mechanisms, such as community scorecards and regular direct consultations promoted transparency and responsiveness.

In Afghanistan, the project was designed on the basis of needs and perspectives of persons with disabilities, who were actively involved in its planning. Participatory workshops and focus group discussions helped to identify their specific SHRH needs, and collaboration with local organizations of persons with disabilities increased local support and enhanced local ownership of the project. Väestöliitto's partner facilitated regularly

inclusive community meetings, and as well as designed feedback mechanisms to keep rights-holders informed and engaged throughout. Accessible materials and communication formats were used, including radio campaigns. PWDs co-developed awareness campaigns and received training to become advocates within their communities. Healthcare providers and professional associations co-designed training programs, with PWDs also serving as trainers to promote disability-sensitive care. Health committees and advisory groups were established to sustain dialogue and ensure continued feedback. Collaboration with the duty-bearers and civil society further strengthened the project's accountability and transparency. Reliable data was collected, and monitoring and evaluation systems were implemented to assess impact. Published reports and open forums highlighted lessons learned and ensured that the concerns of rights-holders remained central to future planning.

Nepali partner implements the project in close collaboration with local partner organizations across two operational areas, fostering a strong sense of shared ownership among stakeholders. Regular partner meetings serve as a platform to review progress, exchange insights, and coordinate upcoming activities, and through these engagements Nepali partner strengthens both planning and implementation.

To ensure responsible resource management, both internal and external audits are carried out, complemented by the use of financial management software that enables effective oversight of funds. Supportive monitoring and supervision mechanisms have further reinforced accountability, ensuring that everyone involved has a clear understanding of the project's goals, operations, and impact.

Nepali partner maintains open communication with stakeholders by regularly sharing updates on activities and achievements through various channels, including local media, immediately following the completion of events or key milestones. Additionally, in response to partner needs, Nepali partner offers logistical support and provides materials to help facilitate their ongoing work. This coordinated, transparent approach not only builds trust but also enhances the overall effectiveness and integrity of the project.

In Tajikistan, rights-holders and other stakeholders were actively involved in the implementation of project activities, which increased their ownership of the project. Accountability and transparency were upheld through careful documentation. Prior to each activity, all plans were shared and discussed with partners, trainers, and peer trainers. Following each activity, comprehensive reports were compiled to track progress and reinforce transparency throughout the project.

In Zambia the partner continued with similar methods such as ensuring that the rights-holders are involved in the input and validation of SRHR stakeholder mapping exercises. This process has also supported service uptake as individuals were encouraged to access services from the facilities mapped out and recommended. The mapping process was followed-up by conversations and mobilization of healthcare providers, some of whom participated in the partner's healthcare roundtable dialogues. Healthcare providers have been supportive in increasing health outcomes among the LGBTIQ individuals by their openness and reception. Healthcare workers have also been forthcoming about the challenges in the public health sector that prevent them from efficiently providing care. However, they have been very participatory in attending to clients in as far as gender-affirming care goes. Peer Leads and Community Outreach Workers work on the relationships with healthcare workers while also disseminating information to peers and encouraging knowledge sharing and making referrals possible.

In Zimbabwe accountability and transparency towards rights-holders is constantly developed into more rigorous process. There have been informal ways of gathering feedback from rights-holders and providing them updates on the project's progress.

Systematic and uniform, programme-wide modes of ensuring ownership, transparency, and accountability are topics that are constantly developed further together with the partners via e.g. sharing different ways of ensuring them between partners. Accountability and transparency towards the broad public in Finland is further strengthened by ensuring that information about the programme and its results are more readily available.

5. Risks, risk management and their impact on the results of the programme

The programme is centered around very sensitive issues, and the risk of sexual exploitation, abuse and harassment is present at all times. In addition to that, the programme countries are to a large extent challenged with high risks of corruption which may be visible in financial mismanagement of project funds. Each partner organization has their own risk management structures which include regular risk assessments, continuous updating of risk matrices and having mitigation mechanisms in place. The joint programme level risks were assessed jointly with partners during the partnership meetings live and online in 2024 which also included going through the updated risk matrix and risk guidance of the MFA. Each partner reformulated risks relevant to their organizations and implementation, and the programme-level risk matrix was updated based on those assessments.

During 2024 no incidents of SEAH or mismanagement of funds were reported or identified by Väestöliitto. In 2023 Väestöliitto had introduced a web-based form to report any incidents of harassment, discrimination, bullying, or other forms of unequal treatment that occur within Väestöliitto or at events organized by Väestöliitto, and this form alongside the MFA's own mismanagement alert were reminded of.

In 2024, Väestöliitto's partner in Afghanistan encountered several key risks that impacted the delivery of inclusive SRHR services. One major issue was the need to adapt services in response to humanitarian crises, which increased community demand for SRHR. The partner responded by adjusting service models, and expanding the role of community health workers in remote areas. Restrictions on women's mobility and their ability to work in NGOs further complicated access to services. Partner addressed this by working closely with local communities and tailoring service provision to cultural sensitivities.

External challenges such as political instability and natural disasters required significant staff time to manage. Partner's staff collaborated with local authorities to implement contingency plans and avoid delays. Societal stigma and cultural norms surrounding disability and reproductive health also remained significant barriers. To address these, partner engaged local influencers and community leaders to promote inclusive services. Limited stakeholder engagement and lack of collaboration among key actors, including persons with disabilities and healthcare providers, posed another risk. Partner dedicated additional staff resources to improve communication and coordination. Insufficient financial and human resources formed a risk but resource mobilization and prioritization of high-impact interventions allowed the project to continue. Lastly, gaps in training and awareness among government officials were addressed through targeted capacity-building initiatives.

In Nepal in 2024, no major risks materialized that would have had an impact on the project. Some minor challenges were encountered during the year, related to scheduling activities with duty bearers. The challenge, however, lies in the rapidly shifting and shrinking funding landscape. Nepali organizations that dependent on U.S. support face significant operational hurdles. Nepali partner remains unaffected, as it does not currently receive funding from the U.S. government. Moreover, Nepali partner has built strong partnerships across all three tiers of government, which continue to provide resources and collaborate actively in delivering SRHR services, particularly in remote areas and among marginalized and vulnerable populations.

In Tajikistan poor internet connectivity was a continuous challenge during the reporting year, particularly in the Istaravshan, Buston, and Rudaki districts. While the organization does not rely on online training, weak digital infrastructure delayed report submissions and hindered coordination with local partners. These difficulties were compounded by frequent winter power outages across Tajikistan, further disrupting communication. To manage this, the team shifted to alternative communication methods, such as in-person meetings and mobile networks. These adaptations allowed project activities to continue with minimal delays.
A structural risk also materialized: reliance on a limited number of donors. As anticipated, one of Väestöliitto's partner's donors confirmed it would discontinue funding from the next fiscal year. In response, mitigation strategies are being implemented to safeguard financial sustainability. Unanticipated external factors, such as heavy snowfall, also disrupted travel plans and delayed monitoring and evaluation activities. While disaster preparedness measures were in place, these events highlighted the need for greater flexibility and resilience in planning.

In Malawi several risks identified in the risk matrix materialized during the 2024 reporting year. However, Malawian partner was able to respond promptly to minimize disruptions and sustain progress toward project outcomes.
The lingering effects of Cyclone Chido continued to affect some target communities, particularly in the Southern Region. In the project district of Machinga, project beneficiaries—especially vulnerable groups—reported ongoing challenges related to drought spells and food insecurity. In response, Malawian partner worked closely with District Civil Protection Committees (DCPCs), the Department of Disaster Management Affairs (DoDMA), and humanitarian actors to ensure affected rights-holders, particularly adolescent girls and women, were connected to emergency services. SRHR interventions were adjusted to the context, using mobile outreach and psychosocial support to address vulnerabilities exacerbated by the disaster. Compared to Cyclone Freddy in 2023, the impact of Cyclone Chido on rights-holders was less severe. Malawian partner also maintained quarterly risk review meetings to update mitigation measures and address emerging issues in a timely manner. This proactive risk management approach was critical in ensuring continuity, learning, and achievement of results. An emerging challenge during the year was the worsening fuel scarcity, which had begun in 2023 but intensified in 2024 due to disruptions in importation and foreign exchange shortages. This affected fieldwork scheduling and the deployment of mobile health clinics and monitoring teams. To mitigate these disruptions, Malawian partner adopted flexible activity planning, including clustering activities to maximize efficiency. Finally, changes in district leadership due to transfers and retirements affected relationships with local government partners. Malawian partner responded by strengthening its engagement with new officials, increasing participation in technical working groups (TWGs), and re-introducing its interventions to ensure alignment with district priorities.

In Zimbabwe the challenges in project implementation emanated from the delays in reporting stalled all project delivery stages, and the risks of ineffective management, inability to attain the expected results, and inadequate staffing were realized. The partner implemented measures, such as employing a clearer segregation of roles and clearer intra-organizational structure communication models, but they did not translate into effective management and implementation. As the project management weaknesses were at such a high level without any visible signs of improving, Väestöliitto decided as a risk mitigation measure to phase out from collaboration and cease channeling funding the partner from 2025 onwards.

Regarding the South African partner and the African region in general, several risks outlined in the risk matrix materialized in 2024, particularly concerning policy resistance, funding limitations, and organizational challenges. One of the most significant risks was the growing influence of anti-rights movements and restrictive legislation in various African countries. To manage this risk, the project adapted by strengthening partnerships with regional human rights mechanisms, increasing engagement with allies, and refining advocacy strategies to navigate hostile environments. Security risks for activists and community members engaging in SRHR advocacy were another key concern. The Risk Matrix Review during the Zambia meeting identified the need to update the risk assessment tools due to evolving threats faced by LGBTIQ+ individuals in restrictive environments. To address this, the project focused on capacity-building around risk mitigation strategies, safe community engagement approaches, and digital security protocols for activists working in high-risk areas.

6. What was learned

As the programme is an entity of new programme elements and projects that were already strongly ongoing at the beginning of the programme, there was heavy focus on streamlining the different elements during the first two years. By the third year the programme management tools were better utilized and the results framework, its indicators and data gathering were even better managed by the partners. However, it was learned that going through the results framework and data gathering methods need to be discussed as an ongoing process, as some details might be misunderstood or critical understanding might be lost during staff changes.

For the partners the implementation in 2024 generated a set of learnings about what makes SRHR programming more effective and sustainable. Many raised the importance of local ownership: Where rights-holders were directly engaged in planning, monitoring, and advocacy processes, interventions became more relevant and durable. For instance, the Social Accountability Monitoring process in Malawi for youth-friendly health services illustrated that community-led approaches outperform top-down interventions in responsiveness and impact.

It was also raised that inclusive framing and language were critical for advancing sensitive issues. Work on LGBTQI+ and disability rights progressed more effectively when framed in terms of shared human dignity, family wellbeing, and health outcomes. This framing created safer spaces for dialogue, even in conservative contexts, and reduced resistance to change. Also, partnerships and collaboration multiplied impact. Multi-sectoral alliances with government structures, CSO networks, and thematic working groups expanded the programme's reach beyond its initial scope. Cross-learning within these partnerships not only extended influence but also stimulated innovation and improved internal strategies.

