Väestöliitto

Advancing Sexual and Reproductive Health and Rights:

Ensuring Justice for a Sustainable Future

Väestöliitto's Development Cooperation Programme 2026–2029

Contents

Acronyms and abbreviations

APPG	All-Party Parliamentary-Group on Sexual Rights and Development
CPD	Commission on Population and Development
CRPD	UN Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
GBV	Gender Based Violence
GDP	Gross domestic product
HRBA	Human Rights Based Approach
ICPD	International Conference on Population and Development
ILGA	International Lesbians and Gays Association
IPPF	International Planned Parenthood Federation
LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Intersexual, Queer plus all other gender and sexual orientations
MFA	Ministry for Foreign Affairs of Finland
OECD/DAC	Development Assistance Committee (DAC) under Organisation for Economic Co-operation and Development (OECD)
PVO	Private Voluntary Organisation (related to a 2024 amendment bill in Zimbabwe)
RBM	Results-Based Management
SA	South Africa
SDGs	The Sustainable Development Goals
SEAH	Sexual Exploitation, Abuse, and Sexual Harassment
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRHRJ	Sexual and Reproductive Health, Rights and Justice
UN	United Nations
UNFPA	United Nation's Population Fund, UN's sexual and reproductive health agency
UPR	Universal Periodic Review
US	United States

Pictures and tables

Summary

The programme advances sexual and reproductive health, rights, and justice (SRHRJ) by addressing systemic barriers and promoting inclusion, particularly for persons with disabilities, LGBTIQ+ persons, and women and girls. It strengthens rights-holders' capacity to claim their rights, builds civil society's advocacy ability to support SRHRJ, raises awareness to challenge stigma, and engages in advocacy to drive structural change. These efforts ensure SRHRJ is recognized as a fundamental right, integrated into policies, and supported by inclusive services.

The programme prioritizes groups whose rights are globally underfunded and deprioritized. Persons experiencing vulnerability face societal and physical barriers that limit their access to services, education, and justice, as well as discrimination that restricts their ability to exercise SRHRJ freely. Women and girls continue to experience sexual and gender-based violence, limited autonomy, and systemic exclusion. The programme recognizes that vulnerability stems from structural barriers rather than inherent traits and works to dismantle these obstacles, fostering agency, self-determination, and equitable participation.

Implemented through Väestöliitto and nine CSOs in eight programme countries, the programme operates through a collaborative model that unites civil society and policymakers to create an enabling environment for change. By integrating local knowledge with global best practices, it strengthens sustainable solutions for advancing SRHRJ.

1. Introduction

1.1 Väestöliitto's vision, mission, and values

Väestöliitto is a Finnish CSO that strengthens safe relationships, human rights and well-being in the rapidly changing world. Väestöliitto works towards improved well-being and equality and strengthening sustainable demographic change. Väestöliitto was established in during the interim Peace on 14th of February 1941. Väestöliitto has been part of building the Finnish welfare society by advocating for sustainable and equal well-being-, health- (incl. sexual and reproductive health and rights), social-, housing- and immigration policies.

Väestöliitto is the only CSO in Finland that explicitly advances sexual rights in Finland and globally as one of its main approaches. Väestöliitto's work builds upon four core values. Väestöliitto strives to be trustworthy, approachable, just and active and unprejudiced. Diversity, equality and equity of people are at the core of Väestöliitto's work, meaning that there is special focus on the equality of all genders, different kinds of families, people's backgrounds, and sexual orientations and gender expressions. Väestöliitto's work is based on its values, research, and experience from the field.

Väestöliitto's strategy defines the core approaches, vision, values, and strategic choices. Väestöliitto's strategy consist of four programmes: Sustainable Demographics Programme, the Sexual Rights and Development Programme, the Programme of Safe Closeness and the Building of the Väestöliitto Community Programme. Based on the strategy, Väestöliitto's global work focuses on advancing the realization of sexual rights globally. This work is guided by **Väestöliitto's Sexual Rights and Development Programme** that is one of the four programmes which together form Väestöliitto's strategy.

As the leading expert on sexual and reproductive health and rights in Finland, Väestöliitto's strategic goal in its Sexual Rights and Development Programme is to ensure that the right for bodily autonomy is fulfilled for all. This means that Väestöliitto works to advance comprehensively SRHRJ which have been at the core of Väestöliitto's development cooperation since 1985. The Sexual Rights and Development Programme emphasizes intersectional approach as well as life cycle approach to

SRHRJ and development and working against discrimination in all its forms. In addition, it emphasizes comprehensive understanding of sexuality.

Strategic goals of the Sexual Rights and Development Programme are 1) right to comprehensive sexuality education, 2) right to advocacy, 3) right to self-determination, 4) right to sexual and reproductive health services and 5) right to enjoy sexuality and right to equity. SRHRJ and gender equality are central in achieving sustainable development that leaves no one behind. Those are essential for the realization of human rights for all. Strategic goals are chosen to emphasize the need for actions in these areas in which there are severe challenges globally.

The greatest challenges in the realization of sexual rights are faced by people who are in vulnerable situations and face systemic barriers to access their rights. That is why Väestöliitto focuses in its programme on meeting the needs of the persons who experience vulnerability and working to eliminate discriminatory structures. Väestöliitto works to ensure that the sexual rights of all people, especially rights of women and girls, persons with disabilities and people belonging to LGTBIQ+ community, are realized.

Väestöliitto sees the role of a strong civil society as a building block of sustainable development and peaceful society. As Väestöliitto has had a strong role in building the Finnish society in the past decades, the starting point of Väestöliitto's development cooperation is also to support local CSOs. Väestöliitto does not have country offices, work as part of international organisation or send Finnish experts to the programme countries. The added value of Väestöliitto's development cooperation programme is that it is support from a local CSO to local CSOs. Programme partners have the best expertise in their environments and set the goals for their work. Strengthening local civil society in programme countries builds inclusive and just societies in the long run.

1.2 Concept of Sexual and Reproductive Health and Rights and Justice (SRHRJ)

Väestöliitto's programme advances SRHRJ as crucial elements in advancing SDG's and reducing poverty and inequalities. They encompass complex and multidimensional components of human's sexuality, reproduction and the rights related to them. Sexual and reproductive health and rights are part of human rights[1]. By definition "*Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity*[2]." Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust, and communication in promoting self-esteem and overall well-being. All persons have a right to make decisions regarding their bodies and to access services that support that right.

Sustainable development or gender equality cannot be achieved without securing sexual and reproductive health, rights and justice for all. When persons have access to sexual and reproductive health services and information, they have greater opportunities for education, career advancement and overall meaningful participation in society. These rights give people the power to make choices about their lives, relationships, and futures—free from discrimination, violence, and societal control.

Incorporating a justice perspective[3] into SRHR is essential to address the systemic inequalities that affect individuals' reproductive autonomy. Justice perspective for SRHR means that there needs to be a shift of the idea of just an individual choice to possibility to access these rights. This goes further

[1] In 1994, the International Conference on Population and Development (ICPD) formally recognized that reproductive rights were linked to human rights. In Cairo Conference, with the adaption of the Programme of Action, brought a sharper focus on women and introduced a new concept such as sexual and reproductive health and reproductive rights. The conference achieved consensus on key issues such as universal access to education, reduction of infant, child and maternal mortality, and access to reproductive and sexual health services, including family planning.

[2] Guttmacher- Lancet Commission 2018

[3] The term reproductive justice was invented in 1994. Right before ICPD a group of black women gathered in Chicago and recognized that the women's rights movement, led by and representing middle class and wealthy white women, could not defend the needs of women of color and other marginalized women and trans people. These women named themselves Women of African Descent for Reproductive Justice, and the term was born. *Sister Song Women of Color Reproductive Justice Collective 2025*

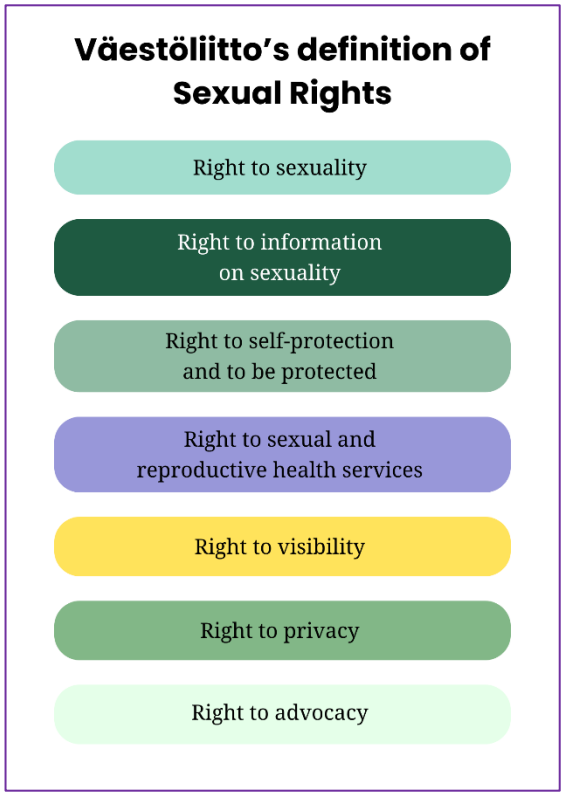
than rights perspective that every person has a right to choose for example abortion but focuses on systemic inequalities and barriers that prevents persons to access abortion if needed. These systemic inequalities and barriers root back from colonialism and racism that have influenced also SRHR policies and practices.

A justice perspective to SRHR acknowledges these historical and ongoing injustices. It emphasizes the need to dismantle systemic barriers and ensure equitable access to sexual and reproductive health and rights for all individuals, regardless of race, socioeconomic status, or geographic location. This approach moves beyond a singular focus on individual rights, considering the broader social, economic, and political contexts that influence sexual and reproductive choices.

When everyone's sexual rights are protected and honored, and barriers and inequalities have been addressed they lead to many positive outcomes such as freedom from sexual violence, abilities to choose if and when to have sexual relationships and with whom, abilities to choose if and when and with whom to marry, and abilities to attend education and have greater economic participation.

There are many complementing definitions to SRHRJ and specifically to sexual rights. Väestöliitto sees that sexual rights are the main concept which encompasses all the dimensions and components of sexual and reproductive health, rights and justice, such as sexual and gender-based violence (**SGBV)**, access to sexual and reproductive health services, and comprehensive sexuality education. However, as sexual rights are contested and debated in the global fora, Väestöliitto utilizes the internationally established concept of SRHRJ in this programme.

Picture 1 Väestöliitto's definition of Sexual Rights



1.3 Väestöliitto's expertise in SRHRJ

Väestöliitto is a leading Finnish CSO on global SRHRJ that especially focuses on SRHRJ of persons experiencing vulnerability. Väestöliitto's programme provides significant thematic added value by focusing on underfunded and sensitive area of SRHRJ. Globally, SRHRJ funding for groups experiencing vulnerability remains insufficient, and issues such as LGBTIQ+ rights and the sexual rights of persons with disabilities often receive little to no financial support. Especially in Africa region the funding for LGBTIQ+ rights is extremely limited so Väestöliitto's work provides much needed funding to the area. Similarly, SRHRJ work for persons with disabilities remains largely overlooked, as disability-related funding often prioritizes other sectors. These topics are frequently considered sensitive, taboo, or too personal leading to a lack of funding, particularly in advocacy work. Väestöliitto specifically addresses these gaps by ensuring funding is provided to these unfunded themes and areas. By working in these thematic and geographical areas, Väestöliitto plays a unique role in advancing global development and inclusion, ensuring that no one is left behind in access to sexual and reproductive health, rights and justice.

Väestöliitto's worldwide networks ensure that Väestöliitto is well connected with relevant SRHRJ stakeholders globally and has access to up to date and relevant data and knowledge on SRHRJ issues. Väestöliitto's advisors also continuously strengthen their own expertise with new knowledge on SRHRJ and themes related to that, and internal learning sessions are organized, for example on decolonization of SRHRJ.

One of the most important networks is the International Planned Parenthood Federation (**IPPF**) which is a globally connected civil society movement of national member associations. Väestöliitto is the Finnish member association of IPPF and is connected with sister organizations with a presence in over 146 countries around the world. All member associations commit to common values and to realization of SRHRJ for all.

Väestöliitto is also United Nation's sexual and reproductive health agency UNFPA's partner in Finland and represents UNFPA in **One UN Coordination Group in Finland**. Väestöliitto raises awareness of UNFPA's work among decision makers and general public to make importance of UNFPA's work more visible and more understood. This also aims at increasing the support for the Finnish development policy and its relevance. Cooperation with UNFPA provides Väestöliitto UN-related information on SRHRJ to support Väestöliitto's work.

Väestöliitto's is an advisor and a secretariat for **The Finnish All-Party-Parliamentary-Group on Sexual Rights and Development (APPG)** which was established in 1995 by Väestöliitto's initiative. The group is comprised of Members of Parliament and Members of European Parliament from different political parties. The aim of the APPG is to promote SRHR in Finland, in Finland's and EU's development policy, and to ensure SRHR funding. The Group disseminates information, takes part in development policy discussion, takes stand on issues in Parliament concerning global SRHRJ, gender equality and population policy issues. Through the APPG Väestöliitto can disseminate its expertise on SRHRJ and on development questions among decision makers.

Väestöliitto is also a member of **Countdown 2030 Europe Consortium** whose members are 15 leading European CSOs working to ensure sexual and reproductive health and rights for all. The consortium is the 'go-to' cross-country sexual and reproductive health and rights (SRHR) expert Consortium in Europe seeking to increase European SRHR funding in international cooperation and strengthen political support for sexual and reproductive freedom worldwide. The consortium works in in national, European, and international fora.

Väestöliitto is also a founding member of **Sexual Right Network for Finnish CSOs**, a chair of **Women, Peace and Security -Network** in Finland, a member of the **Development Policy Committee** and coordinates a group of CSOs advancing global LGBTIQ+ rights.

1.4 Overview of Väestöliitto's global work

Väestöliitto's global work is guided by the Väestöliitto's Sexual Rights and Development Programme and at the core of global work is to ensure that persons experiencing vulnerability can make decisions about their body, relationships and future, thereby promoting SRHRJ globally. Väestöliitto's global work receives funding various donors such as the Ministry for Foreign Affairs of Finland, IPPF and UNFPA. Väestöliitto's global work consists of development cooperation, advocacy and global communication.

In collaboration with partner organizations in eight countries, Väestöliitto works to strengthen SRHRJ through development cooperation programme. These projects are designed to advance SRHRJ of persons experiencing vulnerability and thus advancing SDGs.

In addition, advocacy plays a crucial role in Väestöliitto's global work. Väestöliitto engages with Finnish and European Union development policies to ensure that SRHRJ is prioritized. By providing information on SRHRJ to decision makers and holding decision makers accountable for their policy and funding commitments, Väestöliitto strives to achieve that SRHRJ is at the core of Finnish and EU development policies. Väestöliitto also works at the UN level, especially regarding Commission on Population and Development (CPD).

Communication ensures that Väestöliitto's global work is familiar to the target groups and the general public. The purpose of communication and especially global communication is to increase information on SRHRJ of persons experiencing vulnerability and how development cooperation affects persons lives and changes societies. In other words, global communication emphasizes the importance of sexual rights for people's well-being and thus also for development.