Digital engagement emerged as an essential tool. Social media campaigns around SRHR demonstrated the power of digital platforms in reaching young people and catalyzing shifts in attitudes. With youth populations increasingly online, digital strategies became indispensable for awareness-raising and mobilization.

Context-specific engagement with duty bearers was a delicate but necessary strategy. The Zimbabwean partner, for example, learned that meaningful progress requires identifying and working with the few open-minded actors within restrictive environments, while balancing micro-level community empowerment with macro-level policy advocacy. Equipping communities with knowledge and skills on SRHR was recognized as a crucial foundation for broader well-being.

Advocacy networks and coalitions became more important than ever. The growth of anti-rights movements underscored the need for collective action. In response, the programme strengthened regional alliances, cross-movement solidarity, and intersectional advocacy approaches, ensuring that diverse groups were part of SRHR advocacy strategies. Also, continuous learning enhanced adaptability. Building on lessons from previous years, the project expanded knowledge-sharing platforms, introduced more systematic feedback mechanisms such as post-activity surveys and regular check-ins, and ensured advocacy tools reached a wider network of CSOs. These adaptations improved responsiveness, accountability, and alignment with the evolving needs of rights-holders.

6.1 Central successes

Väestöliitto advocated the importance of SRHR actively to multiple decision makers and increased their capacity on what SRHR entails, what kind of political challenges the concept includes especially in the international fora and why all aspects of SRHR should be prioritized in Finnish development policy. Leading towards governmental Reports on International Economic Relations and Development Cooperation as well as on Foreign and Security policy multiple decision makers were met and reached with communications, and Väestöliitto was present in the parliamentary hearings on the reports. As the governmental programme only included sexual and reproductive health as a priority, it was a key success that both of the final governmental reports include SRHR as a whole.

Central successes in Malawi in 2024 included a significant progress in advancing Sexual and Reproductive Health and Rights (SRHR) in Malawi, with both community-level impact and national policy influence. Awareness and service uptake increased through peer-led sessions, human rights clubs, and community dialogues, resulting in higher use of contraceptives, HIV testing, cervical cancer screening, and psychosocial support. Reports of child marriage and gender-based violence also rose, reflecting greater community trust and awareness. Shifts in gender norms were notable, with women and girls assuming leadership roles and more men supporting women's access to services. Partner organizations, such as Malawian partner organization, strengthened institutional capacity by embedding inclusive approaches in strategies, engaging more effectively with LGBTQI+ persons and persons with disabilities. At the policy level, the project contributed to the rollout of the National SRHR Policy (2024), the National Strategy to End Child Marriage (2024–2030), and the Youth Engagement Strategy. Partnerships with national and district alliances enhanced joint advocacy, knowledge exchange, and access to resources, amplifying collective action and reinforcing the quality and sustainability of SRHR interventions.

In 2024, collaboration with key stakeholders, including the Afghan National Blind Association, the Disabilities Directorate of Ministry of Public Health, and educators, played a crucial role in expanding access to SRHR services for women with disabilities in Afghanistan. These partnerships helped establish referral networks, raise awareness, and promote disability-inclusive services. Awareness campaigns effectively increased understanding among vulnerable populations and encouraged requesting SRHR services. Insights from community health workers and Ministry-led task force discussions underscored the importance of community involvement, particularly the role of local leaders and organizations in reducing stigma and improving accessibility.

Advocacy efforts led to notable policy progress, including the integration of disability-inclusive indicators into HMIS guidelines the previous year (2023), helping embed SRHR services within the broader healthcare system. Outreach activities and targeted campaigns enhanced understanding of SRHR rights and services among communities, resulting in increased engagement.

Ongoing dialogues with decision-makers strengthened collaboration with civil society organizations and promoted more inclusive healthcare policies. These collective efforts contributed to changes in service delivery and policy, reducing cultural stigma and ensuring that the SRHR needs of persons with disabilities are increasingly recognized and addressed within Afghanistan's health system.

In Nepal, a key achievement of the year was the development of a joint commitment for the upcoming Global Disability Summit, which was later presented in 2025 by Nepali partner's partner organization from the Valley Branch, BAYAN, in Germany. This demonstrated strong national engagement in global advocacy efforts and highlighted the growing recognition of disability-inclusive SRHR.

In 2024, Nepali partner also continued to expand its reach, enabling more persons with disabilities to access and utilize SRHR services. As a trusted and respected partner, the organization was invited to nominate a youth representative with disabilities to a central governance body following national governance reform. Furthermore, Nepali partner strengthened its collaboration with the disability movement by signing four new memorandums of understanding with organizations of persons with disabilities in Banke, reinforcing its role as a key advocate and service provider for inclusive SRHR in Nepal.

During the reporting year, key successes in Tajikistan included the empowerment of persons with disabilities through initiatives like the Summer School and Peer Support Groups, which provided essential knowledge and skills to make informed decisions about their SRHR. These activities, held in Buston, Istaravshan, Rudaki, and Dushanbe, strengthened the confidence of participants, especially women and youth, enabling them to engage more actively in discussions around reproductive health, gender equality, and the prevention of gender-based violence.

The project helped increase awareness of SRHR issues among local communities and the partner also engaged in national advocacy, contributing to discussions on the draft law on persons with disabilities by recommending the inclusion of SRHR provisions specifically for women with disabilities. These advocacy efforts align with Tajikistan's broader national strategies to promote accessibility and inclusion. The project's emphasis on building the capacity of rights-holders and amplifying their voices directly supports Tajikistan's commitment to inclusive development, reflected in its progress toward ratifying the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and implementing the Accessible Environment Program (2022–2025).

The South African partner analyzed several key successes, primarily in capacity building, policy engagement, and strengthening civil society networks. The validation and refinement of the SRHR strategy was a major milestone, ensuring that advocacy efforts were evidence-based and responsive to the needs of LGBTIQ+ communities. Through structured capacity-building workshops, activists and civil society organisations gained advanced advocacy skills, enabling them to effectively engage with policymakers and influence SRHR policies at national and regional levels. Additionally, the co-creation of toolkits provided practical resources that strengthened organizational advocacy, programme management, governance, and resourcing strategies. The initiative also facilitated increased collaboration among CSOs, leading to stronger networks that can sustain SRHR advocacy beyond the project cycle. Building on previous years' achievements, 2024 saw the consolidation of groundwork laid in 2022 and 2023. In 2024, these initiatives had evolved into concrete advocacy actions, policy dialogues, and stronger CSO networks that have contributed to more inclusive and rights-based SRHR frameworks. The integration of feminist and intersectional approaches during the period under review further strengthened advocacy efforts by ensuring that multiple layers of marginalization were addressed, enhancing the impact of SRHR interventions.

Central successes in Zambia were relationship building with cardinal SRHR institutions which enabled linkages to services and participation at national events such as the regional adolescent health Indaba where Zambian partner organization's visibility continues to be strengthened. Also, capacity building of trans-diverse, intersex and AGYW in SRHR in rural and urban areas proved to be successful. These community building sessions resulted in significant positive changes in the peer groups including a reduction in reported cases and referrals for STI treatment services, and reported reductions among AGYW in the number of unwanted pregnancies in

the period under review. Additionally, AGYW groups have reported significant boost to their confidence since feeling they belong to a space that addresses wellness and other SRH needs. In addition, the development of Zambian partner's integrated Advocacy and Strategic plan that incorporates SRHR and aspects of gender-affirming services will mandate to implement interventions that meet the SRHR needs of vulnerable groups, contributing to addressing SGDs 3.7 and 5.6, contextualizing it also to the needs of the diverse groups of Zambian partner organization.

6.2 Assessment and evaluations

In the halfway implementation of the first programme period, a Mid-Term Review (MTR) was conducted with the purpose of assessing the relevance, efficiency, sustainability, and coherence of the interventions and chosen strategies thus far. The MTR was implemented internally using a facilitated self-assessment method in each thematic project.

All partners were guided to assess the methods chosen under each outcome, and to justify their relevance. Partners were also guided to consider the geographical coverage and whether all necessary target groups were reached. For efficiency, they were guided to consider the cost-effectiveness of each chosen method from the perspective of time, personnel and financial resources, and which methods yield best results for each outcome. Under sustainability, partners assessed to what extent it can be expected that the activities and outcomes will be sustained, and for coherence the partners assessed how well the project fits into the working environment especially from the viewpoint of national policies and the work of others working in the same field. The self-assessments were commenced during the partnership meetings of each thematic project with the support of the Advisors of Väestöliitto who introduced the process, prompted with relevant questions and guided the discussion of the partners. The self-assessment discussions took place among the core personnel responsible for project implementation within the partner organizations. Each partner finalized the self-assessments after the partnership meetings independently and the last updated assessment was completed in December 2024 after which the analysis of the results was possible to be commenced.

The overall conclusions of the self-assessment are that the programme demonstrates strong **relevance**, addressing the intersection of persons experiencing vulnerability and their SRHR by aligning with national policies, international frameworks, and the lived realities of persons experiencing vulnerability. Their inclusion reflects a needs-based and rights-based approach. However, while the programme is inclusive, gaps remain in fully integrating LGBTIQ+ persons and other marginalized groups into SRHR discussions, limiting its reach and impact.

The **efficiency** of the programme is evident in its strategic use of partnerships, leveraging the expertise of programme partner organizations. This approach strengthens capacity-building efforts and ensures contextually appropriate interventions. However, limited financial and human resources pose constraints, affecting the scalability of activities. Logistical challenges, such as accessibility barriers and high turnover among trained personnel, also impact the programme's ability to maximize its efficiency. Strengthening coordination mechanisms and optimizing resource allocation would enhance overall effectiveness.

The programme shows **moderate sustainability**, particularly through efforts to institutionalize trainings within local structures, strengthen advocacy networks, and align with national and international commitments. In several countries, the adoption of SRHR guidelines for persons with disabilities supports long-term integration into national frameworks. However, financial sustainability remains a challenge, with heavy reliance on external donors. Without diversified funding sources and strengthened local ownership, the long-term continuation of interventions may be at risk. Strengthening engagement with national institutions and exploring alternative financing models could bolster sustainability.
The **coherence** of the programme is generally strong, as it aligns well with national strategies, international conventions, and ongoing civil society initiatives. The programme effectively integrates SRHR into rights advocacy and ensures that interventions complement, rather than duplicate, existing efforts. Collaboration with government agencies, OPDs, and civil society organizations further enhances coherence. However, gaps in engagement with key stakeholders, such as UNFPA, and challenges posed by restrictive political environments limit the programme's overall effectiveness. Addressing these gaps through stronger partnerships and adaptive advocacy strategies would further reinforce coherence and impact.

6.3 Challenges, lessons learnt and way forward

In 2024, the partners in diverse contexts navigated persistent and emerging challenges while making adaptations to sustain progress. Policy resistance, particularly from conservative and anti-rights movements, continued to restrict advocacy spaces, creating obstacles for open engagement on sensitive issues such as LGBTIQ+ rights, comprehensive sexuality education, and termination of pregnancy. Cultural and religious opposition aggravated these barriers, especially at community levels, where stigma limits dialogue and survivor support. At the same time, weak referral systems and inconsistent policy implementation at grassroots levels undermined people's access to justice and restricted the effectiveness of legal and policy gains. Funding constraints further constrained the scale of interventions, necessitating sharper prioritization of resources.