1.5 Building on the achievements and lessons from the previous programme

Väestöliitto has implemented SRHR development cooperation projects since 1985, and the long withstanding experience in the field became even stronger as a result of the first programme period which made it possible to harmonize and unite separate development cooperation projects, global communications projects and advocacy under one programme. Overall Väestöliitto has made great strides in developing the results-based management of the programme more efficient and processual.

A mid-term review of the programme was conducted with the goal of informing how well the programme has succeeded when it comes to relevance of the methods chosen under each outcome, how efficient the methods are, to what extent it can be expected that the outcomes will be sustained, and how well the programme's projects fit into the working environment.

The key lessons learned demonstrate that there is strong relevance as the programme addresses the intersection of persons experiencing vulnerability and their SRHRJ 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 SRHRJ 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.

The programme shows moderate sustainability, particularly through efforts to institutionalize capacity building 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, organizations of persons with disabilities, and civil society organizations further enhances coherence. However, gaps in engagement with key stakeholders 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.

While the programme is well-designed and effective in many aspects, targeted improvements in inclusion, resource allocation, long-term funding, and stakeholder collaboration are needed to maximize impact and ensure sustainability.

The main lessons learned through the mid-term assessment will be carried out to the next phase of the programme. In terms of relevance, it is essential to strengthen the inclu
sion of LGBTIQ+ persons and other underrepresented groups within SRHRJ programming. Additionally, deeper engagement with government agencies and organizations of persons with disabilities is necessary to institutionalize disability-inclusive SRHRJ policies. Integrating SRHRJ within broader health and education frameworks will further enhance the programme's long-term

impact. To strengthen integration of LGBTIQ+ persons in the programme, new LGBTIQ+ partners have been included in the programme 2026-2029 leveraging on the network of LGBTIQ+ associations across Africa.

To improve efficiency, better coordination among various partners is needed to optimize resource allocation. Investing in digital tools and alternative media strategies will expand the programme's reach, while addressing accessibility barriers and logistical constraints will ensure greater participation in training and advocacy activities.

For sustainability, developing long-term funding strategies within each programme partner is crucial, including diversified donor engagement and local fundraising mechanisms. Strengthening local ownership by embedding for instance capacity building within national organizations will enhance their lasting impact. Additionally, reinforcing advocacy networks will help sustain policy influence beyond project funding cycles.

Enhancing coherence requires improving collaboration with key stakeholders and disability and SRHRJ-focused organizations. Developing adaptive strategies will help navigate political and policy challenges, particularly in restrictive environments. Lastly, fostering stronger cross-sector coordination will enhance overall impact and prevent duplication of efforts.

2. Operating environments

2.1 The global environment on SRHRJ

Sexual and reproductive health and rights have been recognized as key human rights and drivers of sustainable development since the International Conference on Population and Development (ICPD) in 1994 and a lot of progress has been made since. Among women married or in union in low-income countries, the percentage using a modern contraceptive method rose from 9.5 to 34.3 per cent between 1990 to 2023. In middle income countries, the percentage climbed from 48.1 to 61.5 per cent. This contributed to a 17 per cent decline in the unintended pregnancy rate between 1990-1994 and 2010-2014. Declining maternal mortality has been a success story and pregnancy and childbirth are much safer now than in 1994.[4]

While these successes should be lauded, shortcomings are also evident. Laws, policies, social norms and practices still deny SRHRJ to many people, particularly persons experiencing vulnerability. SRH services are often deprioritized in health systems. The need for such services in humanitarian crises is increasingly profound – and mostly unmet. Half of all pregnancies are still unintended. An estimated 44 per cent of partnered women are unable to make their own decisions about health care, contraception or sex. 24 per cent are unable to say no to sex, 25 per cent are unable to make decisions about their own health care and 11 per cent are unable to make decisions specifically about contraception. Very few countries implement comprehensive sexuality education: while some form of sexuality education may be available, it is not always comprehensive or provided consistently, despite widely available age-appropriate curricula and guidance for teachers.[5]

Global anti-gender movement is growing stronger and affecting the realization of SRHRJ more and more. Anti-gender movement opposes what it refers to as gender ideology, attacking especially SRHRJ, LGBTIQ+ rights, women's rights and abortion rights depending on the context. The movement is well organized and funded. Funding to global anti-gender movements comes from different sources in Europe, the US and Russia[6]. In recent years anti-gender discourse has also found its way to mainstream political discussions, especially after the rise of far-right parties. This makes advocating for SRHRJ, women's rights and LGBTIQ+ rights even more challenging. The

[4] UNFPA 2024
[5] Ibid.
[6] Greens/EFA / Elena Zacharenko 2020

movement works in many levels: at the grassroot level advocates and organizations report growing harassment while at the EU and UN level it has become more difficult to find agreement on anything referring to SRHRJ, comprehensive sexuality education or even gender.

Globally the coming years will be extremely difficult when it comes to SRHRJ as the Trump administration has decided to once again cut off SRHR funding through Mexico City Policy (also known as the Global Gag Rule) which poses a condition for non-US based CSOs receiving US funding the obligation to stop abortion service delivery and advocacy using funds from any source. This will take a dramatic toll on SRHRJ worldwide. Research from the 2017-2021 Global Gag Rule period shows reduced access to contraceptive care which led to an estimated 100,000 maternal and child deaths and 360,000 new HIV infections[7]. The US is also the single largest donor to international HIV and AIDS work, but this funding might be facing cuts as well. US funded PEPFAR (President's Emergency Plan for AIDS Relief) is not only credited with saving over 25 million lives since 2003 but is also a major source of funding for global LGBTIQ+ movement. The recent decision by the US to only recognize two genders has had a profound negative impact on access to HIV prevention and treatment of transgender people as in many cases they have not been included as a population covered under the waiver for humanitarian or emergency HIV treatment.

Table 1 Programme countries and their SRHRJ indicators

INDICATOR PROGRAMME COUNTRY	Maternal mortality ratio (deaths per 100 000 life births, 2020), World Bank	Adolescent birth ratio (births per 1,000 women ages 15–19, 2022), World Bank	Unmet need for contraception (% of married women ages 15-49, various years), World Bank	Number of new HIV infections (all ages, per 1,000 uninfected population, 2023), WHO
Afghanistan	620	80	24,5	0,1
Bangladesh	123	73	13,7	0,01
Malawi	381	115	15,4	0,61
Nepal	174	63	24,7	0,1
South Africa	127	52	14,9	2,7
Tajikistan	17	45	22,7	0,1
Zambia	135	116	19,4	1,2
Zimbabwe	357	99	10,4	0,98

Table 2 Programme countries' ranking

INDICATOR PROGRAMME COUNTRY	OECD/DAC category	Human Development Index (ranking out of 193 countries)	CIVICUS Civic Space Monitor (Open, Narrowed, Obstructed, Repressed, Closed)	Criminalisation of consensual same-sex sexual acts	Ratification Status for CRPD
Afghanistan	LDC	182	Closed	illegal	18 Sep 2012 (a)
Bangladesh	LDC	129	Repressed	illegal	30 Nov 2007
Malawi	LDC	172	Obstructed	illegal	27 Aug 2009
Nepal	LDC	146	Obstructed	legal	07 May 2010
South Africa	UMIC	110	Obstructed	legal	30 Nov 2007
Tajikistan	LMIC	126	Closed	legal	only signature 22 Mar 2018
Zambia	LDC	153	Obstructed	illegal	01 Feb 2010
Zimbabwe	LMIC	159	Repressed	illegal	23 Sep 2013 (a)

[7] PNAS 2022

2.2 Operating environments in "Advancing sexual rights of LGBTIQ+ persons" project and "Preventing sexual and gender-based violence in rural Malawi" project

2.2.1 Operating environment in South Africa

South Africa is the southernmost country in Africa with a population of 63 million people. South Africa has the largest economy in Africa and relatively high average income per capita compared to most other countries in the region. Still, South Africa has extreme levels of inequality, with high rates of poverty, unemployment, crime and violence. [8]

LGBTIQ+ rights in South Africa are legally well protected. Discrimination based on sexual orientation and gender is illegal. In 1996 South Africa was the first country in the world to protect against discrimination based on sexual orientation in its Constitutions and the fifth to legalize same-sex marriage in 2006. South Africa is the only sub-Saharan African country that permits same-sex relationship and adoption open to same-sex couples (either jointly or via second parent adoption). It is also legal to change one's legal gender, based on the Alteration of Sex Description and Sex Status Act 49 of 2003. While institutional support for LGBTIQ+ persons is very robust, attitudes, stigma and social acceptance still lags and LGBTIQ+ persons face verbal, physical and/or sexual discrimination in their everyday lives.

Civic space in South Africa is classified as obstructed by CIVICUS monitor. Attacks on human rights defenders, including fatal attacks on LGBTIQ+ human rights defenders pose a major threat to civic space. There has been a surge of protests in the recent years, but they remain peaceful.[9] South Africa guarantees press freedom and has a well-established culture of investigative journalism. Still, in recent years, journalists have often been subjected to verbal attacks from political leaders and activists.[10]

Even though the programme operates in South Africa by supporting South African partner the programmatic work does not target South Africa. South African partner operates at a regional level supporting African LGBTIQ+ CSOs and as such, the operating environment is a complex one.

The political landscape in many countries on the African continent is restrictive, with some countries implementing policies that limit or completely restrict the rights of LGBTIQ+ persons. These restrictive laws against same-sex relationships and gender non-conforming persons present a significant challenge.

The rise of conservative anti-LGBTIQ+ politicians across many countries has further endangered the rights of LGBTIQ+ persons as there has been an observable increase in political and legislative backlash against sexual and gender minority rights. Anti-rights and anti-gender actors have also influenced, funded, and capacitated decision-makers and non-state actors across Africa, leading to the implementation of discriminatory laws, policies, and social practices that have exacerbated pre-existing inequalities, including restricted access to justice. Several countries have introduced or passed more restrictive laws targeting sexual and gender minorities in the past few years, such as Uganda's Anti-Homosexuality Act and Ghana's Promotion of Proper Human Sexual Rights and Ghanaian Family Values Bill, with most recently Liberia and Burkina Faso coming with the same proposed bill.

These legislative actions create a hostile environment that could potentially limit the space for activism and necessitate adaptive strategies in the upcoming years. The threat of increased criminalization and persecution restricts safe advocacy for LGBTIQ+ rights and efforts to build support for these communities. Political unrest and any elections also affect the operating environment as pre-election campaigns have often explicitly targeted LGBTIQ+ people, contributing to the proliferation of hate speech both online and offline. Recent significant changes on the global stage have strained and challenged the working environment for LGBTIQ+ organizations and

[8] ISS African Futures
[9] Civicus Monitor 2024: South Africa
[10] Reporters Without Borders: South Africa

broader human rights advocacy in Africa. There has been an alarming rise in hate crimes against LGBTIQ+ persons in several countries, most recently in Namibia and Nigeria. These incidents include physical violence, harassment, and targeted attacks against the community, particularly transgender persons. The increase in hate crimes has heightened the level of fear and insecurity among LGBTIQ+ persons and could hinder community engagement and participation, underscoring the urgent need for protective measures and crisis response strategies in any LGBTIQ+ work.

2.2.2 Operating environment in Malawi

Malawi, a landlocked country in sub-Saharan Africa, has over 21 million people, with 85% living in rural areas. 66% of the population is under 24, straining education and healthcare. Despite economic reforms, Malawi remains one of the world's least developed countries, ranking 172 on the Human Development Index. Climate change and human factors severely impact agriculture and the economy through floods, droughts, deforestation, and poor waste management. For example, the country faced Tropical Cyclone Freddy in 2023, which killed over 1,000 people and displaced 650,000, 65% of whom were children and youth.

The space for civil society in Malawi is classified as obstructed. Recently the right to peaceful assembly has been under threat, as the next general election is set for September 2025 and opposition protests have been violently attacked without police intervention. There is also increasing concern over freedom of expression as journalists have been pressured to delete information from their devices arrested while filming police. [11]

Sexual and gender-based violence remains a critical issue, with 42% of women experiencing physical violence, and 1 in 5 girls facing sexual violence before 18. Vulnerable groups, including women with disabilities, sex workers, and gender minorities, experience the highest levels of sexual violence.

HIV prevalence is 8.8% among 15–49-year-olds, one of the highest globally, with young women at higher risk. Malawi ranks 11th globally in child marriage, with 9% of girls marrying by 15 and 46% by 18. The adolescent birth rate is 115 per 1,000 births, and women in rural areas have more children (4.7) than those in urban areas (3.0), with education and economic status influencing fertility rates.

LGBTIQ+ rights in Malawi are severely restricted, with same-sex relations criminalized and punishable by up to 14 years in prison. In 2024, the Constitutional Court upheld these laws, reinforcing a climate of discrimination, harassment, and violence. Social stigma and legal oppression force many to conceal their identities, limiting access to SRHR services and increasing vulnerability to HIV. Fears of retaliation and distrust in the justice system prevent victims from seeking help, highlighting the urgent need for broader interventions.

2.2.3 Operating environment in Zambia

Republic of Zambia is a landlocked country in Southern Africa with an estimated population of 21,1 million people. 42 % of the population are aged 0-14. Life expectancy at birth year is 66 (female) and 61 (male). The total fertility rate has remained high at 4,2.[12] Zambia is currently categorized as a Least Developed Country, despite the previous fast economic growth in the early 2000s leading to the classification of a Middle-Income Country. The income level has declined in the past years due to macroeconomic instability, debt burden and heavy dependence on copper exports.[13]

Zambia's laws governing sexual relationships date back to 1931 when Zambia was a British colony, which were derived from Britain's Criminal Code Act of 1899. Section 155–157 of the Zambia Penal Code criminalizes adult consensual sexual intercourse between persons of the same sex, calling for prison sentences of up to 15 years or more, even though the preamble of the Constitution of Zambia (Amendment) Act 2 of 2016 includes the vow to uphold the human rights and fundamental freedoms of every person.

[11] Civicus Monitor: Malawi
[12] UNFPA World Population Dashboard
[13] United Nations Committee for Development Policy, 2024

In Zambia, the ongoing hostile and heated debates and controversies concerning homosexuality can be traced back to former president Chiluba's statement in 1991 that Zambia is a Christian nation. This argument is still being used by the government against the acceptance of homosexuality. There is no political will from the State to enforce the protection of LGBTIQ+ persons against discrimination, due to the people's attitude towards homosexuality and this has resulted in political leaders actively encouraging the discrimination of the LGBTIQ+ people for political gain and social capital. Anti-LGBTIQ+ themes have been used widely in electoral campaigns leading up general elections for political mileage and this is expected again during 2026 general elections as well.

LGBTIQ+ persons face potential imprisonment and are subject to arbitrary arrests and detention, discrimination in education, employment, housing and access to services. As a result, the majority do not have access to basic physical needs like livelihoods, income, housing, education, and healthcare. LGBTIQ+ persons are more likely to experience poverty, lack of health care, attempt suicide, and be subjected to verbal, physical or sexual violence, which generally go unreported for fear of secondary abuse by law enforcement officers. LGBTIQ+ persons in Zambia struggle to situate themselves within a Christian nation that while nominally guaranteeing fundamental rights and freedoms, also maintains a "morality" which continues to be inimical to their existence.

Civic space in Zambia is classified as obstructed by CIVICUS monitor. Right to assembly has been under attack as the policy consistently deny opposition parties the right to hold rallies and meetings. This repression has escalated, with intensified attacks on opposition parties and harassment of journalists, undermining democratic freedoms and prompting international concern.[14] The upcoming elections in Zambia have increased hate speech and violence, especially LGBTIQ+ persons have been attacked.