Therefore, the partners strengthened regional coalitions and multi-sectoral partnerships, recognizing the value of collective advocacy to counter shrinking civic space. Building local ownership became central, with communities—particularly youth, women, and survivors—taking more prominent roles in programme design, monitoring, and advocacy. This shift ensured greater sustainability and responsiveness, while decentralized approaches, such as peer-led implementation, enhanced accountability and nurtured new leaders from within marginalized groups. Digital engagement also emerged as a powerful tool, particularly for reaching youth and catalyzing attitudinal change in contexts where traditional spaces remained constrained.

A key lesson across experiences was that inclusive framing, emphasizing human dignity, health, and wellbeing, helped navigate sensitive topics and open space for dialogue, even in conservative areas. Equally, the need for structured, feedback-driven programming was reinforced, with mechanisms such as post-activity surveys, programme check-ins, and community-led monitoring enabling timely adaptation. The partners also invested in mainstreaming disability inclusion and gender-diverse perspectives, ensuring that advocacy tools, training, and strategies were intersectional rather than siloed.

As a way forward towards the final year of the programme, the partners analyzed that sustaining momentum requires scaling up regional alliances, strengthening financial sustainability of the partners, and deepening intersectional approaches to address the layered realities of marginalized groups. Enhancing monitoring of how policy reforms translate into local action, securing stronger engagement from policymakers, and fostering long-term partnerships with funders will be critical. By anchoring strategies in community leadership, adaptive programming, and cross-movement solidarity, CSOs remain well-positioned to advance inclusive SRHR agendas despite restrictive environments.

In Tajikistan, one of key challenges during the reporting year was the prolonged process for adopting the new Law on Persons with Disabilities, which delays legal recognition and protection of their SRHR. External factors, such as global economic instability and energy shortages in Tajikistan, also hindered implementation. Power outages and poor internet connectivity, particularly in Istaravshan and Rudaki, disrupted communication and delayed project activities. Cultural and societal norms restricted the participation of women and girls with disabilities, as some families were reluctant to allow them to attend events. Financial constraints, including increased office rent, forced the organization to move to a smaller space, limiting in-person engagement. Accessibility remained a persistent issue, as many public spaces and healthcare facilities were not physically inclusive for persons with disabilities.

In response, the partner adapted by using alternative communication methods and engaging families to raise awareness on the importance of SRHR for women and girls with disabilities. Simplified educational materials and interactive sessions improved accessibility, while in-person interviews enhanced data collection. Stakeholder coordination was strengthened through early planning and follow-up meetings. Continuous feedback mechanisms and field visits enabled real-time adjustments to better align activities with beneficiaries' needs.

In Afghanistan, the partner faced challenges, primarily due to ongoing security concerns in high-risk regions, which hindered outreach and limited access to SRHR and FP services for persons with disabilities. These security issues required strong mitigation strategies, including risk assessments, engagement with local authorities, and the use of alternative methods such as mobile clinics. Resource limitations complicated engagement with communities and service providers. Cultural stigma, deeply rooted beliefs, and communication barriers also impeded the delivery and acceptance of SRHR services, particularly for women and girls with disabilities, who often face social exclusion and discrimination. Additional challenges included inadequate disability-disaggregated data and inconsistent policy implementation.

Through these experiences, the project learned the importance of community involvement, culturally tailored programs, ongoing education, and multi-stakeholder collaboration. Targeted capacity building, inclusive communication, and regular monitoring were essential to strengthening outreach and improving service delivery. Community ownership, integration of SRHR into broader health initiatives, and alignment with cultural norms helped improve access and impact. The partner continues to build sustainable partnerships, stronger policy enforcement, and long-term donor commitment. Strengthening civil society alliances, advocating for consistent SRHR integration, and addressing stigma through continuous awareness efforts will be key to achieving inclusive and lasting change for vulnerable and marginalized populations.

In Nepal peer educators, themselves being persons with disabilities, faced challenges reaching remote areas due to inaccessible transportation. This set limits to the distribution of family planning commodities. The partner acknowledged, that many media personnel remained unaware of the SRHR issues affecting persons with disabilities which continues to reduce the visibility of these concerns. Parents and spouses were often uninformed about the SRHR needs of their children or partners with disabilities, contributing to the denial of their rights. Organizing events also posed difficulties, such as scheduling conflicts with key officials, though these were ultimately resolved. Despite the presence of over 400 organizations of persons with disabilities in Nepal, very few focus on SRHR, and integration of these issues into their programs remains minimal. Advocacy remains a long-term, ongoing process requiring sustained effort.

The partner continues to invest in community awareness sessions led by peer educators, which successfully generated demand for SRHR services. Partnership meetings proved to be valuable in fostering understanding and collaboration among stakeholders. It also became evident that service providers need sign language training to improve accessibility for clients with diverse disabilities. Greater effort is needed to increase resources and to ensure the inclusion of SRHR in the agendas of organizations of persons with disabilities. Furthermore, service providers must be equipped with the necessary tools and training to serve all persons with disabilities effectively. Strengthening partnerships and continuing to engage communities will be key to advancing SRHR rights and closing existing service gaps.

7. Contribution of the programme into SDGs and other policies

Overall, the programme contributed most to the following three SDGs: health (Goal 3), education (Goal 4) and gender equality (Goal 5). In addition, the programme contributed to Goal 10 “reducing inequalities” and Goal 16 “building peaceful and inclusive societies”. More specifically, all the programme components supported SDG target **3.7.** of ensuring universal access to SRH health care services, information and education, and the integration of RH into national strategies and programmes and SDG target **5.6** which calls for universal access to SRHR.

The programme contributes directly also to SDG targets and the SDG targets **5.1**, **5.2**, and **5,3** which call for ending all forms of discrimination against all women and girls everywhere, eliminating all forms of violence against all women and girls and eliminating all harmful practices and targets **16.1** which calls for reducing all forms of violence and **16.2** which calls for ending abuse and exploitation of children; which especially the programme's thematic work on eliminating SGBV has contributed to.

Other SDGs that the programme has contributed to is **4.7** which calls for equal quality education for all and the targets **10.2** and **10.3** which underline empowerment and promotion of social, economic, and political inclusion of all, irrespective of age, sex or disability, as well as ensuring equal opportunities and reducing inequalities. Through the programme-wide networking and learning and consequent capacity building of all programme partners within the programme countries, through North-South, South-South and triangular cooperation, the programme contributes also to the target **17.9**.

There are also individual implementation approaches that contribute to other SDGs such as women’s income generating groups that contribute to SDG **1.4** and **1.5** that call for financial services such as microfinance and building resilience of the poor and those in vulnerable situations.

In addition to the UN 2030 Agenda framework, the project is influenced by the International Conference on Population and Development Programme of Action (ICPD PoA) which calls for governments to ensure sexual and reproductive health and reproductive rights for all, to eliminate discrimination of PwD regarding their

reproductive rights, and to provide information and services on sexual and reproductive health to adolescents and youth.

The programme is also strongly guided by the Convention on the Rights of Persons with Disabilities adopted in 2006 and entered into force in 2008. The programme addresses especially the articles 6, 22, 23 and 25 which call for access and accessibility, privacy and elimination of discrimination in all matters related to e.g. family lives and family planning of Persons with Disabilities.

As Väestöliitto is the accredited member association of the International Planned Parenthood Federation (**IPPF**), the programme is strongly guided by its Declaration of sexual rights which are human rights related to sexuality and which highlight everyone's right to make informed decisions regarding their sexuality[2]. The declaration sets the framework and outlines the sexual rights that are implied in throughout this document.

7.1 Contribution to National policies

The programme also contributes to different strategies and policies in the national level in each partner country, which for the most part remain similar to previous implementation years. The SGBV project responds to Malawi's long-term strategy "Malawi 2063" which mirrors the SGDs as some of the goals directly relate them. Especially it responded to Goal number 3 which is promoting good health and well-being and Goal 5 promoting Gender Equality. In addition, the project contributes to the National SRHR Policy (2024 revised version) by supporting inclusive service delivery and community awareness on SRHR rights, the National Strategy to End Child Marriage (2024–2030) through community mobilization, SGBV prevention, and girl-led advocacy, and the National Youth Engagement Strategy under MW2063, by facilitating meaningful youth participation in governance and programming, including the accreditation of youth-friendly health facilities through the Social Accountability Monitoring process.

In promotion of Malawi's SRHR Policy, the project has reached out to service providers and capacitated them to create a safe environment and platforms for vulnerable groups to freely participate and access the required services. In contribution to Malawi's Gender Equality Policy the project empowered women economically to ensure that they can speak out against any abuses they may face, as women who are economically vulnerable are at a greater risk of being abused or forcing their child into child prostitution, marriage or defilement to secure their families from hunger. The project continued to align its work with existing national policies and strategies related to gender equality, public health, and human rights by collaborating with government agencies, like-minded NGOs, and other relevant stakeholders and community structures to remain a catalyst for achieving multiple SDGs and aligning with national plans and policies, creating an integrated approach towards enhancing the project's impact and sustainability.

Further, the project supported promotion of national education goals by implementing anti-bullying campaigns and signing of peace declarations thereby raising awareness on harmful impacts of SGBV in schools and fostering a culture of respect and consent. Capacitating teachers and members of various community civil society structures on recognizing and responding to SGBV aligned the project's efforts with national strategies for education and law enforcement.

Additionally, through supporting female champions' groups with capital run individual and group businesses as well as linking them to ongoing coaching and mentorship by government extension workers, it contributed to addressing economic inequalities and promoting economic empowerment for women who often face limitations to access economic opportunities and own assets. Through the Social Accountability Monitoring exercises such as the scorecard process, the project contributed in strengthening the role of civil society structures in ensuring prevention and response to SGBV thereby enhancing collaboration among the structures and strengthening the referral mechanism for effective enforcement of laws and promoting accountability.

In Afghanistan, the project was closely aligned with national SRH and disability rights policies, advocating for universal access to SRH services, particularly for vulnerable populations such as persons with disabilities.

[2] https://www.ippf.org/sites/default/files/sexualrightsippfdeclaration_1.pdf

Through collaboration with national health authorities, the project supported the integration of disability-inclusive frameworks into national health strategies, ensuring that the needs of persons with disabilities were reflected in broader SRH planning and implementation. The project directly contributed to the achievement of national Sustainable Development Goals strategies and relevant health and disability policies by improving access to SRH services for persons with disabilities.

The Government of Nepal has committed to achieving universal access to sexual and reproductive health (SRH) care services, including family planning, by 2030 as part of its commitments under Sustainable Development Goals 3 and 5. To support this agenda, the Ministry of Health and Population developed inclusive SRHR guidelines in 2022. The project has played a direct role in advancing both the SDGs and the development and implementation of these national guidelines. In alignment with the National Policy on Accessible Physical Structures and Communication Services (2013), the project supported the transformation of existing Nepali partner's clinics into inclusive facilities. This initiative ensures that SRH services are more inclusive and accessible to persons with disabilities. Moreover, the project has actively contributed to the implementation of the National Guidelines for Disability Inclusive Health Services (2019), with Nepali partner delivering SRH and family planning services specifically tailored to the needs of persons with disabilities. By extending SRH services to the most vulnerable and marginalized communities, who are often excluded due to intersecting barriers such as poverty, stigma, or disability, the project directly supports Nepal's national goals for equitable healthcare. Through these actions, the programme not only reinforces the government's commitment to Agenda 2030 but also ensures that no one is left behind in the pursuit of universal access to SRH services.

In Tajikistan, the project made a meaningful contribution to advancing Tajikistan's national SDG plans and strategies, particularly SDG 3 on good health and well-being, SDG 5 on gender equality, and SDG 10 on reducing inequalities. Väestöliitto's partner also played an active role in national advocacy efforts, contributing to policy discussions and promoting the inclusion of SRHR provisions for women with disabilities in the draft law on persons with disabilities. These efforts aligned closely with national strategies focused on improving accessibility, inclusion, and rights protection for vulnerable groups, as outlined in Tajikistan's disability and gender equality frameworks. By empowering persons with disabilities and amplifying their voices, the project supported Tajikistan's broader commitment to building an inclusive society. This work also reinforced the country's progress toward ratifying the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and implementing the Accessible Environment Program for 2022–2025.

7.2 Promotion of Human Rights

The programme is centered around a human rights–based approach by placing rights-holders at the center of its work, ensuring that women and girls, persons with disabilities, and LGBTIQ+ persons are recognized as active agents rather than passive beneficiaries. Their participation in planning, monitoring, and advocacy strengthens their agency and ensures that interventions respond to lived realities. At the same time, the programme engages policymakers, government institutions, and community leaders to reinforce the accountability of duty-bearers to respect, protect, and fulfil human rights obligations. Non-discrimination and inclusion are key principles, with disability, gender diversity, and LGBTIQ+ visibility integrated into design and implementation. Through community-led monitoring, peer leadership, and youth- and women-led advocacy platforms, the programme promotes meaningful participation and empowerment, while leadership development at the local level supports sustainability and shifts power to communities. Transparency and learning are advanced through post-activity surveys, stakeholder feedback loops, and cross-learning platforms, which ensure responsiveness and accountability. Importantly, the programme goes beyond service delivery by seeking to dismantle systemic barriers, address harmful norms, and close policy gaps through advocacy, coalition-building, and regional partnerships. In doing so, it applies to the core HRBA principles of participation, accountability, non-discrimination, transparency, and a focus on structural change and justice.

For example, the programme has strengthened and established human rights clubs in schools that promote the rights of girls and use peer education and support system to support each other and create more awareness on SRHR rights of girls in school. The programme has created awareness on the rights of girls and women as an entry point for preventing SGBV targeted at girls and women in the community. The programme is also working with various district and community structures in each country to protect the rights of vulnerable

groups in general. The participatory monitoring of vulnerable populations as well as enhanced coordination advancing SRHR of vulnerable groups is enhancing community's understanding of the rights of women, girls, PwD and LGBTIQ+ persons and is also giving the different structures capabilities to assume active roles in promoting the rights of all.

In Tajikistan, the project focused on challenging harmful stereotypes and promoting a rights-based understanding of disability. In Afghanistan, the project aligned with international human rights standards by advocating for equal access to essential healthcare services for persons with disabilities and reinforcing their right to health and well-being. It supported the realization of these rights by addressing SRHR and family planning needs through targeted capacity-building initiatives. In Nepal, the project partner conducted a range of activities aimed at raising awareness about the rights of persons with disabilities, including sessions on the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and relevant national legislation. Recognizing that vulnerable communities often face higher rates of rights violations, the project carried out continuous capacity-building, sensitization programs, and advocacy work to ensure that the SRHR and broader human rights of persons with disabilities are respected, protected, and fulfilled.

In Zambia the conversation on SRHR has been supported through the frameworks articulated within the UDHR and ICPD. Beneficiaries have assimilated information about what human rights are, the methods in which they can report abuses and articles on non-discrimination and advancing freedom from violence.

7.3 Contribution towards Gender Equality

The programme promotes gender equality both at the community and structural levels. At the community level, it strengthens the agency of women and girls, persons with disabilities, and LGBTIQ+ persons by increasing access to sexual and reproductive health and rights services, building leadership skills, and creating safe spaces where they can voice concerns and influence decision-making. Activities such as peer-led sessions, human rights clubs, and awareness campaigns also shift social norms by encouraging men and boys to challenge harmful practices and to support women's and girls' rights. These efforts gradually transform gender roles, as demonstrated by female leaders emerging in traditionally male-dominated positions and men increasingly endorsing women's access to health and education.

At the institutional and policy level, the programme promotes gender equality by ensuring that national strategies and policies, such as SRHR policies, youth engagement strategies, and child marriage prevention plans, integrate gender considerations and reflect the lived realities of women and girls. Partner organizations themselves have adopted inclusive approaches, mainstreaming gender into strategic plans and organizational tools, which strengthens sustainability and consistency.

By combining empowerment of women and girls, engagement of men and boys, and systemic advocacy, the programme addresses both the immediate needs and the root causes of gender inequality. This multi-level approach contributes not only to improved access to services but also to broader societal change towards more equal power relations between women and men.

The project's core approach is to protect and promote sexual and reproductive rights, including the right to decide the number and spacing of one's children, which is critical for example in Afghanistan for ensuring the freedom for partners to jointly participate in decision-making while visiting the health clinics, which promotes gender equality.

The programme addresses the importance of engaging men in advancing gender equality: men were also invited to the SRHR and FP sessions, and they were informed about the SRHR of women and girls and PwD, including the misconceptions and stigma attached to the SRHR of PwD. Men's knowledge of SRHR and FP will positively contribute to women's access to the lifesaving SRH services. Moreover, men will take on responsibilities in FP decision making that improves gender equality.

In Malawi, gender equality was a core pillar of the project and was advanced through both programmatic interventions and advocacy efforts. The project challenged patriarchal norms by engaging men and boys as allies, resulting in more supportive attitudes towards women's autonomy, including greater acceptance of women's right to freely access services. Women also assumed leadership roles traditionally reserved for men, such as the female chief and the chairperson of the Liwonde CVSU, demonstrating a dismantling of gender

barriers and inspiring wider change. At the same time, the project strengthened mechanisms for reporting and responding to sexual and gender-based violence, empowering women and girls to seek justice and protection, as illustrated by the case of a woman in Namandanje who pursued legal action against her abuser. In addition, the project connected SRHR awareness with economic empowerment in some communities, enabling women to make more independent and informed decisions about their bodies and futures.

In Zambia, the programme's provision of information, commodities, and services significantly empowered adolescent girls and young women, intersex and trans-diverse persons to exercise bodily autonomy. SRHR dialogues created safe spaces where they could discuss issues related to sex, sexuality, reproduction, and sexual and reproductive health, gaining knowledge on consent, sexually transmitted infections, pregnancy, and early marriage. These dialogues were complemented by screening for sexual and gender-based violence and the provision of mental health services, ensuring holistic support for participants. Beyond health interventions, empowerment through sports and skills development in Mongu and Lusaka provided them with purpose and inspiration, fostering confidence and community engagement. Selected AGYW, along with some female sex workers from SHEZ, also participated in Zambian partner organization's legal empowerment sessions and contributed to the development of Zambian partner organization's 2025–2027 strategy, demonstrating meaningful involvement in organizational planning and advocacy.

In Afghanistan, the project made significant strides in advancing gender equality and improving the status of women, particularly women with disabilities, by addressing the intersection of gender and disability. By challenging both gender-based and disability-related inequalities, the project promoted inclusive healthcare and empowered women to make informed decisions about their health and family planning. Training and awareness initiatives equipped women with disabilities with knowledge about their SRHR, increasing their agency and participation in decision-making. The project also challenged traditional norms and fostered shared responsibility in reproductive matters. Women with disabilities were encouraged to take control of their reproductive health, strengthening their autonomy and challenging power imbalances. Men's involvement in SRHR and family planning sessions played a key role in shifting attitudes and reducing stigma, contributing to more supportive environments for women's health choices. The project further empowered women by engaging them as community health workers, increasing their visibility and influence in their communities. As a result of increased awareness among both women and men, access to SRHR services improved.

In Nepal, the project has played a vital role in promoting gender equality and elevating the status of women, particularly young women with disabilities. It has mobilized twelve peer educators, eleven of whom are female, who not only support project activities but also serve as influential role models within their communities. These educators are empowering persons with disabilities, especially youth and women, to make informed decisions about their sexual and reproductive health and rights and family planning. Clinical outreach camps have been designed to ensure equitable access to services for all, and capacity-building initiatives have actively involved both men and women. Female peer educators have taken part in various national and international forums, showcasing their leadership and the project's success in enhancing the visibility and agency of young women with disabilities.

In Tajikistan, the project actively promoted gender equality and particularly focused on women with disabilities, who often face compounded discrimination due to both their gender and disability. As a women-led organization, Väestöliitto's partner included women with disabilities in all project activities. They were meaningfully engaged in Summer Schools, Peer Support Groups, and awareness-raising initiatives, where they gained valuable knowledge on SRHR, leadership, and self-advocacy. The project also brought attention to the issue of GBV against women with disabilities, advocating for the rights of women with disabilities and ensuring that protection mechanisms were included in SRHR discussions. By engaging local stakeholders, media, and organizations of persons with disabilities, the project pushed for inclusive policies that reflect the specific needs of women with disabilities. In addition, Väestöliitto's partner worked to influence national policies by advocating for the inclusion of women with disabilities in gender equality legislation and strategic frameworks. Through these combined efforts, the project challenged entrenched gender stereotypes, empowered women with disabilities, and made a meaningful contribution to advancing gender equality in Tajikistan.

7.4 Decreasing inequalities

The programme was designed to address entrenched inequalities in access to sexual and reproductive health and rights, and deliberately targets groups facing systemic exclusion (women and girls, LGBTIQ+ persons, and persons with disabilities) by combining service delivery, empowerment, organizational reform, and policy advocacy. Access to services was expanded through capacity building of service providers, youth-friendly corners and SGBV response mechanisms, while capacity-building efforts enabled rights-holders to articulate their needs and challenge stigma. Partner organizations revised their internal tools and approaches to better reflect diversity, ensuring inclusion was embedded structurally rather than treated as an add-on. At the national and district levels, engagement in technical working groups, alliances, and coalitions voiced the needs and concerns of marginalized groups within broader policy frameworks. Together, these measures contributed to narrowing service gaps, shifting organizational culture, and promoting systemic equity across SRHR interventions. Partner organizations revised tools and strategies to reflect diversity, ensuring inclusion became part of institutional systems.

An important achievement of the programme was the mapping of synergies between groups that had traditionally been excluded from SRHR discussions and those already engaged in mainstream efforts. In particular, the inclusion of LBQT+ individuals within broader SRHR advocacy created a more comprehensive rights agenda that responded to overlapping forms of marginalization.