Unlike in the previous one, the current National Health Strategic Plan 2022-2026[15] does not have a strong focus on sexual reproductive health and rights though generally there still remains a strong will to improve national healthcare to ensure everyone's access to quality health services. Zambia's healthcare system suffers from inadequate funding and a lack of infrastructure and facilities, especially in rural areas and falls short of what is needed to ensure adequate access to health.[16] In 2023, the Zambian Ministry of Health issued instructions to all its subnational structures to remove the word 'Sexual' in Sexual Reproductive Health and Rights programs and services as it encouraged and promoted LGBTIQ+ rights. In addition, legislation and attitudes towards LGBTIQ+ persons affect their access to sexual and reproductive health services. LGBTIQ+ persons cannot access services such as voluntary HIV counselling and testing as health professionals refuse to treat LGBTIQ+ people or they might be afraid of facing abuse or being arrested. Still, there has been progress over the past years in terms of programs providing HIV services to LGBTIQ+ Zambians. Through these services and cooperation with public health facilities and ministries, there has been improvement in the visibility of the SRHR vulnerabilities and discrimination that LGBTIQ+ persons experience. The vast majority of these HIV services have been funded by the US, which poses a huge challenge to their continuation in the new and changed situation.

2.2.4 Operating environment in Zimbabwe

Zimbabwe is a landlocked country in Southern Africa with a population of 17 million people. 40 % of the population are aged 0-14. Life expectancy at birth year is 65 (female) and 59 (male). The total fertility rate is currently at 3,3.[17] Currently Zimbabwe is categorized as a Lower Middle Income Country, although the country experiences significant poverty and inequalities in income, with approximately 38 % of the population living under the poverty line. Political instability and endemic corruption have prevented reforms and stalled debt restructuring.[18]

Civic space in Zimbabwe is classified as repressed by Civicus Monitor. There have been multiple cases of arrests during demonstrations and from CSO meetings, with cases of police beating

[14] Civicus Monitor 2024: Zambia
[15] National Health Strategic Plan 2022-2026
[16] Amnesty International 2023
[17] UNFPA World Population Dashboard
[18] CIA World Factbook: Zimbabwe

protesters, evidence of torture and other ill-treatment. Repression of civil society organisations has intensified with the government planning to introduce repressive laws. On 1st March 2024, the Zimbabwean government introduced the Private Voluntary Organisation (PVO) Amendment Bill 2024, allegedly to combat money laundering and terrorism financing and to prevent CSOs from engaging in political lobbying. The bill contains provisions that threaten the existence and operations of civil society including a requirement for all civil society organisations, including those already operating under other legal frameworks, to register as PVOs, failing which they would not be able to continue with their operations. It also bestows wide powers on the Minister and Registrar, enabling them to interfere with the composition of an organisation's board of directors and staff.[19] It is yet to be seen how the PVO bill will affect the civic space in Zimbabwe.

Legislation has been utilized to harass LGBTIQ+ individuals and prevent LGBTIQ+ organizations from operating effectively. The LGBTIQ+ community in Zimbabwe faces pronounced criminalization and discrimination, leading to fear, exclusion, and stigma that impede their civic participation. Despite constitutional provisions aiming to promote rights to health, privacy, and freedom of association, draconian laws continue to impede LGBTQI+ rights. Consensual same-sex sexual acts continue to be criminalized, and legal barriers to freedom of expression are in place.[20] Section 73 of the Criminal Law (Codification and Reform) Act, 2004 punishes consensual same-sex conduct between men with up to one year in prison or a fine or both. This restrictive legislation contributes to stigma and discrimination against LGBTIQ+ persons.

Public and political rhetoric on LGBTIQ+ rights remains hostile. In 2024 Vice President Constantino Chiwenga and the government attacked against a scholarship programme offered in Zimbabwe for LGBTIQ+ students, labelling LGBTIQ+ individuals deviants and aberrations who should be denied access to education. Chiwenga said such scholarships are a national threat and highlighted that anyone who identifies as LGBTIQ+ shall not be enrolled at any educational institution. [21] LGBTIQ+ persons face hate speech and stigmatization through social and public media. Misinformation about LGBTIQ+ rights and persons spreads online which contributes to the growing misunderstanding of the needs of LGBTIQ+ persons. Despite these challenges, efforts persist to advocate for inclusive policies and greater recognition of LGBTQI+ rights, aiming to foster a more open and equitable society.

In the recent years Zimbabwe has faced many challenges related to health. In 2023 Zimbabwe faced recurring cholera outbreaks exacerbated by poverty, lack of access to clean water and inadequate infrastructure. When it comes to SRH services, gaps persist. Health care providers are legally not able to provide sexual and reproductive health services to adolescents without their parents' consent. In addition, the cost of essential healthcare services proved prohibitive for many and there is a failure to provide comprehensive sex education in schools.[22]

2.3 Operating environments in the "Advancing sexual rights of persons with disabilities" project

2.3.1 Operating environment in Afghanistan

Afghanistan has remained as one of the most fragile countries in the world after decades of conflict and instability. Due to a combination of different factors varying from political, geographical and social factors, Afghanistan is also one of the most climate prone nations in the world, ranked 181st out of 187 countries.[23] The humanitarian crisis has got worse after the Taliban takeover in 2021 as the country has suffered from earthquakes, floods and years of drought. UN agencies have estimated the number of persons needing emergency relief has increased from 18,4 million (2022)

[19] Civicus Monitor: Zimbabwe 2024
[20] Ilga: Zimbabwe
[21] Civicus Monitor: Zimbabwe 2024
[22] Amnesty: Zimbabwe 2023
[23] World Bank Group / Asian Development Bank 2021 & ND-GAIN Country Index Rankings

to almost 29 million (August 2023).[24] Approximately 85% of Afghans are living on less than one dollar a day.[25]

Afghanistan has long been one of the most difficult places in the world to be a woman or girl, and the return of the Taliban in 2021 has severely restricted their rights. Afghanistan scored the lowest in the Global Gender Gap Index (2023), with women facing extreme limitations in economic participation, education, and healthcare access. They also have increased risks of sexual and gender-based violence (SGBV) and child, early, and forced marriage. Conservative social norms further hinder access to antenatal care, domestic violence support, and reproductive health services. Other groups experiencing vulnerability, including ethnic minorities and displaced populations, also experience significant hardships. The collapse of referral pathways for SGBV survivors leaves many without access to protection or legal recourse.

The public healthcare system remains fragile, with unequal access to services, dependence on foreign aid, and a shortage of healthcare professionals. Reports of a lack of nearby functional health facilities increased from 19% (2021) to 29% (2022). Women face additional barriers due to travel restrictions, costs, limited awareness, and a shortage of female healthcare providers. The Taliban's conservative stance on family planning and sexual and reproductive health limits efforts to shift harmful norms. The lack of female healthcare providers remains a critical issue, exacerbated by the ban on higher education for women, including midwifery and nursing programs since 2024. Afghanistan is one of the most challenging places in the world to be pregnant as the Maternal Mortality Ratio is extremely high with 620 deaths per 100,000 live births. Preventable maternal complications kill a woman every two hours in Afghanistan.[26] Living under an institutionalized system of gender-based oppression causes physical and psychological harm such as killings, physical, sexual and reproductive violence that led to death, injuries, chronic health conditions, depression and suicide.[27]

Civic space in Afghanistan is rated closed with civil society facing arbitrary arrests, intimidation, and violence since the Taliban takeover. Human rights defenders, particularly women activists, have been detained, tortured, and subjected to unfair trials, while media workers and journalists face harassment, detention, and strict censorship. The judicial system lacks transparency, with detainees often held without clear legal processes, leaving room for corruption and abuse. Severe punishments have deterred protests, and self-censorship has become widespread due to fear of retaliation. Freedom of expression is effectively suppressed, making it increasingly difficult for civil society to operate.[28]

Women's mobility is severely restricted by the requirement for a mahram (male guardian) to accompany them in public, and the ban on women participating in sports[29] or visiting public parks has continue. Some provinces have additional localized restrictions such as Herat banning lone women from going to restaurants. Foreign non-governmental organizations are banned from providing educational programmes, women are prohibited from directorships within CSOs, and female beauty salons have been forced to close. Women are banned from participating in radio or television broadcasts with male presenters, and women who appear on television are required to wear a black hijab. The Taliban's discriminatory and misogynist policies and strict enforcement methods constitute an institutionalized framework of *gender apartheid.*[30]

The LGBTIQ+ community in Afghanistan also is a victim of gender persecution and suffer from deprivation of fundamental rights, such as the rights to life, security of person, freedom of torture and other cruel, inhuman or degrading treatment or punishment, freedom from discrimination and equality before the law.[31] Furthermore, persons with disabilities experience severe exclusion and

[24] Amnesty International: Afghanistan 2023
[25] UNDP 2024.
[26] UNFPA in Afghanistan
[27] UN Human Rights Council 2024
[28] Civicus Monitor: Afghanistan 2024
[29] OHCHR 2024
[30] UN Human Rights Council 2024
[31] Ibid.

women and girls with disabilities face gender-specific intersecting forms of systematic exclusion.[32] In 2023, the Ministry of Public Health mandated a transition from mobile health teams to fixed sites, creating logistical and financial challenges in reaching groups experiencing vulnerability.

2.3.2 Operating environment in Bangladesh

Despite global uncertainties and frequent natural disasters, Bangladesh has maintained a strong track record of economic growth and poverty reduction since gaining independence in 1971. Once one of the world's poorest nations, Bangladesh achieved lower-middle-income status in 2015. Between 2010 and 2023, the country maintained an average annual GDP growth of 6.4%, supported by stable macroeconomic conditions. Poverty has also significantly declined, with the proportion of people living below the international poverty line of $2.15 per day dropping from 11.8% in 2010 to 5.0% in 2022. Similarly, moderate poverty, defined by the $3.65 per day threshold, fell from 49.6% to 30.0% in the same period.[33]

Bangladesh has made notable progress in human development, including reductions in infant mortality and child stunting[34], increased literacy rates, and expanded electricity access.[35] However, while inequality has slightly narrowed in rural areas, it has widened in urban regions, and recent years have posed significant challenges to sustained economic growth.

The Country Partnership Framework for 2023–2027, aligned with Bangladesh's eighth Five-Year Plan and Long-Term Perspective Plan (2021–2041), aims to support the country's goal of achieving upper-middle-income status by 2031. The Country Partnership Framework focuses on removing barriers to sustainable and inclusive growth, promoting a diversified and competitive private sector, and addressing climate and environmental challenges.[36]

Bangladesh has ratified most core UN human rights treaties, including the Convention on the Rights of Persons with Disabilities (CRPD). However, it has yet to ratify the Convention for the Protection of All Persons from Enforced Disappearance and the Convention on the Status of Refugees. While the Rights and Protection of Persons with Disabilities Act (2013) and the National Women's Development Policy (2011) provide a legal framework for human rights protections, gaps remain between policy and implementation.[37]

Concerns persist over freedom of expression, particularly due to the Digital Security Act, which restricts online speech. Reports indicate that law enforcement agencies engage in extrajudicial killings, enforced disappearances, and torture. Additionally, human rights organizations face increasing government repression, limiting their ability to operate freely.[38]

Women in Bangladesh continue to have limited access to legal protection, services, and justice in cases of domestic violence. The country still has one of the highest child marriage rates in the world. According to Human Rights Watch, survivors of gender-based violence face substantial barriers to justice, including a lack of safe shelters, witness protection, and support services.[39]

While Bangladesh has made significant progress in realization of SRHR, major challenges remain in achieving zero maternal deaths and universal access to family planning. Each year, an estimated 4,200 women die due to pregnancy-related complications, while maternal morbidity conditions like cervical cancer and obstetric fistula remain widespread.[40]

Despite improvements in health and family welfare, gaps in reproductive healthcare access persist. In 2011, one-third of Bangladesh's population was between 10 and 19 years old, with nearly equal

[32] Ibid.
[33] World Bank: Bangladesh
[34] Journal of Global Health 2021
[35] The World Bank in Bangladesh.
[36] World Bank: Bangladesh
[37] Universal Periodic Review Fourth Cycle - Bangladesh, Amnesty International and Human Rights Watch
[38] Ibid.
[39] Ibid.
[40] UNFPA Bangladesh

numbers of boys and girls. However, about two-thirds of girls were married before turning 18, reflecting deep-rooted gender inequality. Barriers to SRH services include lack of awareness, fear of social stigma, low reproductive health literacy, and gender-based violence.[41]

The Bangladeshi government has upheld its pledge to host forcibly displaced Rohingya refugees until they can return safely and voluntarily to Myanmar. However, authorities have taken increasingly restrictive measures, pressuring refugees to relocate to the remote island of Bhasan Char or repatriate to Myanmar.[42]

Rohingya refugees lack recognized legal status, leaving them vulnerable to human rights violations. In December 2021, authorities banned informal and community-led schools, affecting around 60,000 students. Although humanitarian organizations have been allowed to teach the Myanmar curriculum in refugee camps, children remain denied access to accredited education.[43]

Same-sex relationships remain criminalized in Bangladesh, carrying prison sentences ranging from 10 years to life. LGBTQ+ persons and activists face violence and threats, with limited legal protection from law enforcement. In 2020, the National Curriculum and Textbook Board initially included third-gender identities in the secondary school curriculum. However, following pressure from Islamist groups, the government removed references to transgender identities and same-sex relationships from textbooks, reinforcing the marginalization of LGBTQ+ communities.[44]

2.3.3 Operating environment in Nepal

Nepal is a landlocked country between China and India with a population of around 29,6 million (2023).[45] Still categorized as one of the least developed country, Nepal is aiming to graduate in the end of 2026. Agriculture remains to be the main source of income, prone to climate hazards.[46] Furthermore, the topography and geography of Nepal make the country vulnerable to natural disasters and earthquakes. After the end of decade long civil war in 2006, Nepal is undergoing a historic transition as a federal and secular republic. This represents opportunities for poverty reduction and pursuit of accountable service delivery. Nepal an extremely diverse country with over 126 ethnic groups and castes and three ecological zones.[47]

Nepal's civic space is rated as obstructed, with documented violations including arbitrary arrests, excessive force during protests, and the harassment and criminalization of journalists. Online restrictions, particularly the use of the Electronic Transactions Act 2008 to suppress dissent, remain a concern. The recently adopted transitional justice law includes positive provisions for accountability and redress for past human rights violations. However, human rights groups have raised concerns about shortcomings in the legislation.[48]

Nepal has taken great steps in socioeconomic development during the past two decades by enacting new, progressive legislation and policies to advance gender equality and women's empowerment. However, domestic violence, harassment, human trafficking and sexual and gender-based violence remain to be major gender-related challenges in Nepal. Harmful practices such as witchcraft, chaupadi and child marriage challenge the fulfillment of women's rights and violate physical and mental well-being of women, adolescents and girls. There is a lack of disaggregated data on gender-based violence and other gender-related matters, and mainstreaming gender issues at the federal, provincial and local levels through gender-responsive governance continues to be a challenge.[49]

[41] The Lancet: Arafat, Kumar Kar, Kabir 2022
[42] Universal Periodic Review Fourth Cycle - Bangladesh, Amnesty International and Human Rights Watch
[43] Ibid.
[44] Ibid.
[45] World Bank Data: Nepal
[46] UN Least Developed Country Category: Nepal Profile 2024
[47] Unicef: Nepal
[48] Civicus Monitor: Nepal
[49] UN Women 2023

Persons with disabilities in Nepal face persistent stigma and discrimination throughout their lives, both within their families and in society. Deeply rooted sociocultural beliefs continue to associate disability with past sins, reinforcing exclusion and marginalization. Many still believe that persons with disabilities are incapable of maintaining meaningful relationships within their families and communities, which further isolates them from social participation. Women with disabilities experience even greater disadvantages, as they face additional barriers to education, healthcare, employment, and social inclusion due to the intersection of gender and disability. According to the 2021 census, Nepal has 654,782 people with disabilities, making up 2.25% of the total population, a significant increase from 1.94% in 2011.[50]

Sexual and reproductive health is a fundamental aspect of well-being and sustainable development, yet the needs and rights of persons with disabilities in this area are often overlooked. In many low- and middle-income countries, including Nepal, a common misconception persists that persons with disabilities do not have sexual needs. This belief leads to their exclusion from essential healthcare services and limits their access to sexual and reproductive health information. Access to these services remains a major challenge, particularly for women with disabilities, as they often encounter physical, financial, and societal barriers. The limited availability of healthcare services, high costs of medical care, and discriminatory attitudes from healthcare providers contribute to their exclusion. Additionally, many healthcare professionals lack the necessary training, educational materials, and assistive equipment to provide inclusive and comprehensive sexual and reproductive health care for persons with disabilities.