The programme also worked at the intersection of grassroots empowerment and policy change. By equipping civil society organizations with co-created advocacy tools and engagement strategies, it built their capacity to challenge discriminatory laws and practices that restrict access to SRHR. Emphasis was placed on those facing multiple and intersecting vulnerabilities, such as LGBTIQ+ persons living with disabilities or in economically disadvantaged communities. Through strategic partnerships and national-level platforms, the voices of marginalized groups were amplified, shifting the policy environment toward greater inclusivity. This dual focus—strengthening advocacy capacity while directly engaging decision-makers—helped expand access to essential SRHR services and paved the way for more equitable policy frameworks.

In Afghanistan, the project focused on reaching persons with disabilities to ensure equitable access to sexual and reproductive health and rights (SRHR) services. It worked to eliminate disparities in healthcare by promoting services that are inclusive and responsive to the specific needs of persons with disabilities. By empowering individuals with disabilities, the project contributed to reducing inequalities. It provided them with knowledge about SRHR and family planning, enabling them to make informed decisions and encouraging peer-to-peer learning and knowledge sharing on these topics. These efforts support the ongoing provision of SRHR and FP services for persons with disabilities and contribute to the reduction of health inequalities.

In Nepal, persons with disabilities, especially girls and women, face multiple, intersecting inequalities that hinder their access to SRHR information and services. These challenges are particularly evident within health facilities, where service providers often lack the necessary equipment, educational materials, and training to deliver inclusive care. For women with disabilities, barriers are even more pronounced due to low socioeconomic status, limited service availability, and high costs. Even when SRH services are accessible, the support provided by healthcare providers and the attitudes of the broader community are frequently inadequate. To address these challenges, the project has enrolled youths with disabilities, particularly females, trained them, and mobilized them within their communities as role models. This approach has empowered both the individuals and their communities, promoting inclusion and awareness. In addition, the project has supported the strengthening of disability networks by organizing a range of activities specifically targeting persons with disabilities, thereby fostering community engagement and solidarity.

In Tajikistan, Väestöliitto's partner raises awareness on disability issues, barriers that PwD face, and advocates for creation of equal rights and equal services and opportunities for PwD.

7.5 Contribution towards the Rights of Persons with Disabilities

In 2024, the programme made progress in advancing the rights of persons with disabilities by embedding disability inclusion across its activities. Staff were trained in disability-sensitive approaches, which enhanced

their ability to design accessible programmes and strengthened organizational capacity to address barriers. Programme tools were adapted to capture better the disability-disaggregated data, ensuring that the needs and participation of persons with disabilities were visible in planning, monitoring, and evaluation processes. However, this process is quite uneven between partners with some partners being farther ahead with disability data which also affects significantly to capturing the programme-level disability specific disaggregated data.

Examples of contributing to the rights of persons with disabilities include the creation of inclusive and accessible spaces for participation within the LGBITQ+ project. Efforts were made to ensure that meetings and activities were both physically and digitally accessible, including the use of sign language interpretation and venues that catered to different mobility needs. By doing so, the programme moved beyond policy commitments and addressed the practical barriers that often prevent persons with disabilities from participating fully in advocacy and decision-making.

Equally important was the promotion of voice and representation in Malawi. Persons with disabilities were actively engaged in dialogues and community sessions, where they were encouraged to share their stories and perspectives. Their specific SRHR needs were reflected in programming, which helped to challenge stigma and break down patterns of exclusion. This participatory approach ensured that persons with disabilities were not only recognized as beneficiaries but also as rights-holders and agents of change.

Collaboration with disability-focused actors strengthened the design of inclusive interventions and ensured that strategies were grounded in lived realities. Advocacy efforts highlighted the importance of intersectionality, recognizing that disability often overlaps with other forms of marginalization such as gender and poverty. At the same time, participation in broader platforms provided opportunities to learn from global practices in inclusive movement-building, even if the visibility and leadership of persons with disabilities in some areas remain goals for the future.

The thematic work on advancing SRHR of PwD contributes specifically to realizing the rights of persons with disabilities, and each partner also collaborates with and supports the wider disability organization network in their country. All planning and implementation in the PwD project are done together with the disability community, and the PwD community's capacity is built through the collaboration. PwD are capacitated for example by training them as peer educators and community health workers.

The PwD themed project significantly improved rights holders' understanding of their sexual and reproductive health and rights. It also actively promoted the participation of persons with disabilities in healthcare decision-making, contributing to a more inclusive health system that acknowledges and responds to diverse needs. In Afghanistan orientation sessions with civil society organizations and other stakeholders addressed misconceptions and barriers related to the SRHR and FP needs of persons with disabilities. These sessions promoted their inclusion in both the health system and wider society. CSOs, along with influential figures such as community elders played a key role in challenging harmful stereotypes and ensuring the SRHR needs of vulnerable groups are recognized and met. To further support the inclusion of persons with disabilities, the project continued to implement awareness-raising initiatives in 2024, including radio broadcasts and the distribution of information, education, and communication materials specifically tailored to SRHR of persons with disabilities. Nepali partner ensured meaningful involvement of persons with disabilities in all project activities. By engaging local government officials, the project also fostered the integration of disability considerations into planning, budgeting, and the development of accessible services. In Tajikistan, the project emphasized the inclusion and participation of persons with disabilities across all activities and events.

7.6 Climate actions

Although climate change is not the primary focus of the programme, several of its strategies and approaches continued to contribute meaningfully to climate adaptation and mitigation also in 2024. For example, in Malawi by promoting gender equality and girls' education, the project strengthened long-term community resilience, particularly in rural areas prone to climate shocks. Empowered women and girls are better positioned to participate in adaptation efforts, and targeted trainings supported them in diversifying farming practices. Encouraging the cultivation of drought-resistant crops such as cassava and sweet potatoes, alongside introducing irrigation techniques, enhanced food security and reduced vulnerability to climate variability. The project's focus on preventing child marriage also had indirect climate benefits. Evidence shows that climate stress often increases early marriage as a coping strategy; by promoting bodily autonomy and reducing child marriage, the programme helped protect communities from climate-induced social harms. Furthermore,

integrated messaging in community dialogues created connections between environmental stress, migration, health, and SRHR outcomes, planting the seeds for future programming that more explicitly bridges climate resilience and reproductive rights.

At the policy level, the programme contributed to sustainable development by ensuring that marginalized populations were not left behind in climate and development agendas. Advocacy efforts reinforced the idea that climate justice and human rights are interconnected, highlighting the disproportionate impact of climate change on groups already facing systemic inequalities. By insisting on intersectional, rights-based approaches, the project helped ensure that SRHR considerations are included in broader sustainability frameworks and dialogues.

In addition to influencing communities and policies, programme partners sought to reduce their own environmental footprint through sustainable operational practices. It prioritized electronic systems over paper-based ones, using digital tools for assessments, evaluations, and reporting to limit unnecessary resource use. Careful consideration was also given to the environmental practices of service providers, further embedding climate-conscious approaches into their operations. The use of recycled materials and restricted reliance on printed documents underscored a commitment to climate-conscious development within daily practices.

The PwD project improved women's access to SRHR and FP services therefore improving their health and wellbeing which as mentioned above, supports the climate change mitigation in the communities. The partner in Afghanistan included messages about environmental safety in orientations for PwD, CSOs, and community elders throughout the project implementation. Other PwD project partners also take preservation of the climate into account in their activities, for example in Tajikistan, by raising awareness about the intersection of climate change and SRHR of persons with disabilities. As part of the partner's capacity building activities, one session was dedicated to the topic: "The impact of climate change on the realization of SRHR of PwDs, particularly girls and women". This session helped participants understand how climate change disproportionately affects vulnerable groups, including women and girls with disabilities, by limiting access to healthcare, increasing risks related to natural disasters, and exacerbating existing inequalities. Through discussions and capacity-building activities, the project empowered participants to advocate for inclusive climate policies and adaptation strategies that take into account the needs of persons with disabilities. Additionally, the session encouraged participants to explore practical solutions for improving resilience among persons with disabilities in the face of climate-related challenges. By highlighting the importance of accessible emergency response systems, disaster preparedness, and sustainable healthcare infrastructure, the project fostered a deeper understanding of how inclusive approaches can mitigate climate risks. Furthermore, the presentation of the "SOS PwDs" mobile application emphasized the role of technology in ensuring that persons with disabilities have access to timely support during emergencies, reinforcing the need for digital solutions in climate adaptation efforts.

However, international travel to partnership meetings continues to undermine any efforts of climate change, as long international flights produce a significant amount of carbon emissions. For example, the carbon footprint of the Väestöliitto team members to attend one partnership meeting alone produced 6,6t of CO2.

7.7 Strengthening the civil society

In 2024, the programme continued creating and broadening vital space for re-engagement with marginalized persons, including women, persons with disabilities, LGBTIQ+ persons, and human rights defenders. This work became increasingly important in a context where anti-gender and anti-rights movements continue to undermine progress on LGBTQI+ rights and broader women's human rights. By fostering collaborations and applying an intersectional lens, alliances were revived that are essential for sustaining collective action and ensuring that diverse voices remain central in the movement for sexual and reproductive health and rights.

One of the programme's core contributions was the strengthening of partnerships and allyship across the civil society. By fostering collaboration between SRHR organisations, LGBTQI+ actors, DPOs, and other critical stakeholders, the programme created stronger and more coordinated responses to emerging issues. Regular meetings among partners improved cohesion and proactiveness, allowing the consortium to respond collectively rather than in isolation. This approach enabled civil society actors to identify synergies, refer rights-holders across services, and strengthen joint advocacy.

The programme also invested in partners' capacity building. For instance, LGBTIQ+ organisations and activists were equipped with advanced advocacy tools, policy engagement strategies, and structured training

programmes that enhanced their ability to influence SRHR policy. The refinement and validation of the strategy provided a clear framework for action, empowering organisations to engage more effectively with policymakers and service providers.

Capacity-building workshops further strengthened the skills of partner organizations' staff, ensuring that for instance LGBTIQ+ issues were increasingly integrated into both national and regional advocacy efforts. As a result, they reported being more capable of mobilizing communities, advocating for inclusive healthcare policies, and engaging in direct dialogues with duty-bearers.

This progress translated into a broader and more coordinated actions in many programme countries. The co-creation of advocacy toolkits and the establishment of knowledge-sharing platforms enabled organisations to exchange best practices, expand their reach, and strengthen collaborative initiatives. These developments marked a shift from fragmented advocacy efforts to a more unified civil society voice, enhancing visibility and influence in national SRHR dialogues. Increased collaborations and advocacy networks also ensured that civil society was not only reacting to challenges but proactively shaping policy agendas.

Overall, the project's contributions in 2024 strengthened both individual organisations and the wider civil society ecosystem in the programme countries. By enhancing capacities, facilitating partnerships, and fostering intersectional approaches, it reinforced the resilience, visibility, and effectiveness of civil society. Strengthened civil society networks are now better positioned to sustain momentum and push for more inclusive SRHR policies and practices, ensuring that the rights of marginalized populations remain at the centre of the national agendas.

The PwD project partners have played a vital role in strengthening civil society by supporting various structures focused on sexual and reproductive health rights (SRHR) and family planning (FP) for persons with disabilities. In Afghanistan, the project contributed to civil society development by enhancing SRHR knowledge among its members, advocating for the rights of persons with disabilities, and fostering collaboration among diverse stakeholders. It empowered individuals with disabilities and supported local organizations of persons with disabilities through capacity-building, advocacy, and networking initiatives. The project also created new opportunities for civil society engagement on inclusive SRHR by facilitating spaces for information exchange and mutual support among persons with disabilities. For example, members of organizations of persons with disabilities, SRHR advocates, school and university educators, CSO representatives, and community elders participated in orientation sessions on SRHR and FP for persons with disabilities. In Nepal, the project strengthened civil society by partnering with a range of organizations, particularly those led by persons with disabilities. Nepali partner's efforts received recognition from both government and key stakeholders, advancing SRHR for persons with disabilities and reinforcing its role as a key actor in disability advocacy. In Tajikistan, the partner organization's efforts and example has encouraged and inspired other civil society organizations to advocate for SRHR of persons with disabilities.

Annex 1: Results 2024

OBJECTIVES	INDICATORS	BASELINE 2022	RESULT 2024	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
Impact						
Programme contributes to the realization of sexual and reproductive health and rights (**SRHR)** of the most vulnerable groups also contributing to the realization of Sustainable Development Goals (**SDGs**) 3.7 and 5.6	Increased access and utilization of vulnerable groups to SRHR services, number	Service provider partners (AFG & NP): PwD access to SRHR services in 2021 14 826	**Total PwD access to SRHR services: 15 009** **AFG**: 13091 women with disabilities were provided SRH and FP services **NEP**: 9774 SRH service were delivered to 1918 (M-605 & F- 1313) persons with disability	67 088	PwD access to SRHR services 2022-2025 100 000	Health service statistics
	Changes in policies or laws to include SRHR issues of especially vulnerable groups	0	**MW: 2 policy changes: The National SRHR Policy** was revised to incorporate provisions for key populations, PwD, and other vulnerable groups. Also, the **National Strategy to End Child Marriage (2024-2030)** was launched. TAJ: Partner has actively advocated for the inclusion of SRHR issues of Persons with Disabilities (PWDs) in the draft of the new law on PWDs.	7	At least 2 policy or law changes in favor of SRHR of vulnerable groups by 2025	Advocacy monitoring by partners

OUTCOME 1: Capacity building of rights-holders	INDICATORS	BASELINE 2022	RESULT 2024	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
Especially vulnerable groups are empowered to make informed decisions on their SRHR and address SRHR issues in their communities	Increased proportion of vulnerable persons who participate in making decisions about their own SRHR, types of decisions; disaggregated by gender	49 %	**Average: 61,6%** **AFG:** 93% of respondents (all female) said they share the decision about whether to have children and/or use an FP method with their partner. Of them, 90% said they also feel they can make these decisions on their own. **MW**: 56% of women and adolescent girls make decisions about their SRHR (number of children, child spacing; preference on the choice of contraceptive; access to SRHR information, cancer, HTC and STI screening and treatment; choice to be informed on one's health status and choice on self-protection and to be protected against STIs including HIV/AIDS).	65,6%	At least 70% of rights-holders report participation in making decisions regarding their SRHR	Structured interview

			NEP: 75% of respondents have made decisions about the use of contraceptives either jointly with partner or self-decisions **TAJ:** out of 106 PwDs (67F & M39) the average level of access to sexual and reproductive health services among participants is 39%; 31% of respondents reported establishing a relationship; 68% of respondents make independent decisions about the number of children they want to have; 29% of respondents have increased their awareness about sexually transmitted diseases. **ZAM**: 65% of the adolescent girls and women and gender diverse persons report actively engaging in decisions regarding their SRHR such as contraceptive choices, accessing SRH services, negotiating safer sex practices with partners. There has been a 70 % increase among adolescent girls and young women who actively access SRH services. **ZIM**: No % data available, but among the LGBT+ persons there has been an increase understanding of safety, security and wellness.			
	Increased proportion of persons from vulnerable groups with new capacities (*increased knowledge on SRHR and/or SGBV, knowledge how to report SGBV, advocacy skills, self-esteem, economic empowerment, change in SRHR related attitudes*) disaggregated by gender, age, and disability	52 %	**Average: 79,6%** **AFG:** 98% of the respondents demonstrated increased knowledge of SRHR and FP related issues. **MW**: 80% of the women and girls gained new capacities in especially mental health care and SRHR, integrated homestead farming, and SGBV case management. Through the work of Human Rights Clubs new capacities were gained on rights, and active peer educators became more skilled and confident. **NEP**: 91% of respondents have gained knowledge about SRHR and FP. Regarding sexual relationship 40% think that male should initiate first. 100% of respondents said that partner is not justified to conduct sexual abuse. 95% have heard about HIV however only few have knowledge about other STIs like syphilis & gonorrhea. **TAJ:** 53% have increased their knowledge on SRHR issues **ZAM**: no % data available, but LGBTIQ+ community members have reported that they have gained new knowledge and skills to advocate for SRHR in their communities. Individuals have reported an increase in self-esteem and confidence, as well as new knowledge on SRHR. **ZIM**: No % data available, but among the LGBT+ persons there has been an increase in the capacities in expressing one's life stories using creative expression and with the general public through social media and art exhibition	79,6 %	At least 80% of rights-holders report having new capacities	Structured interview
OUTPUT 1: Capacity building of rights-holders	**INDICATORS**	**BASELINE 2022**	**RESULT 2024**	**CUMULATIVE**	**TARGET 2025**	**SOURCES OF VERIFICATION**

Life skills, empowerment, awareness raising and capacity building activities on SRHR issues are organized	Number and types of trainings on different dimensions of SRHR, such as SGBV, sexual rights and sexual health organized. Number and types of participants in the trainings disaggregated by gender and disability.	0	**Total number of trainings: 63** **Total participants: 4 017** **AFG:** 1634 PWDs received SRHR and FP information through face-to-face meetings with health educators in Kabul, Herat, and Kandahar. 25 mother-in-laws oriented on SRHR and FP for PWDs. **MW**: 6 trainings on early pregnancies, personal hygiene and child marriage reached out to 62 women. 36 peer education trainings on CSE in schools reached out to 1064 adolescent girls and 595 adolescent boys. 4 trainings on SRHR and mental health reach 109 women VSL members and 15 male members. 1 training on integrated homestead farming reached 28, who in turn trained further 128 women. 1 training on profit maximization of businesses reached 20 women. **ZAM**: (190) 1 training on enhancing digital security and comprehensive hygiene reached out to 9 gender diverse persons. 1 peer dialogue on SRHR services reached out to 1 male and 14 females. Ongoing online support groups reached out to 10 gender diverse persons. 1 community engagement reached 5 male and 5 females. 2 SRHR soccer tournaments reached 29 females and 4 gender diverse persons. 1 GBV conversation reached out to 19 females and 2 gender diverse persons. Several peer-led activities have reached 106 women and 84 gender-diverse persons. Peer-led advocacy initiatives have engaged 49 individuals. **ZIM**: 2 trainings on wellness and safety and security in Plumtree and Gweru. 1 SRHR and the female anatomy workshop help with LBQT+ persons in Bulawayo, 1 Artivism workshop with different groups of marginalised women in Bulawayo. 13 gallery-standard Art pieces produced.	547 trainings 28 159 participants	Various types of trainings (such as SRHR trainings, awareness raising, peer support groups) are organized. Proportion of PwD participants is increased by 2025.	Annual reports
	Number and types of VSL groups disaggregated by gender and disability.	16	MW: 13 VSL groups that have 266 women members, 3 men and 3 PwD.	26 groups	Annual reports	
OUTCOME 2: Awareness raising	**INDICATORS**	**BASELINE 2022**	**RESULT 2024**	**CUMULATIVE**	**TARGET 2025**	**SOURCES OF VERIFICATION**
Harmful conceptions around SRHR of vulnerable groups are decreased in	Awareness on SRHR of vulnerable persons is raised in the targeted societies	0	**Total reach: 10 874 432** **AFG:** 36 radio campaigns in Dari and Pashto from about the SRHR and FP of PWDs were broadcast. As a result, an estimated 10.8 million people were reached through these radio spots.	Reach 21 982 454	150 000 persons reached yearly	Structured interview

the targeted societies

10,000 SRHR and FP booklets were supplied in Kabul, Herat, and Kandahar to PWDs. These booklets were given to clients visiting Afgan partner's sites, as well as within communities by CHWs.

MW: Socia media posts 200 and reach was total **54 000** 1. X (twitter) - 3K
2. Facebook - 34K
3. LinkedIn - 8K
4. Instagram: 2,6K
5. TikTok: 5K
6. X: 3K
In the reporting year, these 6 social media platforms were used to disseminate hundreds of SGBV messages, e.g. during 16 days of violence.

NEP: Peer educator from Valley was invited as Panelist for National Conference on Youth with disabilities where she shared her experience on SRHR work and how it is benefiting to person with disabilities.

368 persons (M- 156 & F- 212) with disabilities were benefitted by awareness raising sessions.

TAJ: total reach of project publications on Facebook 6687, reposts 43, 285 likes
An article titled "Women with disabilities in Tajikistan have almost no access to medical services. How can the situation be changed?" was published on the website and Facebook page of Asia Plus got 1777 views
One radio program on the topic "Access to reproductive services" was broadcast on the "Asia Plus" radio station

ZAM: -Digital campaigns and interactions with local authorities i.e., provincial AIDS coordinating advisor (PACA) in Mongu and Lusaka. The digital campaigns reached a variety of audiences including Zambian partners such as The Youth Platform 360, media journalists from print and digital media, soccer coaches of AGYW teams, soccer event's organizers.

Own perceptions of persons from vulnerable groups of a more inclusive

AFG: 95% of participants see themselves as a potential partner (e.g., spouse of someone)
95% of participants see themselves as a potential parent
100% of participants said they would feel welcome if they went to a health clinic to seek services.