Women with disabilities are especially vulnerable to emotional, physical, and sexual violence, including intimate partner violence, domestic abuse, rape, forced sterilization, and coercive abortion. Studies indicate that they are two to four times more likely to experience such violence compared to women without disabilities. Despite the heightened risk, protection mechanisms and support services remain largely inadequate, leaving many survivors without access to justice or appropriate care.

2.3.4 Operating environment in Tajikistan

Tajikistan, a Central Asian country with a population of approximately 10.2 million as of 2024, has a predominantly young demographic, with about 60% of its population under the age of 24 and an average age of 25.2 years. Despite consistent economic growth, it remains one of the least developed nations in the region, ranking 126th on the Human Development Index. In 2023, its GDP per capita was recorded at $1,441.27, only 11% of the global average, reflecting significant economic challenges.

Fundamental freedoms in Tajikistan remain severely restricted, with journalists, activists, and opposition figures facing arbitrary arrests, secret trials, and harsh penalties. Press freedom has deteriorated, as authorities closely monitor media content, restrict access to official information, and misuse legal provisions to suppress dissent. Civil society organizations operate under threat of closure and criminal prosecution, while legal barriers make it difficult for public associations to register. The government invokes national traditions and public morality to justify restrictions on personal freedoms, particularly affecting women's rights and choices. This growing repression has placed Tajikistan among the countries with the lowest democracy scores, as highlighted in international human rights reports.[51] Russia’s anti-LGBTI laws have influenced Tajikistan, where reports indicate detentions, prosecutions, and physical attacks against individuals based on their sexuality or gender identity. Many crimes go unreported due to fears of rejection or harm, further reinforcing societal stigma and deep-seated discrimination.[52]

[50] WHO estimates that around 1,3 billion people experience significant disability, which represents 16% of the world’s population. Hence, it is likely that the actual number of persons with disabilities is much higher than the one reported in the census. WHO 2023.
[51] Civicus Monitor: Tajikistan
[52] ILGA Europe Annual Review 2025

The global disability prevalence is estimated at 15–20% of the population, which would equate to approximately 1.2 million persons with disabilities in Tajikistan.[53] However, national statistics report only 153,248, highlighting a major discrepancy due to limitations in disability data collection. Women make up about 51% of the population and depending on whether official figures or international estimates are used, the number of women with disabilities ranges from 78,000 to as high as 612,000.

Tajikistan's legislation on disability rights aligns with international standards, including the UN Convention on the Rights of Persons with Disabilities. However, despite progressive legal frameworks such as the Law on Social Protection of Persons with Disabilities (2010), implementation remains inconsistent at the local level. Limited resources and infrastructure hinder enforcement, preventing persons with disabilities from fully accessing their rights and services.

Persons with disabilities, particularly women, face severe barriers to accessing essential services, including healthcare and education. The enrolment rate for children with disabilities is estimated to be below 6%, demonstrating the exclusion they face from formal education. Widespread stigma, inadequate policies, and a lack of accessible infrastructure further limit their social and economic participation.

Women with disabilities experience even greater challenges due to the intersection of gender and disability. Many are denied access to education because of societal prejudices and a lack of inclusive facilities, forcing them into financial dependence on their families, which increases their vulnerability to economic exploitation and abuse. Limited employment opportunities and small pensions further push many into precarious or unsafe income sources.

Access to sexual and reproductive health services remains especially difficult for women with disabilities. Many healthcare facilities are physically inaccessible, and in rural and remote areas, medical services are even scarcer. Societal stigma and discriminatory attitudes discourage women with disabilities from seeking reproductive healthcare, as they are often viewed as less capable of motherhood and undeserving of sexual well-being. The lack of accessible information and widespread social isolation further prevent them from understanding and exercising their sexual and reproductive health and rights.

The risk of sexual and domestic violence is significantly higher for women with disabilities. Mobility challenges and social isolation make them more vulnerable to abuse, with little recourse for protection or justice. Mothers of children with disabilities are often blamed for family difficulties, leading to further marginalization.

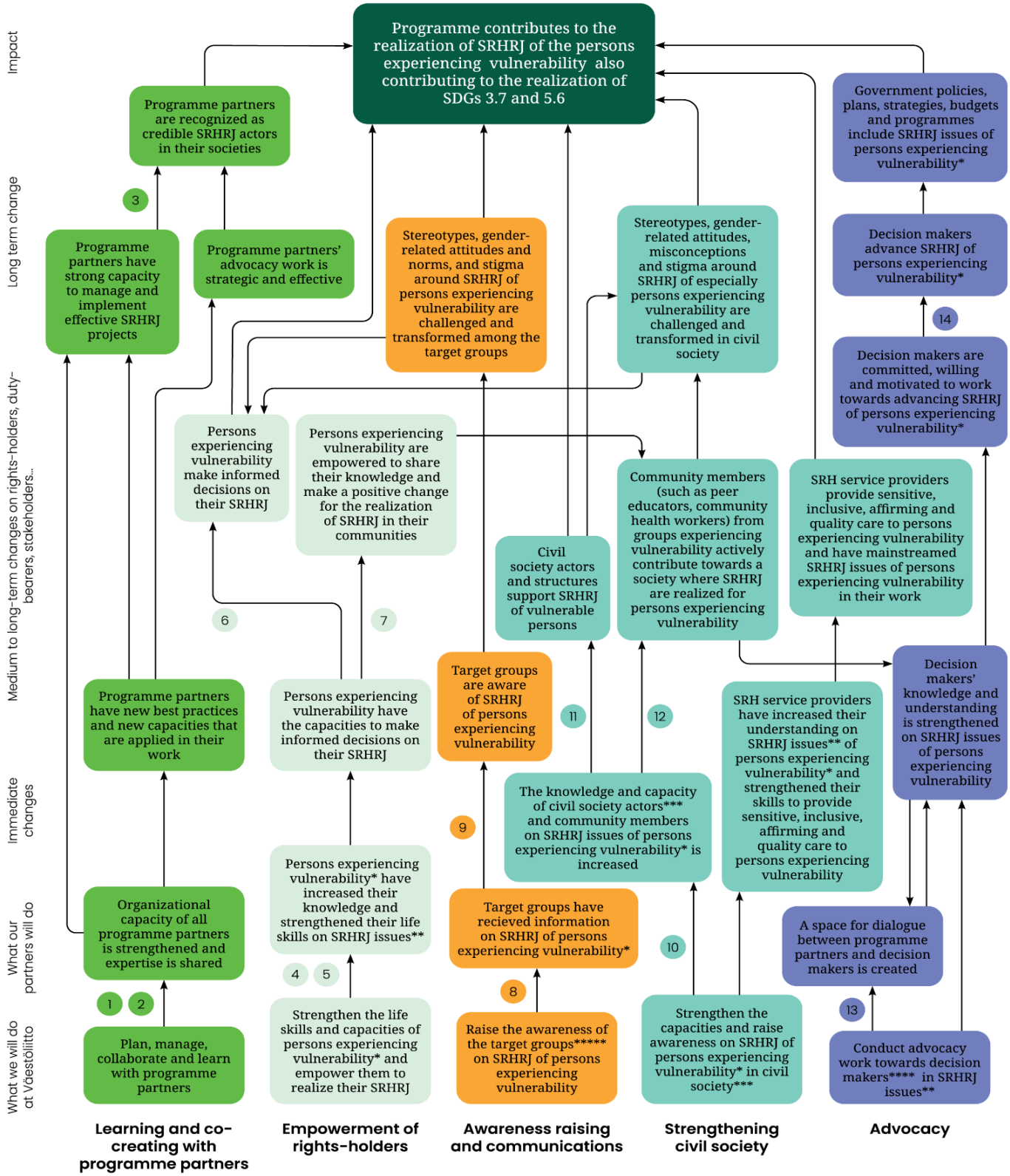
Although challenges persist, growing collaboration between civil society organizations and government bodies presents opportunities for advocacy and policy development. Legal initiatives aimed at improving the status of women with disabilities offer potential for progress, and awareness-raising efforts are gradually challenging societal prejudices. However, significant work is still needed to close the gap between legal protections and real-life conditions, ensuring that persons with disabilities, especially women, have full access to education, employment, healthcare, and social inclusion.

[53] WHO estimates that around 1,3 billion people experience significant disability, which represents 16% of the world's population. Hence, it is likely that the actual number of persons with disabilities is much higher than the one reported in the census. WHO 2023.

3. Väestöliitto's programme 2026–2029

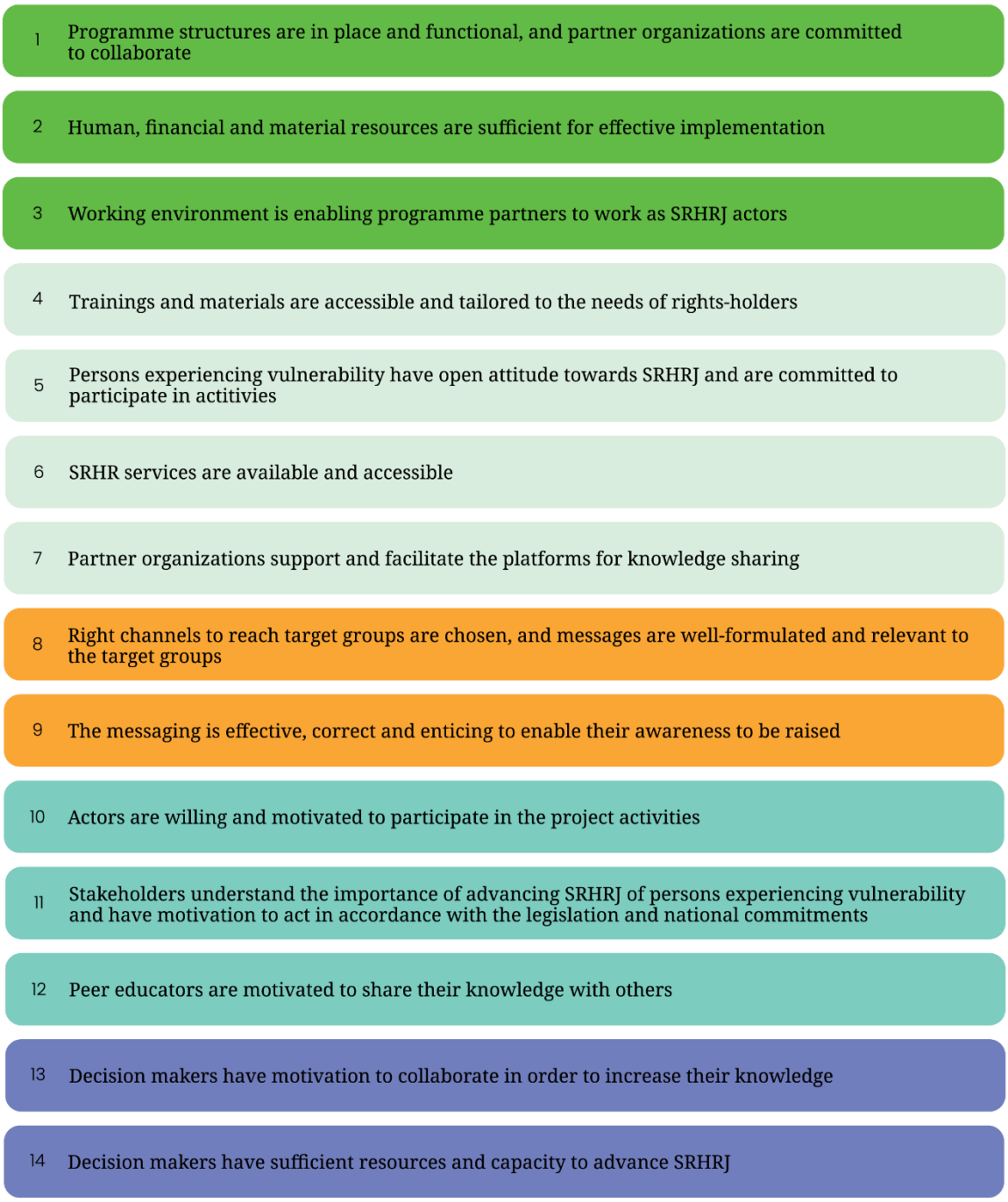
3.1 The Theory of Change of the programme

Picture 2 The Theory of Change of the programme



1-14: Assumptions can be found on the next page
*Especially women, girls, persons with disabilities and LGBTIQ+ persons
**SRHRJ issues include i.e. making informed decisions on intimate relationships, setting boundaries, SRH service seeking, etc.
***i.e. civil society organisations, service providers, peer educators, schools, community leaders and other relevant civil society structures
****MPs, MEPs, local level politicians, ministers, civil servants, policy makers, political party staff, (national and international human rights institutions, TBC)
***** defined by every partner

Programme 2026-2029 Theory of Change Assumptions



The vision of Väestöliitto and its partners is a world where sexual rights are realized. In that world everyone, including persons with disabilities, LGBTIQ+ persons, and women and girls, have universal access to sexual and reproductive health, rights and justice and SRH services, and SRHRJ is integrated into national strategies and programmes. In that world civil society and government have worked hand in hand to make that vision a reality.

Challenges and opportunities: Various cultural, social, and economic factors exist in many societies that render individuals with certain characteristics and circumstances more vulnerable to experience harm than persons not in the same position. Wealth of research shows that for example persons with disabilities, LGBTIQ+ persons, women and girls, sex workers, migrants, or drug users

all over the world face obstacles, diminished opportunities, challenges, and even threats to their existence due to their characteristics or circumstances. From the perspective of sexual rights all these persons face limitations in realizing their rights to the fullest, but to clarify the scope of Väestöliitto's global work, it was analyzed that advancing the sexual rights of especially persons with disabilities, LGBTIQ+ persons, and women and girls, is globally more under-financed and de-prioritized, and should therefore be the focus of the programme.