Various types of signs that tell the society has become

	society on their SRHR issues		94% of participants feel safe talking about and/or being open about SRHR issues within their community with other women with disabilities **MW**: There has been a significant shift in perceptions and community acceptance of women occupying leadership roles that have historically been male-dominated, such as an appointment of a female traditional leader and electing a woman to lead a Community Victim support unit. NEP: Feedback from persons with disabilities who participated in the outreach camps: The camps make them feel more inclusive in the society. **TAJ:** Approx 65% respondents felt comfortable and anticipated to be treated well when going to a medical center for reproductive health services **ZAM**: Key informant interviews revealed that the general perception about LGBTIQ+ persons continues to be negative with a few pockets of society being more progressive to the discussions regarding LGBTIQ+ issues.		more inclusive	
OUTPUT 2: Awareness raising	**INDICATORS**	**BASELINE 2022**	**RESULT 2024**	**CUMULATIVE**	**TARGET 2025**	**SOURCES OF VERIFICATION**
Broad public is reached through awareness raising activities, campaigns and events	Number and types of awareness raising activities organized.	**0**	**Total number of awareness raising activities: 11** **MW**: 1 social media campaign on SGBV prevention, 1 social media campaign during 16 days of activism, 1 meeting by male champions to raise awareness of the chiefs on human rights and ending child marriages, various platforms were used by male and female champions to raise awareness on forms and harmful impacts of SGBV (reach 2069 F and 1324 M, total 3393) **NEP:** journalist (who participate in project activities earlier) broadcasted about person with disability SRHR in national & local news (6 articles) **ZAM**: 1 human rights forum, 1 regional adolescent health Indaba. **ZIM:** Ongoing social media engagement with LGBT+ community.	520 activities	Various types of awareness raising activities (such as campaigns, radio spots and social media posts) are organized.	Annual reports
OUTCOME 3: Capacity building in civil society	**INDICATORS**	**BASELINE 2022**	**RESULT 2024**	**CUMULATIVE**	**TARGET 2025**	**SOURCES OF VERIFICATION**
SRHR issues and needs of vulnerable groups are met with quality and care among service providers and civil society (e.g. schools, teachers,	Positive change in attitudes and perceptions regarding gender norms or SRHR of vulnerable groups among service	65 %	**Average total: 88%** **AFG:** 100% of service providers interviewed demonstrated positive changes in attitudes about serving clients with disabilities. **MW**: No % data available. A significant change has happened among service providers, as they have revised previously held assumptions about persons with disabilities, recognizing that disability is not a barrier to sexual health needs, and have begun accommodating these clients more effectively through both	100%	At least 80% of respondents report positive changes by 2025	Structured interview/survey

community leaders' forums, district councils, local development units, peer educators, parents, CSOs, organisations of persons with disabilities)	providers and civil society structures		attitudinal and physical adjustments in service delivery. Also, CVSU has started to proactively engage in community outreach, teachers have embraced CSE, and men are increasingly seen as defenders of gender equity. **NEP**: 90% of the respondents said that persons with disability can get pregnant while less than 10% said it's hard. The respondents shared that now it is acceptable to give birth at the health service centers and service providers take good care of persons with disabilities too. 78% of interview spouses of persons with disabilities agrees that person with disability can have sex and it is their basic needs. 80% of them wants their children to get marriage. However, still 20% out of them think that it is hard to get marriage and bear a child. 100% of the interviewed service providers feel comfortable to deliver services to person with disability. Sign language training has made them more friendly with the clients. 72% of interviewed peer educators that are youth with disabilities told that they make their decision about family planning methods and child bearing. **ZAM**: No % data available. Parent support groups have been established in 4 towns and they have been important in changing the understanding regarding intersex experiences and issues. The parent support group in Lusaka is also supported by religions leaders who encourage parents by underscoring scripture that helps better understand intersex children. **ZIM**: No % data available. Roundtable dialogues and one-on-one sensitivity dialogues have resulted in having some engaged and mobilized health care providers as contact points for referrals of LGBTIQ+ community members			
	Service providers have new technical skills to provide quality care to vulnerable groups	0 %	**Average: 100%** **AFG:** 100% of service providers interviewed felt they have successfully acquired the necessary knowledge for SRH service provision through training from Väestöliitto's partner. They have undergone awareness sessions focusing on the unmet needs of PWDs in SRH, enhancing their overall understanding. Additionally, providers have improved their counseling skills to better address the specific needs of PWDs. **MW**: No % data available. Health service providers were able to conduct outreach services only regarding family planning services but following trainings they are now skilled in screening women for SGBV and providing them a comprehensive health package. In addition, advocacy and engagement by the youth activists of the project have led to the accreditation of several health facilities as Youth Friendly Health Service providers centers.	94,4%	At least 80% of respondents report having new technical skills by 2025	Structured interview/survey

		NEP: After sign language training held in 2023, the service providers reported that their vocabulary of sign words has been increased in comparison to last year due to day-to-day practice in the clinic. **ZAM**: No % data available. Zambian partner continues their collaboration with University Teaching Hospital (UTH) and have entered into formal agreements for quality assurance and Model Facility Piloting. UTH has adopted using a tool developed with Zambian partner to document client feedback post healthcare services. In addition, healthcare providers adopted gender neutral terms to interact with trans-divers and intersex persons.			
Number of community and civil society representatives addressing SRHR issues of vulnerable groups in their communities, types of ways of addressing SRHR issues	0	**Total representatives: 1 611** **AFG:** 340 civil society representatives addressed SRHR issues of PWDs in their communities. This included 242 women with disabilities and 134 members of various CSO organizations and stakeholder groups, and 25 community health workers **MW:** 11 community groups formed a vibrant network of champions: community victim support group, male and female champions, school management committees, parent-teacher associations, human rights clubs, mother groups, teachers, health workers, and police and child protection workers. They lead e.g. community awareness campaigns, identified SGBV cases and referred them forward, and provided safe spaces for adolescent girls. **NEP:** ADRAD, partner organization from Valley branch has incorporated the awareness program on disability-friendly SRH services along with advocacy work into their activity. Partners organization from Banke; (BAB) Banke Association of Blind & Disable Empowerment and Communication Center (DEC) Nepal, Kohalpur are distributing the sanitary pad to person with disabilities whereas BAYAN has organized conference titled “National Conference of Youth with Disabilities” in collaboration with Nepali partner in Dec 2024. Discussions were made on thematic areas like advancing SRHR and health equity, promoting accessibility, comprehensive sexuality education and other areas (200 participants in total). CBR also distributed sanitary pads to more than 1000 young girls with disabilities and organized SRH camps in their territory with support of Nepali partner’s staff. NDWA has also started conducting the awareness related work on SRHR for women with disability. **TAJ:** No numeral data available, but partner cooperates with partners in Rudaki, Istaravshan and Buston including with organizations of persons with disabilities. The partners address SRHR issues for PwDs through health and social municipality departments as well as via peer support groups, giving consultations in their offices and making home visits in their communities.	1 611 N/A: This indicator was updated from 2022 (before asking number of structures)	600 and various types of ways by 2025.	Survey

			ZAM: 1 dialogue among 8 LGBTI+ organizations who support referrals of their members to HIV and other SRHR services. 2 law enforcement groups provide their expertise on Zambian law and how trans-diverse persons could avoid coming in conflict with the law.			
OUTPUT 3: Capacity building in civil society	**INDICATORS**	**BASELINE 2022**	**RESULT 2024**	**CUMULATIVE**	**TARGET 2025**	**SOURCES OF VERIFICATION**
Civil Society structures', service providers' and other responsible actors' (traditional and religious leaders, teachers, community volunteers, parents, boys, and men) capacity is strengthened on SRHR issues of vulnerable groups	Number and types of trainings organized. Number and types of participants in the trainings disaggregated by gender and disability.	0	**Total number of trainings organized: 11** **Total participants: 89** **NEP:** 35 media person from Valley and Banke participants (M-23 & F-12) received orientation on SRHR needs of persons with disabilities. **TAJ:** A training for journalists on accurately covering topics related to SRHR for persons with disabilities (PWD). **MW**: 1 training for teachers on CSE reaching 30 teachers. 1 training for health workers on SGBC screening and awareness raising skills, 1 training on case management for GVH-Levels, 1 training on Value clarification and attitude transformation for men and boys. 4 capacity trainings on case management reached 16 M and 8 F. **ZAM**: 1 training for healthcare providers on managing key populations.	145 trainings 2 403 participants	Various types of trainings (such as OPD trainings, health provider training, peer educator training) are organized. Proportion of PwD participants is increased by 2025.	Quarterly reports
	Number and types of civil society structures reached.	0	**Total types of structures: 15** **MW**: 12 types of civil society structures reached: Community Victim Support Unit, Police forum, Female Champions, Women's Forums, Youth networks, school governing structures, Child Protection Committee, Community Policing Forum, Grievance and Referral Mechanism Committees, Mother Support Groups, Male Champions, Health Workers. **ZAM**: 1 Human rights Forum, 2 law enforcement groups.	67 structures	Various types of civil society structures are reached.	Quarterly reports
	Number of trainers and peer educators trained disaggregated by gender and disability.	0	**Total peer educators trained: 2 676** **MW**: 2382 peer educators were trained on CSE (1617 F, 765 M9), and 244 were trained more directly on SGBV, SRHR and economic opportunities. **ZAM**: 50 gender diverse peer educators were trained in safety, security and SRHR. The strengthened relationship-building between the peer educators and LGBTIQ+ community members has led to increased outreach through snow-balling method. Peer educators	5 517 persons trained	Various types of trainings of trainers are organized. Proportion of PwD participants	Quarterly reports

			have created visible platforms to dialogue on e.g. intimate partner violence and to encourage health seeking behavior.		is increased by 2025.	
OUTCOME 4: Advocacy of all partners	**INDICATORS**	**BASELINE 2022**	**RESULT 2024**	**CUMULATIVE**	**TARGET 2025**	**SOURCES OF VERIFICATION**
Duty-bearers (decision makers, civil servants, other responsible actors) advance SRHR issues of especially vulnerable groups	Number and types of new initiatives or other actions on SRHR of vulnerable groups carried out by duty-bearers	0	**New initiatives: 15** **AFG**: Duty-bearers from the government played a key role in facilitating the dissemination of revised HMIS guidelines **MW**: 1 new SRHR initiative of vulnerable groups were carried out by duty-bearers. These included the introduction by the Ministry of Youth and Sports of the Malawi 2063 Youth engagement strategy that advocates for increased resource allocation towards SRHR programmes. **NEP:** In both operational areas, the minister who participate from province as well as central level has given verbal commitment to enhance inclusive services and environment in the province. The program was organized to the government reps with the goal of orienting/briefing them about the SRHR issues and seeking support in creating inclusive environment. The government representatives from all three levels i.e. central, provincial and local shared commitments about increased in budget to person with disabilities and construction of accessible infrastructure including health centers. **ZAM**: 3 new initiatives: Ministry of Health has embarked on a project to establish LGBTIQ+ friendly wellness centers in 4 districts that center especially on HIV interventions, STI screening, cervical cancer screening and mental health services. In addition, the MoH has vehemently supported the provision of health services to key populations. Also, local authorities organized a Careers Exhibition where they invited Zambian partner. Thirdly, local authorities organized a key populations engagement session in relation to the Global Fund country mechanism. **FIN**: 2 new policy documents emphasizing the importance of SRHR in Finland's development policy (Government reports on International Economic Relations and Development Cooperation and on Finnish Foreign and Security Policy). 8 political statements, oral and written emphasizing the importance of SRHR in Finland's development policy.	31 initiatives	A significant increase in the number of new initiatives and other actions by 2025	Advocacy monitoring address vulnerable groups
	Number and types of ongoing dialogues between decision makers and project partners where	8	**Total dialogues: 139** **AFG:** 72 meetings and workshops were held with duty bearers and key public servants, for instance from the Ministry of Public Health, the Ministry of Disabled Affairs, the Ministry of Education and Higher Education, and the Ministry of Religious Affairs, to disseminate the HMIS guidelines and formats.	177 dialogues	Current dialogues sustained and new types of meaningful	Advocacy monitoring