However, it is critical to note that when talking about such persons it is easy to talk about them as vulnerable groups thus allowing group characteristics to preside over individual characteristics. Through intersectional lens it is possible to see vulnerability as a result of different and interdependent societal processes rather than a static socio-demographic characterization that lacks agency and understanding of the vast differences in vulnerability and resilience.

Therefore, it is underscored that even though the programme targets especially persons with disabilities, LGBTIQ+ persons, and women and girls, the strong cross-cutting principle is that they are persons experiencing vulnerability due to systemic barriers, and not persons who are vulnerable due to their characteristics and circumstances.

In essence, Väestöliitto's programme will provide the necessary support to help persons experiencing vulnerability to grow their own identity and voice and nurture their self-esteem and confidence. This will be elemental in their motivation to make informed decisions regarding their own sexual and reproductive health. The programme will also help people across different sectors of society to question whether the existing cultural and societal norms regarding the sexual rights of persons who experience vulnerability make the society inclusive for them, and if not, what they can do to make a change. Equally important is to help critical stakeholders identify the best solutions and tools to support persons experiencing vulnerability.

Assumptions of the programme. The programme assumes that sustainable and transformative change in SRHRJ can be achieved by strengthening rights-holders' capacities, engaging key stakeholders, and addressing structural barriers through advocacy, awareness raising, and strengthening service delivery. A fundamental assumption is that access to accurate SRHRJ information and quality services leads to informed decision-making and improved health outcomes, provided that individuals have the agency and enabling environments to exercise their rights.

It is assumed that persons experiencing vulnerability, including women and girls, persons with disabilities, and LGBTIQ+ persons, will actively participate in interventions if they feel safe, represented, and empowered. This requires that community norms allow for meaningful engagement and that stigma, discrimination, and restrictive laws do not create insurmountable barriers to participation. It is also assumed that trained healthcare providers, educators, and peer supporters will be willing and able to adopt rights-based approaches in their work, given appropriate training, institutional support, and accountability mechanisms.

At the structural level, it is assumed that advocacy efforts will influence policy and decision-making, provided that duty-bearers recognize the importance of SRHRJ, and that political and economic conditions allow for progressive reforms. It is further assumed that strategic partnerships with civil society organizations, media, and government bodies will enhance the programme's reach and sustainability. However, external risks such as political instability, opposition from ultaconservative actors, or funding constraints could impact implementation.

If these assumptions hold, the program will contribute to a shift in attitudes, behaviors, and policies, resulting in increased access to SRH services, strengthened legal protections, and empowered communities advocating for their rights. This transformative change is expected to create long-term systemic improvements in the realization of SRHRJ for all.

Outcomes: This programme seeks to drive transformative change in the realization of sexual and reproductive health, rights and justice (SRHRJ) for persons experiencing vulnerability, ultimately contributing to the achievement of SDG 3.7 (universal access to sexual and reproductive healthcare

services) and SDG 5.6 (universal access to reproductive rights and services as agreed in international agreements).

The programme is built on five interconnected strategies: learning, capacity building of rights-holders, awareness raising, capacity building in civil society, and advocacy. Through these, an enabling environment is created where rights-holders, duty-bearers, and stakeholders can actively contribute to the realization of SRHRJ for all.

At the foundation, the programme invests in **collaborative learning with partner organizations** to ensure effective planning, implementation, and knowledge-sharing. As a result, partners strengthen their organizational capacity, gain expertise, and develop best practices for delivering SRHRJ programmes. Over time, this leads to highly skilled and credible SRHRJ actors who can manage impactful interventions and advocacy in their societies.

To **empower rights-holders**, the life skills and decision-making capacities of persons experiencing vulnerability are strengthened, enabling them to realize and claim their SRHRJ. In the short term, this increases their knowledge and self-efficacy. Over time, these persons make informed decisions about their sexual and reproductive health, become advocates for change, and influence their communities to uphold SRHRJ.

To shift social attitudes and norms, **awareness-raising initiatives** are implemented that engage broad public, communities, and key stakeholders. In the immediate term, these efforts ensure that target groups receive information and develop awareness about the SRHRJ challenges faced by persons experiencing vulnerability. Over time, these efforts challenge and transform harmful stereotypes, gender norms, and stigma, fostering a more inclusive society where SRHRJ is recognized as a fundamental right.

Recognizing the essential role of civil society, the programme **strengthens the capacities of civil society actors**, community leaders, and SRH service providers to create sustainable change. Initially, these actors gain increased knowledge and skills to deliver inclusive and high-quality SRHRJ services. Over time, this leads to community-driven support structures, where civil society actively upholds SRHRJ, service providers mainstream inclusive care, and grassroots leaders contribute to dismantling stigma and harmful norms.

At the policy level, the programme engages in **advocacy** to create dialogue between partners and decision-makers, strengthening their understanding of SRHRJ issues of persons experiencing vulnerability. In the short term, this builds spaces for discussion and learning. Over time, as decision-makers become committed and motivated, they work towards institutionalizing SRHRJ in national policies, budgets, and programmes, ensuring long-term systemic change.

Ultimately, these **interconnected pathways drive long-term, transformative change**, ensuring that the persons experiencing vulnerability can fully realize their SRHRJ. As SRHRJ becomes more accessible and recognized as a fundamental right, individuals experience greater bodily autonomy, improved health outcomes, and increased gender equality. Structural changes in policies, institutions, and service provision ensure sustained progress beyond the programme's direct interventions.

By strengthening universal access to comprehensive SRH services (SDG 3.7) and ensuring that legal and policy frameworks uphold sexual and reproductive rights (SDG 5.6), **the programme contributes to the broader global agenda** of reducing inequalities, promoting good health and well-being, and advancing gender equality. As these systemic changes take root, they foster more inclusive, just, and equitable societies, where all individuals, regardless of gender, disability, age, or social status, can exercise their sexual and reproductive health and rights freely and without discrimination.

3.2 Human rights-based approach of the programme

The programme follows a human rights-based approach, integrating human rights as both a means and an objective in its operations. It actively combats intersectional discrimination, strengthens the

rights of women, girls, and persons with disabilities, and improves access to SRHR while promoting full and equal realization of human rights for LGBTIQ+ persons. The programme addresses the root causes of discrimination, societal barriers, and harmful misconceptions through capacity building, advocacy, and awareness-raising.

Grounded in key international human rights framework, including the Universal Declaration of Human Rights, the key human rights treaties of the United Nations and the Council of Europe and European Union's Charter of Fundamental Rights, the programme reinforces the principles of universality, non-discrimination, inclusion, meaningful participation, accountability, and transparency. It aligns with the Declaration of Sexual Rights by IPPF, emphasizing that sexual rights are fundamental for achieving Agenda 2030 and ensuring no one is left behind.

The programme empowers rights-holders by strengthening their literacy on SRHRJ and their ability to advocate for policy enforcement while training duty-bearers on their obligations and the systemic barriers that prevent the realization of these rights. It fosters dialogue between rights-holders and duty-bearers and promotes broader advocacy efforts to dismantle structural inequalities.

The programme challenges discriminatory practices such as SGBV and LGBTIQ+ discrimination and asserts the universality of sexual rights, rejecting harmful practices that violate bodily integrity and the right to protection from violence. Planning, implementation, monitoring, and evaluation will be conducted in an inclusive and participatory manner, ensuring non-discrimination, particularly for persons with disabilities. Baseline studies will be used to identify barriers to inclusiveness, guiding efforts to create sustainable change.

3.3 Results framework of the programme

The results framework of this programme operationalizes the Theory of Change by establishing a structured pathway to achieving the realization of SRHRJ for persons experiencing vulnerability. Rooted in the programme's strategic vision, the framework defines the key results, their indicators, and measurement processes necessary to track progress from immediate outputs to long-term impact.

The framework provides a structured approach to ensure that the programme's interventions—spanning from capacity building, awareness raising, civil society engagement, and to advocacy—translate into tangible changes for rights-holders, duty-bearers, and other critical stakeholders. By linking planned activities to expected outcomes, it offers a roadmap for assessing effectiveness, identifying gaps, and continuously improving interventions.

The results framework is structured along the results chain, starting from inputs and activities that lead to immediate changes (outputs), which then contribute to medium to long-term outcomes, and ultimately the programme's impact. These outcomes align with the programme's Theory of Change and global commitments such as SDG 3.7 and SDG 5.6, ensuring that progress is measured within a broader development framework.

As a monitoring and evaluation tool, the results framework serves multiple purposes: it provides a basis for performance measurement, supports evidence-based decision-making, and ensures accountability to stakeholders, donors, and communities. By systematically tracking progress, it enables the programme to adapt to emerging challenges, leverage best practices, and maximize impact in advancing SRHRJ for all.

The results framework outlined for this programme aims to contribute significantly to the realization of SRHRJ of persons experiencing vulnerability, in line with the Agenda 2030 for Sustainable Development. The impact is defined as the tangible progress made in improving SRHRJ for persons experiencing vulnerability, leading to more inclusive and responsive policies and an increase in the utilization of SRH services by these groups.

Impact

The programme's ultimate impact is a measurable contribution to the realization of SRHRJ for

persons experiencing vulnerability. This is tracked through indicators such as the number of policies and/or laws adopted or amended to include SRHRJ issues of groups experiencing vulberability, as well as the number of persons experiencing vulnerability utilizing SRH services. These indicators reflect the programme's success in creating lasting structural changes and improving access to services for persons experiencing vulnerabilities.

Outcome 1: Programme partners have strong organizational capacity to manage and implement SRHRJ work

This outcome is critical to ensuring that programme partners are well-equipped to deliver effective and sustainable SRHRJ interventions. The expected changes include an increase in the partners' SRHRJ and results-based management (RBM) capacities, the integration of SRHRJ of persons experiencing vulnerability into organizational strategies, and the recognition of these partners as credible SRHRJ actors within their societies.

The **outputs** for this outcome involve **1**) the sharing of expertise and best practices among programme partners through mutual learning sessions and **2**) the strengthening of organizational capacities through targeted internal learning activities. **Main activities** to achieve the outputs and the outcomes include partnership meetings, capacity building sessions, and various trainings in the partner organizations.

Outcome 2: Persons experiencing vulnerability are empowered and have capacity and agency to make informed decisions on their SRHRJ

The second outcome focuses on empowering persons experiencing vulnerability to make informed decisions about their SRHRJ trough access to new knowledge and capacities on SRHRJ and tools to make those decisions. Addressing SRHRJ issues continues to be challenging in the programme countries due to taboos, stigma and misconceptions, thus making it critical for the rights-holders to access in-depth and science-based knowledge about SRHRJ, the root causes behind SRHRJ related challenges, and how to contribute to a transformative and lasting change. This outcome ensures that persons experiencing vulnerability not only gain knowledge but also have the capacity to act upon it in making decisions about their own health and rights.

Output for this outcome involves the strengthening of knowledge and life skills of persons experiencing vulnerability. **The main activities** include various types of capacity-building sessions on SRHRJ, income generation, rights literacy, and information about access to health among others as well as the distribution of different types of materials such as information leaflets or SRH commodities.

Outcome 3: Target groups are aware of SRHRJ of persons experiencing vulnerability, and general attitudes, stereotypes and stigma around SRHRJ of persons experiencing vulnerability are challenged

In this outcome the programme focuses on raising awareness of both the broad public and more targeted audiences about the SRHRJ of persons experiencing vulnerability, aiming to challenge and transform stereotypes and stigma around these issues. The harmful stereotypes and misconceptions are challenged through exposure to lived experiences fostering empathy, respect and inclusive attitudes, and encouraging positive social change.

Output for this outcome is that the communication material is produced and available, and awareness raising activities are conducted on SRHRJ of persons experiencing vulnerability. **The main activities** include social media campaigns, community engagement initiatives, creating animations, videos and podcasts, side events, and webinars among others.

Outcome 4: Civil society actors and structures recognize, support and protect SRHRJ of persons experiencing vulnerability

This outcome aims to enhance the capacity of civil society actors and structures to recognize, support, and protect the SRHRJ of persons experiencing vulnerability. To enable everyone's access to SRHRJ, including persons experiencing vulnerability, the civil society actors and structures will gain new technical knowledge but will also be part of the transformative change related to attitudes, practices and norms around SRHRJ of persons experiencing vulnerability.

Outputs for this outcome are **1**) The knowledge and skills of civil society actors and structures on SRHR issues of persons experiencing vulnerability is increased, **2**) Community members' (such as peer educators, community health workers) from persons experiencing vulnerability knowledge and skills is increased, and **3**) SRH service providers' understanding on SRHRJ issues of persons experiencing vulnerability is increased and have skills to provide sensitive, inclusive, affirming and quality care to vulnerable persons. **Main activities** include various trainings and other capacity building sessions to different actors and structures on for instance comprehensive sexuality education, peer facilitation skills, male champion models, navigating religion and sexual rights, as well as providing sensitive and affirming SRH care.

Outcome 5: Decision makers are committed, and advance SRHRJ of persons experiencing vulnerability

The last outcome in the results framework focuses on engaging decision makers to advocate for the SRHRJ of persons experiencing vulnerability. Strengthening the policies and legislation to include SRHRJ issues of persons experiencing vulnerability and making sure that they are also budgeted and prioritized, requires motivated and committed decision makers who have a sense of urgency and responsibility to serve all their constituents. This is achieved by rigorous advocacy efforts that both sensitizes and builds the capacities of decision makers in issues related to SRHRJ of persons experiencing vulnerability.

Outputs for this outcome involve **1**) strengthening the knowledge and understanding of duty-bearers on SRHRJ of persons experiencing vulnerability, and **2**) advocacy material is produced and distributed to relevant duty-bearers. **Main activities** include organizing meetings with duty-bearers to share data, case studies, and research results, production of policy briefs and position papers, and involvement in technical working groups among others.

Conclusion

The results framework outlines the pathway from the programme's activities to the desired impact. By focusing on strengthening the capacity of partners, empowering persons experiencing vulnerability, raising awareness, enhancing civil society engagement, and advocating for policy change, the programme ensures that SRHRJ for persons experiencing vulnerability becomes a priority at every level. Monitoring and evaluation indicators are built into each outcome to measure progress and make necessary adjustments, ensuring that the programme's objectives are met and that its long-term impact is realized.

3.4 Planning process of the programme

Planning the programme period 2026—2029 commenced in spring 2024 through planning discussions internally at Väestöliitto and with each partner. These discussions guided the focus and emphasis of each partner and project for the programme period, as well as drawing the overall picture of the needs, goals and direction of the programme. Budget for the programme period was decided by the board of Väestöliitto in the fall of 2024 which also set the scope of the programme allowing for new partners to be included. It was decided that one new partner would be included in the "Advancing sexual rights of persons with disabilities" project, and two new partners in the "Advancing sexual rights of LGBTIQ+ persons" project.

The selection process for the new partners was done in collaboration with South African partner and IPPF South Asian Regional Office who were able to recommend a shortlist of potential organizations that met the preset criteria of Väestöliitto. These organizations were asked to send a letter of interest based on which the most potential partners were interviewed and selected for further due diligence process. The decisions on new partners were made by Väestöliitto by January 2025.