SRHR issues are advanced			15 task force meetings attended. These meetings focus on the implementation of HMIS guidelines and formats and the inclusion of indicators in the collection of data on PWDs 42 meetings with civil society partners were held to outline joint strategies and messaging towards duty bearers and key public servants, to further provide and facilitate access to SRH and FP for peoples with disabilities **MW**: Partner participates in 5 Technical Working Groups (Child Protection; Gender; Health; Youth Friendly Health and Services; Education). Malawian partner provided their technical expertise on the drafting the Strategy on ending Child Marriage launched in 2024, as well as drafting the community Safeguarding Framework for PSEAH. **NEP**: peer educator from valley is supporting local government in planning and executing programs/activities for person with disabilities. PE from Banke is connected with disability network of local government where they support program planning and execution. Ministry of Women Children and Senior Citizen invited Nepali partner for international disability day celebration in 2024. Nepali partner is invited to reproductive health committee and sub-committee meeting regularly. Nepali partner has participated in a program organized by Prayatna Nepal for the dissemination of “A Position Paper on The Status of Legal Frameworks Responding to Digital Accessibility and Digital Rights of Women with Visual Impairment”. Valley branch and Banke have participated in various workshops and meetings related to persons with disabilities from organizations like Suruwat, Apanga sanjal and others. **TAJ:** Participated in a conference held by Ministry of Health and UNICEF. Ongoing dialogue with the Deputy Minister of Health on development. **ZAM**: 1 ongoing cooperation with the Human Rights Commission to collect and review human rights violations and experiences of violence experienced by trans-diverse and intersex persons. **FIN**: 2 ongoing dialogues (Development policy committee, APPG)		dialogues commenced

OUTPUT 4: Advocacy of all partners	**INDICATORS**	**BASELINE 2022**	**RESULT 2024**	**CUMULATIVE**	**TARGET 2025**	**SOURCES OF VERIFICATION**

New contacts with duty-bearers are created and their capacities in SRHR of especially vulnerable groups is increased.	Number and types of capacity strengthening, and advocacy activities conducted.	0	**Total activities conducted: 49** **MW:** 1 engagement of national parliamentarians on women's and adolescent girls' health needs. **ZAM:** 1 Adolescent and young women's SRHR Indaba. **SA**: 1 engagement at the Finnish Embassy with like-minded embassy representatives where South African partner increased the participants' knowledge on LGBTIQ+ challenges across the African region. **FIN**: 7 shared materials with duty bearers (Statements, briefings, fact sheet); 16 Oral statements to duty bearer; 3 Seminars; 7 Requested expert statements and intelligence; 13 Network events with decision makers	171 activities	Various types of capacity strengthening activities are organized.	Annual reports
	Number of contacts with different types of duty bearers at local, district and national level reached with capacity strengthening and advocacy activities	0	**Total number of contacts: 78** **FIN**: 32 Pre planned meetings with political decision makers (with 57 different political decision makers) 26 Pre planned meetings with civil servants and other similar duty bearers (with 21 different civil servants and other similar duty bearers)	712 contacts	Various relevant duty bearers reached at different levels.	Annual reports
OUTCOME 5: Learning and capacity building of programme partners	**INDICATORS**	**BASELINE 2022**	**RESULT 2024**	**CUMULATIVE**	**TARGET 2025**	**SOURCES OF VERIFICATION**
Programme partners have strong expertise in SRHR issues of especially vulnerable groups, and SRHR of vulnerable groups is mainstreamed in partner organizations	Capacity and skills in SRHR of especially vulnerable groups and RBM are increased among programme partners	Average score 4.0 (by piloting PwD partners - to be updated after all partners undertake the assessment, ZIM missing)	**AFG:** No average score in 2024. (4.9 out of 5 scored on capacity assessment from 2022.) **MW:** No average score in 2024. Partner focused on targeted capacity building for entire staff on LGBTIQ+ populations, persons with disabilities, and RBM resulting in deeper knowledge and more comprehensive tools on inclusive and intersectional programming as well as greater openness, empathy, and commitment among staff for meaningful engagement with persons in vulnerable situations. **NEP:** The average of capacity assessment was 4.5. **ZAM**: No average score in 2024. Partner has honed their expertise in SRHR particularly from the perspectives of trans-divers, intersex and adolescent girls and young women.	4,28	100% of programme partners assess having increased capacities and skills, average score increased by 2025	Annual self-assessments in partnership meetings

SRHR of especially vulnerable groups are included in the strategies and other projects of programme partners	57 % of programme partners have included SRHR issues of vulnerable groups in their work	**AFG:** The revised HMIS guidelines now explicitly include the rights of PWDs, ensuring that these rights are practiced and considered in all relevant activities. These guidelines are actively reflected in task force meetings, workshops etc **MW:** The partner finalized its 2024-2028 Organizational Strategic Plan which explicitly recognizes diversity, inclusion, and equity as foundational values. This strategic commitment marks a critical shift in how the organization identifies, prioritizes, and responds to the SRHR needs of marginalized and vulnerable populations. The strategy mainstreams inclusive language, sets equity-focused targets, and outlines deliberate interventions aimed at reducing disparities in access to SRHR services. **NEP:** After the governance reform in 2024, the partner has representation of youth with disability in central governance body, ie peer educator from Valley branch. Nepali partner recently develop Strategies for 2023-2028 and it states that Nepali partner shall make efforts not only to expand choices but also broaden access to SRH services to poor and marginalized and socially excluded and under-served population including persons with disabilities. **TAJ**: SRHR of vulnerable groups is included in Tajik partner organization's strategy. **ZAM**: The partner developed a new integrated Strategic and Advocacy Plan for 2025-2027 which incorporates SRHR issues. **SA:** The partner has successfully facilitated the inclusion of SRHR of vulnerable groups in the strategies and projects of its members.	57 %	100% of programme partners have included SRHR issues of vulnerable groups in their work by 2025	Annual self-assessments in partnership meetings Annual reports
Number and types of CSO-led alliances, partnerships, networks, working groups or similar the partners are working with on SRHR	0	**Total number: 37 (at least)** **AFG**: partners activities created spaces to bring different types of civil society actors together on inclusive SRHR (teachers/university lecturers, representatives from the healthcare community, representatives from disability groups, community and religious leaders). **MW**: 11 national and district level alliances and working groups, such as Malawi SRHR Alliance, Power to Youth Consortium, Coalition to Prevent Unsafe Abortion (COPUA). Through these platforms the partner has influenced SRHR policy discussions, contributed to national dialogue and ensured that the voices of young people and marginalized communities are represented. **NEP:** Signed MoU with 4 new partners from Banke: Disable Empowerment and Communication Center (DEC) Nepal, Kohalpur Parent Association Person with Intellectual Disability (PAPID) National Disable Albino Nepal, Kohalpur Banke Association of Blind Existing 4 partners in Kathmandu:	37 N/A. The indicator was changed from 2022 from "new alliances" into "alliances"	15	Annual reports

			Nepal Disabled Women Association (NDWA), Blind Youth Association of Nepal (BYAN), Action on Disability Rights and Development-Nepal (ADRAD-Nepal), Community Based Rehabilitation (CBR) Nepali partner work closely with Abilis Foundation, Access Planet, Prayatna Nepal. **ZAM**: 7 CSO-led partnerships with individual organizations, such as The Youth Platform, Marie Stopes Reproductive Choices, Lifeline Zambia, and coalition of like-minded organizations to coordinate advocacy activities. Also, Zambian partner established a fiscal host relationship with another LGBTIQ+ organization. 1 coalition developed a concept to address issues experienced by sex workers, trans-divers, intersex and young women. **ZIM:** 1 Provincial Key and Vulnerable Populations Sector network to concert efforts among KVP serving organisations in the province. **SA**: 1 working group that brought together 9 LGBTIQ+ organizations to strengthen development of the advocacy strategy.			
OUTPUT 5: Learning and capacity building of programme partners	**INDICATORS**	**BASELINE 2022**	**RESULT 2024**	**CUMULATIVE**	**TARGET 2025**	**SOURCES OF VERIFICATION**
Best practices to improve SRHR are identified and shared within the programme	Regular partnership meetings and capacity building sessions are held.	0	**Total sessions: 9** **AFG, NEP, TAJ:** One partnership meeting was held in Bangkok, Thailand. The meeting included exchange of achievements, session on accessible PSEAH, session on exit plans/sustainability, session on program planning for the next 4-year period and session on risk matrix and final evaluation. **MW**: 1 capacity building session by Martha association in preparation of the training held by Martha association, 1 reflection meeting online, 1 partnership meeting in Malawi, 1 capacity building activity through participating in the ILGA world conference on LGBTIQ+ issues, 1 training on key populations held by CEDEP **ZAM&ZIM&SA**: 1 partnership meeting was held live in Zambia, 2 online sessions were organized.	22 sessions	At least 20 partnership meetings (both live and online) by 2025	Annual reports
	An advocacy tool has been created for LGBTIQ+ organizations	An advocacy tool has not been created (only partner in	**SA**: An advocacy tool is not yet created.		Advocacy tool is created, functional and in use among	Annual reports

		South Africa)			LGBTIQ+ organizations	
OUTCOME 6: Global communications in Finland	**INDICATORS**	**BASELINE 2022**	**RESULT 2024**	**CUMULATIVE**	**TARGET 2025**	**SOURCES OF VERIFICATION**
The awareness on SRHR, comprehensive sexuality education (**CSE**), SDGs and their interlinkages is raised among broad public and young people	Persons reached through development communication and global education assess that they have good understanding of SRHR, CSE, SDGs and their interlinkages	Level of understanding is 4/5 on sexual rights, 4/5 on CSE, 3/5 on SDGs and 3/5 on their interlinkages.	The target groups' self-assessment of their grasp on programme themes and interconnections are the following: 4 out of 5 on sexual rights, 4 out of 5 on CSE, 3 out of 5 on SDGs, and 3 out of 5 on their interlinkages.	4 out of 5 on sexual rights, 4 out of 5 on CSE, 3 out of 5 on SDGs, and 3 out of 5 on their interlinkages	Level of understanding is 4/5 on sexual rights, 4/5 on CSE, 4/5 on SDGs and 4/5 on their interlinkages.	Surveys for visitors in different channels
	Number of visits to website, reach of social media posts, number of shares and engagement rate in social media, video views, blog views, podcast reach	Social media channels have 10,6 million reach. Väestöliitto's blog has 97 802 impressions	Social media channels have 5,9 million reach.	37,1 million reach	Numbers will increase by at least 10%	Website and social media analytics
	Number and types of direct target groups reached	2	Young people Decision makers	8	3 new target groups reached by 2025	Monitoring data, website and social media analytics
OUTPUT 6: Global communications in Finland	**INDICATORS**	**BASELINE 2022**	**RESULT 2024**	**CUMULATIVE**	**TARGET 2025**	**SOURCES OF VERIFICATION**
The broad public and young people are reached	Number and types of development communication and global education	0	**Total development communication activities: 333** This included different social media posts and campaigns, blog series, events like the launch of the SWOP (State of World Population) report, World Village Festival and EU parliament panel	1303 activities	At least 200 development communicati	With own monitoring

activities implemented	discussion, and posts on current issues related to the program themes and program itself and its results.	on activities per year