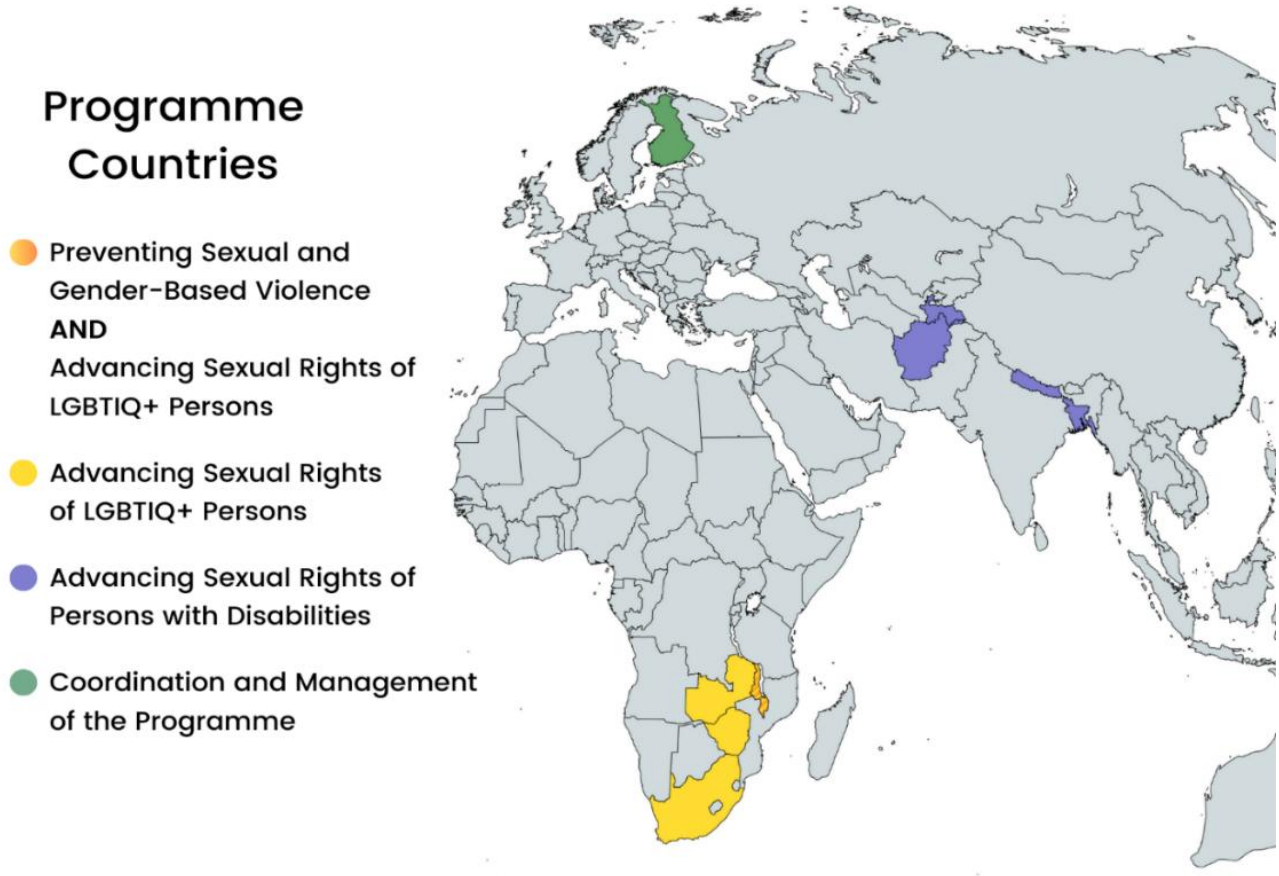
The content planning for the programme commended in the fall 2024 with several online workshops with all partners focusing on theory of change and its assumptions, results framework, and the indicators of the outcomes. The partners submitted several background documents as well as project concept notes, based on which the overall programme document and application materials were drawn by Väestöliitto. The documents were finalized jointly online by all partners before submitting them.

3.5 Thematic projects of the programme

The programme's development cooperation is implemented in eight programme countries through three thematic projects: 1) Preventing sexual and gender-based violence in rural Malawi; 2) Advancing sexual rights for persons with disabilities; and 3) Advancing sexual rights of LGBTIQ+ persons. All three thematic projects and programme partners share the common objective of advancing the sexual rights of persons experiencing vulnerability.

The thematic projects focus on different target groups, with the SGBV prevention project in Malawi focusing on women and girls, in Afghanistan, Bangladesh, Tajikistan, and Nepal on persons with disabilities, and in South Africa, Malawi, Zambia and Zimbabwe on LGBTIQ+ persons.

Picture 3 Map of programme countries



Väestöliitto's programme partners include nine CSOs in the partner countries and Finnish expert organizations Mannerheim Child Welfare League, Martha Association, Threshold Association, and Seta, which will provide their expertise in the planning, implementation, and evaluation of the programme.

Six of the programme partners continue implementing the programme's ongoing projects and have been partners with Väestöliitto for several years. Three new partners were selected to strengthen the programme with their SRHRJ and LGBTIQ+ expertise.

Table 3 The partner organisations of the programme

PARTNER ORGANIZATION	COUNTRY	RIGHTS-HOLDERS
Advancing Sexual Rights of LGBTIQ+ Persons		
Pan Africa ILGA (**PAI**)	South Africa (Umbrella CSO for African region, no national activities in SA)	Programme's LGBTIQ+ organizations
Center for Development of People (**CEDEP**)	Malawi	LGBTIQ+ persons
Trans Research Education Advocacy and Training (**TREAT**)	Zimbabwe	Trans and intersex persons
Trans Bantu Zambia (**TBZ**)	Zambia	Trans and intersex persons
Seta - Finnish expert organization	Finland	
Preventing Sexual and Gender-Based Violence (SGBV) in rural Malawi		
Center for Youth Empowerment and Civic Education (**CYECE**)	Malawi	Women and girls
Mannerheim League for Child Welfare – Finnish expert organization	Finland	
Martha Association – Finnish expert organization	Finland	
Advancing Sexual Rights of Persons with Disabilities		
Marie Stopes Reproductive Choices	Afghanistan	Persons with disabilities
Family Planning Association of Nepal (**FPAN**)	Nepal	Persons with disabilities
The League of Women with Disabilities **Ishtirok**	Tadzhikistan	Persons with disabilities
Population Services and Training Center (**PSTC**)	Bangladesh	Persons with disabilities
Threshold Association - Finnish expert organization	Finland	

The programme is implemented mostly in poor and fragile contexts where there are severe gaps in achieving SRHRJ due to systemic barriers to sexual and reproductive health care and information, stigma, taboos, weak societal structures, or deep-rooted discrimination. These barriers are more pertinent for persons whose characteristics or circumstances render them more vulnerable than those without the same characteristics or circumstances. In all contexts, especially persons with disabilities, women and girls, and LGBTIQ+ persons face obstacles and restrictions that hinder them from enjoying their rights to the fullest.

Table 4 Direct and indirect beneficiaries of the programme

DIRECT BENEFICIARIES						INDIRECT BENEFICIARIES
	Female	Male	Of whom persons with disabilities	Decision-makers	Other responsible actors and stakeholders	
TOTAL	**45 560**	**7 180**	**45 550**	**740**	**2100**	**151 500**

3.6 Advancing sexual rights of LGBTIQ+ persons

Background of the project

The programme advances LGBTIQ+ rights at complex regional environment where political, social, and cultural factors significantly impact these rights. The LGBTIQ+ communities in the African region face relentless fight for dignity, equality, and access to basic rights, exacerbated by pervasive stigma, violence and exclusion from critical services. Healthcare systems are often hostile or unprepared to

meet their needs, leaving LGBTIQ+ persons to navigate discrimination, lack of gender-affirming care, and unsafe environments.

Significant changes on the global stage have strained and challenged the working environment for LGBTIQ+ organizations and broader human rights advocacy. The rise of extremist ideologies and anti-rights movement, often backed by political and religious institutions, has led to increased discrimination, restrictive laws, and violence against LGBTIQ+ persons. These efforts have fueled hate campaigns, limiting access to justice and threatening inclusive societies.

Across Africa, political and legislative landscapes have become more hostile. Many governments continue to criminalize same-sex relationships, while ultraconservative politicians use anti-LGBTIQ+ rhetoric in election campaigns, worsening persecution. Religious groups also exert increasing influence over policy decisions in several countries, reinforcing discriminatory practices. Also, access of LGBTIQ+ persons to sexual and reproductive health care and services is severely restricted due structural barriers such as stigma and discrimination, and low availability of health care workers who affirm LGBTIQ+ identities and can provide services specific to sexual and gender diversity.

Despite these challenges, civil society movements continue to gain strength, presenting opportunities for advocacy, legal reform, and greater recognition of human rights for all. Programme partners from South Africa, Zambia and Zimbabwe started the **first phase of the project** in 2022 at the onset of Väestöliitto's first programme period to counteract these challenges through investing in strengthened advocacy, community outreach, and strengthening the capacity of health care workers.

The second phase of the project sees further addressing the structural barriers that inhibit LGBTIQ+ persons accessing their rights fully, further strengthening of sustainable community outreach strategies, deepening collaboration with critical stakeholders in civil society and more focused advocacy which is supported by the new SRHR advocacy strategy created by South African partner. New partnerships in Malawi and Zimbabwe will increase the scope of the project and their expertise will also make the whole project stronger.

The implementation will take place in Lilongwe, Blantyre, Mzuzu and Mangochi areas of **Malawi**; Lusaka, Kitwe, and Livingstone areas of **Zambia**, and Bulawayo, Victoria Falls, Gweru, Harare areas of **Zimbabwe**. As during the first phase of the project, the South African partner will not reach out to rights-holders, duty-bearers or other stakeholders within South African national context, but will focus on its role as the regional umbrella organization in supporting and building the capacity of its member associations throughout the region.

Rights-holders, duty-bearers and primary stakeholders of the project

The programme targets key groups at the heart of this transformation. LGBTIQ+ persons will be empowered to reclaim their voices and advocate for their rights. At the same time, policymakers and duty-bearers will be engaged as allies, armed with the knowledge and evidence to champion inclusive reforms. Civil society organisations will gain the tools and capacity to implement impactful SRHR initiatives, while healthcare providers will be equipped to deliver affirming, stigma-free care. The general public will also be a focus, with targeted campaigns designed to dismantle stereotypes and foster greater acceptance.

The project will target LGBTIQ+ communities, and in Zimbabwean and Zambian context more specifically trans and intersex persons, and reach out to approximately 5 380 members of the LGBTIQ+ communities in Malawi, Zambia and Zimbabwe. The project will focus on delivering SRHRJ education through safe spaces and digital platforms, and providing peer support to make a basis for informed decisions about their sexual and reproductive health**.**

The project will engage approximately 925 duty-bearers and decision makers at national, district and community levels, including the police, ministries of health, members of the parliament, human rights

commission, and local and traditional leaders. Their role is to ensure the provision of services and commodities, enforcing laws and regulations, policy and legislative formulation and revision on LGBTIQ+ issues. The project will target criminalisation and stigma at institutional and societal levels, limited availability and affordability of specialised SRH services, and the fear of discrimination or being outed when accessing healthcare.

Also, ally organizations that work specifically on LGBTIQ+ issues or on SRHR crossections will be part of the collaboration in order to further build alliances and networks for strong joint advocacy planning, information sharing and strategy planning.

Main activities of the project to achieve the outcomes
In order to achieve the goals of the project, the following interventions will be implemented within the outcomes of the programme:

Capacity building of programme partners

Actions will focus on enhancing the capacities of programme partners through a variety of methods, enabling them to effectively manage and implement SRHR initiatives. Partners gain practical skills and strategic insights through tailored workshops, technical support, and knowledge-sharing platforms to integrate SRHR and LGBTIQ+ inclusivity into their programmes. Mutual learning opportunities, such as annual partner meetings and knowledge exchange sessions, foster collaboration and allow partners to share best practices, address challenges, and innovate together.

These activities ensure that partners develop clear SRHR roadmaps, strengthen their advocacy efforts, and improve their ability to secure funding and resources. By supporting staff to participate in specialised SRHR courses, such as comprehensive sexuality education, the programme enhances expertise and leadership capacity within partner organisations, ensuring they can sustain and scale SRHR initiatives effectively. Collectively, these efforts ensure programme partners are empowered with the skills, knowledge, and resources necessary to deliver impactful and inclusive SRHR programmes, driving progress and sustainability in advancing the rights of persons experiencing vulnerability.

Capacity building of rights-holders
Activities under this outcome center on enabling and amplifying the LGBTIQ+ persons' existing powers and agency through deepening their knowledge on sexual and reproductive health, legal frameworks and their rights within them, safety and security, right to own identity, and comprehensive sexuality education. The project will address gaps not fulfilled by other projects and programmes and enrich the rights-holders with the capacity to demand services. Partner organizations will facilitate these sessions both with their own and external expertise. Peer education and support afforded by the partners' peer schemes provide a platform to interact and share experiences with community members which is critical for mental health. Safe spaces provided by the partners are convening spots for community members to gain knowledge and find their place in the community.

Communication and awareness raising
Activities under this outcome are designed to raise awareness, challenge stereotypes, and reduce the stigma surrounding SRHRJ of persons experiencing vulnerability. However, in the contexts of the project's implementation environments in Malawi, Zambia, and Zimbabwe, awareness raising and communications geared towards a broad public is challenging as it poses a lot of risks to the partner organizations. Social media campaigns, blogs, podcasts, and other awareness campaign materials are mainly securely distributed via closed groups on different social media channels. Material production, such as SRHRJ promotion leaflets, t-shirts and banners are also used as awareness raising methods when security allows.

The working environment for the South African partner that works as the umbrella organization for LGBTIQ+ organizations in the region is significantly different, and therefore their opportunities to do

far-reaching communication and awareness raising are wider. Through interactive and inclusive platforms such as webinars, side events, and social media campaigns, they can educate target groups, equip them with the knowledge and tools to advocate for their rights, and foster dialogue among diverse stakeholders. By sharing evidence-based strategies and lived experiences, these efforts create a deeper understanding of SRHRJ challenges and solutions, addressing misconceptions and breaking down stigma. Tailored communication materials and advocacy platforms ensure that messaging reaches diverse audiences effectively, promoting acceptance and inclusivity. This multi-faceted approach builds awareness, shifts public attitudes, and drives collaborative action, ensuring that SRHRJ becomes more accessible and inclusive for LGBTIQ+ persons and other persons experiencing vulnerability. It also positions the partner as a leader in advancing social change and policy advocacy at local, regional, and global levels.

Capacity building in civil societies
Interventions aim to strengthen the capacity of civil society actors, such as government health care workers, police and different partners on SRHR. Partners will facilitate the regular and recurring trainings that aim at equipping them with SRHR skills, knowledge how to deliver effectively to clients, and what are the legal provisions around SRHR. Several stakeholders are already involved in the SRHR field and the interventions given will enhance their skills and knowledge in the area that will improve their overall performance. Partners also engage regularly throughout the project with local and traditional leaders to ensure they are kept abreast with the changes in the area and what they can do to ensure that everyone enjoys their SRHR fully.

Also, one of the biggest obstacles for LGBTIQ+ persons access to SRH services are the legal frameworks and the lack of instructional capacity to meet the needs of the clients. Project partners address these barriers by regularly engaging with the organizations providing the services, providing profound knowledge of the communities' needs and identifying avenues for broadening access.
Project partners participate in national, regional and international SRHR alliances and networks to jointly push for strengthened SRHR access but also to promote peer learning among other CSOs.

Advocacy of programme partners
Activities under this outcome include engaging duty-bearers on SRHR issues affecting LGBTIQ+ persons at national, regional and global levels. This will involve annual engagement with different ministries, such as Ministry of Health, and other relevant partners and alliances working on advocacy towards SRHR and SRH services. Also, SRHR violations of LGBTIQ+ persons will be documented and shared with the relevant authorities, such as human rights commission, utilized in shadow reports and advocacy on the Universal Periodic Review (UPR).

The outlined activities and outputs ensure that decision-makers are equipped with the knowledge, evidence, and tools to advance SRHR for persons experiencing vulnerability. Through capacity-building, advocacy, and tailored materials, the programme builds their understanding of legal and human rights frameworks, highlights the needs of persons experiencing vulnerability, and fosters their commitment to implementing inclusive policies. By combining evidence-driven insights with compelling stories of change, decision-makers are motivated and empowered to spearhead SRHR reforms, allocate resources, and address systemic barriers. This integrated approach creates a network of informed, engaged, and accountable leaders dedicated to advancing SRHR for persons experiencing vulnerablity.

Added value
The project adds exceptional value to programme partners, rights-holders, duty-bearers, other stakeholders, and broader contexts by tackling systemic barriers to SRHRJ and driving inclusive, sustainable change.

For South African partner, it strengthens institutional capacity by equipping staff and South African partners' member organisations with tools to implement SRHR programmes, solidifying its regional leadership in LGBTIQ+ advocacy. The project enhances strategic advocacy, enabling engagement

with policymakers to influence inclusive SRHRJ policies. By fostering partnerships with regional and international stakeholders, it ensures resource mobilisation, knowledge-sharing, and long-term sustainability.

For rights-holders, the project delivers transformative SRHRJ access, addressing gaps in gender-affirming care, mental health support, and culturally sensitive healthcare. It empowers individuals through education, advocacy training, and economic initiatives while combating stigma through public awareness campaigns. Duty-bearers, including policymakers and healthcare providers, benefit from training and evidence-based materials that strengthen their capacity to design inclusive policies and services. The project provides data-driven insights to improve accountability and reform efforts. For stakeholders such as CSOs and advocacy networks, the project fosters collaboration and capacity-building through mutual learning and high-quality advocacy materials, ensuring sustainable SRHR initiatives.

At the country level, it drives legal reforms, advocating for decriminalisation of consensual same-sex relations and sexual acts, and gender identity recognition, while addressing public health disparities in HIV and AIDS, mental health, and gender-affirming care. It also promotes economic and social inclusion for persons experiencing vulnerability. Regionally, the project fosters collaboration across Africa, uniting advocacy networks to create a cohesive SRHR response. It strengthens resilience by addressing cross-border issues, harmonising advocacy strategies, and scaling effective interventions, ensuring inclusive, intersectional, and rights-based approaches.

Finland focuses on developing commercial collaboration between Finland and Zambia but continues supporting development cooperation through CSOs. There are multiple CSOs in Malawi supported by Finnish funding, as well as in Zimbabwe. Relevant programmes will be identified at the beginning of the programme and this programme's complementary to them ensured. The programme complements Finland's policy priorities to advance SRHR in the abovementioned countries and broader in Africa, as South African partner operates at a regional level supporting African LGBTIQ+ CSOs.

3.7 Preventing sexual and gender-based violence in rural Malawi

Background of the project

Sexual and Gender-Based Violence (**SGBV**) remains alarmingly high in Malawi, disproportionately affecting adolescent girls and young women. A 2020 UNICEF survey found that 42% of Malawian women have experienced physical violence from a partner—significantly above the global average of 27%—while UNFPA (2021) reported that one in five women has faced sexual violence, with 22% experiencing SGBV before the age of 18. Structural socio-economic factors such as harmful cultural norms, economic hardship, and weak referral systems further exacerbate vulnerabilities, making it difficult for survivors to seek justice or support.

Crisis situations, such as tropical cyclones and flooding, further increase the risks of SGBV as women and girls may resort to transactional sex for survival, leading to higher rates of HIV and AIDS, sexually transmitted infections, teenage pregnancies, and child marriages. Malawi has one of the world's highest child marriage rates (46% of girls married before 18) and a maternal mortality ratio of 381 per 100 000 live births, highlighting the devastating health impacts of SGBV. Despite the numerous efforts to address SGBV in the country, deeply rooted cultural and religious norms continue to perpetuate violence and hinder women and girls from reporting cases of SGBV to relevant authorities and seeking the necessary support.

Väestöliitto and Malawian partner commenced **the first phase of the project to prevent SGBV in Machinga district in central Malawi in 2021** with the aim of making a lasting change using gender transformative approaches on the harmful attitudes and perceptions that feed SGBV. In the first phase the focus was on increasing women's and girls' capacities and knowledge of their rights, strengthening the capacity of duty-bearers to understand the complexities of SGBV and how to

implement stronger SGBV programs, and capacitating men and boys to work as champions for societal change. The aim was to have a functional SGBV model mainstreamed in the communities of the district.

One of the **lessons learned in the first phase** of the project was that some important community structures are not engaged in SGBV/SRHR work even though they operate in settings where SGBV is prevalent. The project also highlighted that comprehensive SGBV prevention and response tools and frameworks are not available in the implementation sites resulting in significant gaps in supporting the survivors of SGBV.

Therefore, there is a need to further map out actors in communities to be engaged during **the second phase of project** implementation. SGBV survivors also need to be linked to holistic SGBV services such as health, economic and legal services through mobile courts, SGBV clinics and health care among others to ensure that they receive comprehensive support that is tailored to their needs. There is also a need for continued mass media campaigns to increase awareness on SGBV and prevention mechanisms among duty bearers, rights holders and all stakeholders, as changes in attitudes and perceptions are slow to come about.

As the second phase of the project is also an exit phase of the SGBV project, focus will be placed on embedding the functional strategies into district level work, making sure that the supported structures are fully independent, and making sure that the learnings from the SGBV work are channeled to policy level through advocacy.

Rights-holders, duty-bearers and primary stakeholders of the project
The second phase of the project focuses 4,800 girls and 480 women in Machinga district, including orphans, displaced individuals, persons with disabilities, teenage mothers, and SGBV survivors. The project provides girls and women with essential SGBV and SRHR information, builds their capacity to challenge harmful norms and offers access to economic resources for their financial independence and increased ability to make informed decisions about their sexual and reproductive health**.**

The project also engages 226 duty-bearers at national, district, and community levels, including officials from ministries like Gender, Health, and Education, as well as 170 traditional and religious leaders. Their role is to ensure the protection of rights holders, promote positive gender norms, and enforce policies against SGBV, ensuring survivors receive necessary support.

Additionally, 7,200 boys and 720 men are reached indirectly, alongside stakeholders such as government workers, health providers, and community groups. These primary stakeholders raise awareness on SGBV, foster dialogue on women's rights, and promote positive gender norms, empowering communities to act as champions of change.

Main activities of the project to achieve the outcomes
In order to achieve the goals of the project, the following interventions will be implemented within the outcomes of the programme:

Capacity building of programme partners
This outcome focuses on enhancing the capacity of Malawian partner and its stakeholders through annual capacity-building workshops on areas such as advocacy, Result Based Management (RBM), climate change and SRHR as well as the sustainability of SRHR programs for vulnerable girls and women amidst emerging socioeconomic challenges. Additionally, Malawian partner participates in regional and global SRHR related conferences and events to further strengthen organizational capacity and foster strong connections with regional and global SRHR partners and donors thus ensuring the sustainability of the organisation and its SRHR initiatives.

Capacity building of rights-holders
Activities under this outcome center on empowering women and girls experiencing vulnerability through peer-to-peer education, after-school human rights club activities and women’s economic

empowerment initiatives. The peer-to-peer education model trains human rights club members to deliver SRHR and SGBV messages to their peers in schools. This youth-friendly, age-appropriate and culturally sensitive approach equip learners with critical information to make informed decisions about their well-being.

To complement this, the project introduces after-school initiatives such as creative arts, sports, home economics and educational chat rooms which will engage more learners and make learning both insightful and enjoyable whilst mainstreaming SGBV. The after school activities have been introduced as a way to keep girls in school longer by using the school environment as a way of protecting the girls from SGBV.

Women's groups are offered further trainings and mentorship programs that will cover integrated homestead farming, SRHR and business management. The groups were formed in the first phase and the second phase focuses on strengthening the groups to be fully sustained by the end of the project with strong connection with the government's agricultural extension workers who will continue to support the groups. Women's groups' proceeds are used to support their households, pay for their children's education and provide scholastic materials to other vulnerable girls. Malawian partner recognises economic empowerment as a necessary tool for women to challenge harmful practices that perpetuate violence against women.

Communication and awareness raising
A Communication Strategy is developed and implemented to enhance effectiveness of communication and awareness raising on SGBV and SRHR. The strategy outlines a comprehensive plan for delivering messages to specific target audiences including identifying key audiences, defining communication objectives, selecting appropriate channels and crafting targeted messaging. In order to amplify the communication and awareness raising, Malawian partner establishes a radio station to provide a consistent platform for disseminating critical messages while ensuring long-term outreach to Malawians with vital and accurate information. The radio station is used as a tool for sustainability of SGBV and SRHR awareness programs and it adds value to advocacy efforts of both the organisation and its media programs.

The strategy also guides the planning and execution of mass media campaigns via social media platforms and radio programs. These campaigns enable Malawian partner to disseminate information and messages widely and raise public awareness about critical SRHR and SGBV issues whilst promoting social change and influencing positive behaviors across diverse populations.

Capacity building in civil societies
Interventions strengthen the capacity of civil society actors, including school patrons, health workers, prosecutors, and community structures involved in SRHR and development. Malawian partner supports these groups in delivering comprehensive SGBV clinics that provide SRHR information, SGBV screening, psychosocial counseling, and legal services. This holistic approach enhances prevention efforts, supports survivors' recovery, and facilitates reintegration into their communities.

Malawian partner also trains community structures such as the Community Victim Support Unit, Mother Groups, and Child Protection Committees on innovative models like Social Accountability Monitoring, Transformative Community Dialogues, and the Gender Transformative Approach. These trainings strengthen community-based prevention of sexual exploitation and harassment, equipping structures to identify cases, support survivors, and promote SRHR for women and girls.

Additionally, Malawian partner shares its expertise with stakeholders through training and advocacy initiatives at national and global levels. Key partners include technical working groups, the Malawi SRHR Alliance, Men Engage Alliance, and the Girls Not Brides Network, among others, to advance SRHR and prevent SGBV.

Advocacy of programme partners

Activities under this outcome include engaging duty-bearers on SRHR issues affecting vulnerable groups at national, regional and global levels. This involves hosting meetings with duty-bearers at both national and global levels as well as identifying and collaborating with like-minded stakeholders across Malawi to equip them with the skills and knowledge to advocate for SRHR. These collaborative advocacy meetings and campaigns ensure greater stakeholder engagement and strengthen collective efforts towards SRHR promotion.

In addition, Malawian partner leverages its membership in various SRHR related networks to advance and influence SRHR advocacy at all levels. These networks include the Malawi SRHR Alliance, Coalition on the Prevention of Unsafe Abortions, Girls Not Brides Malawi Network, Men Engage Alliance Malawi, the Ending Child Marriage Taskforce, and Technical Working Groups on Gender, Youth, Reproductive Health, Child Affairs and Education. At the regional and global level, Malawian partner utilizes platforms such as the African Union Gender Observatory, United Nations Comission on the Status of Women, Women Deliver Conferences, International Conference on AIDS and Sexually Transmitted Infections in Africa, Men Engage Africa Conferences, African Union Girls Summit on Ending Harmful Practices and ILGA.

Malawian partner also strengthens documentation of best practices and key lessons learnt for sharing with the wider stakeholders including duty-bearers, donors, academia, the media, CSO Networks and other development partners for enhanced partnerships and scaling up of SRHR program interventions.

Added value

The project enhances Malawian partner's capacity to deliver impactful evidence-based interventions on SRHR and SGBV. Girls and women in rural Machinga gain improved SRHR knowledge, better access to services, and protection mechanisms, while economic empowerment increases their resilience against SGBV. Duty-bearers and community stakeholders receive training to implement policies, monitor SGBV cases, and scale up survivor-centered models. At the national level, the project supports Malawi's efforts to reduce gender-based violence and inform SRHR and SGBV policies through advocacy and shared lessons.

This programme complements Finland's development policy priorities in Malawi through promotion of the rights of women and girls, with a specific focus on preventing sexual and gender-based violence. Finland does not focus its development cooperation on Malawi but has supported CSOs' development cooperation projects. Until 2025 there were no other SRHR/SGBV programmes implemented by Finnish funding, although many other CSOs have received support from Finland with whom there has been continuous information sharing and coordination. Relevant programmes are identified in the beginning of the programme and this programme's complementary to them is ensured.

3.8 Advancing sexual rights of persons with disabilities

Background of the project

The project advances the sexual and reproductive health, rights and justice (SRHRJ) of persons with disabilities in Afghanistan, Bangladesh, Nepal, and Tajikistan, addressing significant barriers to healthcare, education, and social inclusion. These countries face challenges such as fragile healthcare systems, restrictive policies, sexual and gender-based violence, and deeply rooted stigma that disproportionately impact persons with disabilities, especially women and girls.[54]

Across these countries, persons with disabilities, particularly women, face restrictive policies and societal norms that limit their mobility and decision-making power, making access to SRH services especially difficult. In Afghanistan and Nepal, deeply rooted cultural beliefs often associate disability with past misdeeds, leading to social exclusion and discrimination. In Bangladesh, Nepal and

[54] See more detailed information about operating environments under chapter two.

Tajikistan, among others weak policy implementation contribute to the invisibility of persons with disabilities, preventing them from receiving adequate services. Women with disabilities face heightened risks of sexual and gender-based violence, financial dependence, and a lack of inclusive healthcare. Many experience difficulties accessing reproductive healthcare due to inaccessible infrastructure, shortages of female healthcare providers, and high costs. Across the region, maternal mortality rates remain high, child marriage continues to be a widespread issue, and contraceptive use is limited due to restricted mobility, lack of awareness, and cultural resistance.

Access to disability-inclusive SRH services remains inadequate, with medical facilities often lacking trained personnel, appropriate equipment, and accessible resources. In rural and remote areas, healthcare services are even more limited, leaving many without essential reproductive health support. Awareness of SRHR is particularly low among women and girls with disabilities, increasing their vulnerability to early pregnancies, sexual violence, and forced marriages. Across the project countries, the persons with disabilities experiencing sexual and reproductive health issues do not have the possibility to seek care due to financial constraints, distance, and the absence of accessible services.

This project works to address these systemic barriers by advocating for inclusive policies, raising awareness, and improving access to SRH services for persons with disabilities. By aligning with international frameworks such as the UN Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals (SDGs 3, 5, and 10), the project promotes greater equity and social inclusion, ensuring that women and girls with disabilities can access the healthcare, education, and protection they need to lead autonomous and dignified lives.

The second phase of the project, among others, further addresses the structural barriers that hinder the persons with disabilities fulfilling their sexual and reproductive rights fully, strengthens the knowledge of persons with disabilities and their organizations about SRHR and raises awareness of the SRHR of persons with disabilities. New partnership in Bangladesh will increase the scope of the project and their expertise will also make the whole project stronger.

The implementation will take place in Balkh, Herat, Kabul, and Kandahar in **Afghanistan**; Dhaka Division in **Bangladesh**; Kathmandu valley and Banke districts in **Nepal** and Dushanbe, Rudaki, Istaravshan and Buston areas of **Tajikistan**.

Rights-holders, duty-bearers and primary stakeholders of the project
The programme engages a wide range of stakeholders to improve sexual and reproductive health and rights for persons with disabilities, particularly women and adolescents. Community health workers play a key role in the programme, acting as a bridge between persons experiencing vulnerability and the formal healthcare system.

Adolescents with disabilities face significant obstacles in accessing SRHR, including social stigma, restrictive cultural norms, and a lack of inclusive services. Many are excluded from education and SRHR information, making them more vulnerable to early pregnancies, sexual and gender-based violence, and poor health outcomes. The programme prioritizes their inclusion by providing accessible information and creating safe spaces for discussions on sexual and reproductive health.

Health educators, including community and religious leaders, teachers, and youth volunteers, are trained to share accurate information about SRH services and counter harmful misconceptions. These trusted figures play an important role in changing attitudes and breaking down barriers that prevent persons with disabilities from accessing SRHR services. The programme also works closely with disability organizations, which have a strong understanding of the needs of persons with disabilities but often lack expertise in inclusive SRHR. By strengthening their capacity, these organizations can become more effective advocates for disability-inclusive healthcare policies.

Collaboration with civil society organizations and public institutions is central to promoting policy changes that enhance SRHR access for persons with disabilities. Training sessions help these

organizations develop strategies to influence decision-makers and advocate for inclusive policies. Engagement with policymakers ensures that laws and policies reflect the needs of persons with disabilities, particularly women, who remain among the most underserved groups.

Main activities of the project to achieve the outcomes

In order to achieve the goals of the project, the following interventions will be implemented within the outcomes of the programme:

Capacity building of programme partners
The importance of exchanging knowledge is recognized as a means to drive continuous improvement and mutual learning, ultimately benefiting the rights-holders. The annual partner meeting offers a platform where the collective impact of the work will be showcased, open discussions will be encouraged among colleagues from different contexts, and opportunities will be explored to share insights for maximum impact.

A key focus will be placed on strengthening skills in managing SRHR programmes for persons with disabilities, developing and disseminating inclusive SRHR policies and guidelines, and fostering a culture of expert exchange and peer learning. Through collaborative meetings, cross-country learning, and shared expertise, capacities will be enhanced as participants learn from one another. These initiatives will ensure that valuable knowledge is effectively managed and integrated into ongoing practices, reinforcing a strong foundation for continuous learning and improvement.

Capacity building of rights-holders

Knowledge and life skills related to SRHR are being strengthened among persons with disabilities, ensuring they have the necessary information to make informed decisions. Hundreds of persons with disabilities will receive SRHR information through face-to-face meetings with community health workers. The information shared covers also details on how and where to access services. Well-trained and supported community health workers play a crucial role in capacitating right-holders. Through comprehensive, client-centered counseling, they increase awareness of all available options, provide short-term methods directly, and facilitate referrals for permanent methods and additional services.

Efforts to strengthen knowledge also extend to training key members of civil society organizations working with people with disabilities. A comprehensive mapping of these organizations is being undertaken to assess their capacities and interest in training, which they can then cascade within their networks and communities. These training sessions focus on the rights of persons with disabilities, the challenges they face in accessing health services, their need for SRH services, and available contraceptive methods. By building the capacity of organizations of persons with disabilities, stronger referral pathways will be established, ensuring individuals receive the additional services or follow-up care they require.

Empowering persons with disabilities through knowledge-sharing workshops, accessible educational materials, and peer support initiatives is a key priority. Trained peer educators provide essential guidance and support. Additionally, community-based education sessions play a significant role in enhancing understanding and promoting informed choices. Specialized programs, such as independent living training and advocacy workshops, offer further opportunities to strengthen life skills, build leadership in SRHR advocacy, and address emerging needs within the community.

Communication and awareness raising

Communication materials are developed and made widely available to raise awareness of SRHR among persons with disabilities. Persons with disabilities receive SRHR information through booklets and brochures designed to provide clear, accessible guidance on available services. These materials are distributed by community health workers and health educators, who play a crucial role in spreading awareness at the household level.

Awareness sessions are conducted with parents of persons with disabilities, recognizing their role in shaping healthcare decisions for their children, including young women and adolescents. These sessions provide valuable insights into the importance of SRHR and ensure that parents are well-informed advocates for their children's health and well-being.

Public awareness efforts include tailored communication materials designed to highlight key SRHR issues in an accessible format. Community engagement activities create spaces for open dialogue and increased understanding. Specialized training sessions for journalists and awareness-raising events further contribute to a broader societal shift in understanding and supporting the SRHR needs of persons with disabilities. Interactive initiatives, such as quiz-based information sessions, encourage active participation from persons with disabilities and their family members, fostering deeper engagement with their rights and the services available to them.

Capacity building in civil societies

The knowledge and skills of community members are being strengthened to ensure better access to SRH services for persons with disabilities. Training and refresher sessions are being provided for health educators, including those with disabilities, equipping them with the necessary expertise to support individuals facing barriers to healthcare. Health educators with disabilities bring a unique perspective, as they personally understand the challenges of accessing services. Their lived experiences allow them to relate to the diverse needs of individuals with different impairments and intersecting identities, such as women with disabilities. By participating in these sessions, they enhance their ability to share information, encourage positive health-seeking behaviors, and advocate for their SRHR.

Similarly, training programs are being extended to community elders (in Afghanistan), who play a vital role in influencing attitudes and behaviors within their communities. Elders with disabilities have firsthand experience of the difficulties in accessing healthcare, and their knowledge can help address the additional marginalization faced by certain groups, such as elderly women with disabilities. By equipping them with the necessary information, they can serve as advocates for inclusive SRHR and promote access to essential services.

Teachers are also receiving training on delivering comprehensive sexuality education with a strong focus on inclusivity. This initiative aims to increase positive behaviors among adolescents by ensuring that information is accessible, relevant, and youth-friendly. Efforts to increase awareness also extend to community mobilizers, who play a key role in sharing information at the grassroots level. Their capacity is being built through specialized training provided in multiple locations, ensuring that they gain a deeper understanding of the SRHR needs of persons with disabilities. Staff working in community centers and mobile health teams are also participating in these sessions, allowing them to extend their knowledge to their communities.

Advocacy of programme partners

Efforts are being made to strengthen the knowledge and understanding of duty bearers and key public servants on the SRHR needs of persons with disabilities. Regular meetings are held with officials from various ministries, including those responsible for public health, education, disability affairs, and religious affairs. These discussions focus on addressing operational challenges, advocating for improved access to services, sharing expertise, and driving long-term positive change. Engagement with officials aims to ensure policy improvements and service delivery.

Key initiatives during the programme period include collaborating on updating post-abortion care guidelines, advocating for the inclusion of essential medications in national drug lists, and working to integrate the HPV vaccine into national immunization programs. In addition, a workshop is being organized to facilitate the distribution and implementation of updated disability-inclusive health management information system guidelines.

Targeted advocacy activities also include orientation sessions for local government representatives, capacity-building workshops, and the development of advocacy materials to engage decision-makers. Furthermore, there will be high-level discussions with policymakers, letters to government offices highlighting key issues, and multi-stakeholder roundtables that bring together government agencies, non-governmental organizations, and representatives of persons with disabilities. These dialogues aim to ensure that SRHR policies are inclusive, accessible, and responsive to the needs of all individuals. Through these combined efforts, a more inclusive and equitable approach to SRHR is being fostered at both policy and service delivery levels.

Added value

The project plays a crucial role in meeting the demand for SRH services and ensuring that groups experiencing vulnerability have access to comprehensive sexual and reproductive healthcare. With strong connections across the sector and established relationships with authorities at both national and local levels, the project is well-positioned to lead advocacy efforts for inclusive and equitable healthcare. Its ability to coordinate with key stakeholders enhances the impact of its work and strengthens the broader healthcare system.

As many of the implementing partners are trusted providers of sexual and reproductive health services, the project is widely respected by both peers and communities. Its commitment to delivering high-quality care ensures that persons experiencing vulnerability can access essential services, free of charge where possible. While this is not a direct outcome of the programme, it represents a significant added value by improving overall health outcomes and reinforcing trust within communities.

Finland has discontinued its Country Programme with Afghanistan as of 2024 but continues providing humanitarian aid, particularly to support women and girls. Nepal remains a focus for Finland's bilateral cooperation, with gender equality as one of the key priorities. Bangladesh receives limited Finnish development cooperation funding. In Tajikistan, Finland supports multiple civil society organizations, though the country is not a major recipient of its development cooperation. Väestöliitto's programme complements Finland's development policy priorities in the before-mentioned countries, particularly through promotion of the rights of women and girls with disabilities, with the special focus on the sexual and reproductive health and rights.

3.9 Advancing global sexual rights in Finland

Background of the project

Finland has a long standing and strong commitment to supporting SRHRJ globally through its development and foreign policy as well as humanitarian aid. Advocacy efforts in Finland will help ensure that the expertise and data gathered through the program are used in decision-making. This will aim to make sure that Finland's political and financial support for SRHRJ globally contributes to the realization of the sexual rights of persons experiencing vulnerability.

Global communication provides accurate information on development cooperation and SRHRJ of persons experiencing vulnerability. It enhances the public understanding of SRHRJ and development cooperation and provides decision makers information on the state of SRHRJ of persons experiencing vulnerability. By showcasing success stories and impact, it reinforces a positive perspective of global development.

Main activities of the project to achieve the outcomes

In order to achieve the goals of the project, the following interventions will be implemented within the outcomes of the programme:

Capacity building of programme partners

Activities under this outcome will focus on enhancing the SRHRJ experise of Väestöliitto. Annual partnership meetings with programme partners are a crucial way for Väestöliitto to maintain and develop their expertise on SRHRJ. They provide a space for all partners to learn about the SRHRJ situations in partner countries and to learn from other partners on their areas of expertise. Väestöliitto is also committed to continuous learning and development on current SRHRJ topics which is ensured by having regular workshops and discussions within the international team. This will all contribute towards Väestöliitto's commitment to making its work more align with priciples of decoloniality by centering expertise, knowledge and experiences from partner countries rather than solely Global North based research and data in its work. Strong cooperation with all partners in communications and advocacy, described in the next chapters, is also part of this work.

Communication and awareness raising

Contributing to the realization of SRHR of persons experiencing vulnerability through awareness raising and communication is an elemental part of Väestöliitto's programme. The aim for global communications is that target groups are aware of SRHR of persons experiencing vulnerability, and general attitudes, stereotypes and stigma around SRHR of persons experiencing vulnerability are challenged. Target groups of global communications are young people, decision makers and potential donors for the Väestöliitto's development cooperation.

Communicating about SRHRJ, particularly of the persons experiencing vulnerability, is a crucial step in advancing overall human rights. Sexual rights are fundamental human rights, yet they are often misunderstood, stigmatized, or ignored, especially when it comes to groups experiencing vulnerability. These groups frequently face systemic barriers, cultural taboos, and harmful societal norms that prevent them from exercising their rights fully. Through communication, the programme can break down these barriers by fostering dialogue, increasing awareness, and promoting sexual rights in ways that drive sustainable social change. Global communication also encourages and provides ways of advancing SRHRJ.

Global communication materials are made and shared widely in different channels to reach target groups. Communication is done by using different channels of communication such as websites, social media, events, media outreach, awareness raising campaigns and different materials. By combining these methods, Väestöliitto aims to use a multi-channel communication that is informative, inclusive, and impactful, ensuring Väestöliitto's messages resonate with their target groups.

Communication efforts will be closely coordinated with Väestöliitto's partners to ensure relevance, impact, and alignment with shared goals. Väestöliitto's approach emphasizes active dialogue and collaboration, allowing partners to highlight themes and issues they deem important for communication in Finland. By integrating their insights, Väestöliitto aims to amplify voices of their partners and the people that they support and foster an understanding of global SRHRJ and development challenges and opportunities. To support advocacy efforts each year specific attention will be paid to the chosen group experiencing vulnerability as the focus of that year.

Awareness on UN's sexual and reproductive health agency UNFPA and its work to promote SRHR is also raised, and awareness is increased of the cooperation between Finland and UNFPA. This is done by joint communication and advocacy. Väestöliitto is UNFPA's partner in Finland and an expert on UNFPA and its work.

Communicating about the results of the programme is a fundamental content of the global communications. The aim is to share information about the results achieved of the entire programme through stories by those persons who have participated and benefitted from the programme, and through infographics and other data on the results. Communication about the results of the programme will utilize the same channels and reach mostly the same target groups as the global communication.

Advocacy of programme partners

Väestöliitto will work to ensure Finnish decision makers, including members of the parliament, members of the European parliament and civil servants, are committed and advance SRHRJ of persons experiencing vulnerability. Väestöliitto will hold them accountable to their commitments on advancing SRHRJ.

Väestöliitto will have a strong role in supporting programme partners in their advocacy work. All programme partners will design their inputs to outcome 5 themselves but there will be two ways through which joint advocacy will be implemented. Firstly, each year specific attention will be paid to the chosen group experiencing vulnerability as the focus of that year. This will improve the quality of support to SRHR of persons experiencing vulnerability. Partners working on the theme will cooperate closely to map the advocacy needs and possible joint activities, gather data and evidence on the SRHR gaps of the specific group and design a plan on how to strengthen the advocacy on the specific theme both in the donor countries and programme countries. Joint policy briefs will be published, and they will be available for all partners to use. Väestöliitto will provide strong support to this and build donors' (Finland and EU) decision makers' capacity on the specific barriers to SRHRJ and ways to support overcoming those barriers. Advocacy activities include advocacy through networking, partnerships, and direct contacts to decision makers. as well as organizing discussion events such as seminars, webinars, or round table discussions as an opportunity to exchange views between experts and decision makers.

Secondly, joint advocacy efforts will aim to strengthen the rule-based multilateral system through grassroot action and strengthening the voice of civil society in UN processes. Programme's focus will be on Universal Periodic Review. Programme partners' capacity on UPR will be strengthened during the first year of the programme, which will allow different partners to gather data and inputs to produce recommendations to strengthen SRHR for their national UPR processes, take part in writing of the civil society shadow reports and do advocacy towards countries providing recommendations to their governments. Partners can also be supported financially to join negotiations in Geneva. Väestöliitto will also support other programme partners in UN advocacy especially in reaching the Finnish and EU based civil servants working on UPR. Väestöliitto will also actively engage in UN advocacy itself when it comes to collaboration with Finnish decision makers. This will be done in close collaboration with IPPF and other international sexual rights CSOs active in the UN level.

Through its long-term experience in advocacy, Väestöliitto sees the importance of collaboration with others to achieve impact. Acting as an SRHRJ expert in various networks enables Väestöliitto to share information and advocacy messages efficiently through them. Väestöliitto is the secretariat for both Finnish All-Party Group Parliamentary on Sexual Rights and Development (APPG) and Friday group, consisting of members of the APPG, CSOs, the Development Policy Committee, as well as experts from ministries. In Development Policy Committee Väestöliitto acts as an expert member of women and girls' rights and population development. Also, CSO cooperation is key in advocacy, including through networks such as the Sexual Rights Network (founded by Väestöliitto), Finnish Women, Peace and Security Network, Finnish network for Human Rights CSOs as well as coordination with CSOs advancing global LGBTIQ+ rights.