VÄESTÖLIITTO'S DEVELOPMENT COOPERATION PROGRAMME FOR ADVANCING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ANNUAL REPORT 2025

A World Where Sexual Rights Are Realized

Väestöliitto

Contents

Acronyms

AGYW	Adolescent Girls and Young Women
CHW	Community Health Worker
CRPD	Convention on the Rights of Persons with Disabilities
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
FGD	Focus Group Discussion
FP	Family Planning
HMIS	Health Management Information System
HRT	Hormone Replacement Therapy
LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Intersex, Queer
MFA	Ministry for Foreign Affairs of Finland
MoPH	Ministry of Public Health
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
OPD	Organization of Persons with Disabilities
PAC	Post-Abortion Care
PwD	Person with Disabilities
RBM	Results-Based Management
RHR	Reproductive Health and Rights
SADC	Southern African Development Community
SDGs	The Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SOGIE(SC)	Sexual Orientation, Gender Identity and Expression (and Sex Characteristics)
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
SWOP	State of World Population
ToT	Training of Trainers
UNFPA	United Nation’s Population Fund
US	United States
UTH	University Teaching Hospital

1. Summary of the annual report 2025

The year 2025 closed the first programme period for Väestöliitto as a new recipient of the Ministry for Foreign Affairs' (MFA) programme-based support. At the onset of the new programme, it incorporated stand-alone development cooperation projects that had started earlier (*Prevention of Sexual and Gender-Based Violence [SGBV] in Malawi* and *Advancing sexual rights of persons with disabilities in Afghanistan, Tajikistan, and Nepal*) and communication projects in Finland (global communications and United Nation's Population Fund [UNFPA] information) to the new elements of work related to lesbian, gay, transgender, intersex and queer persons (LGBTIQ+) work in South Africa, Zambia and Zimbabwe and advocacy in Finland. These elements were tied together under the programme aimed at advancing sexual rights of the groups that are particularly vulnerable and marginalized. Therefore, the programme targeted especially girls and women, persons with disabilities (PwDs) and LGBTIQ+ persons.

Väestöliitto's programme focused on increasing knowledge, awareness, and capacities on sexual and reproductive health and rights (SRHR) of its various target groups as well as capacities and resources of the partner organizations. Through strengthening the life-skills and capacities of the most vulnerable persons and by empowering them, by strengthening the capacities and knowledge of the local duty-bearers, service providers and other responsible actors on SRHR issues, and through awareness-raising and advocacy, the programme contributed to the realization of SRHR of the most vulnerable groups. Overall, the programme contributed to the realization of SRHR of the most vulnerable groups, also contributing to the realization of Sustainable Development Goals (SDGs) 3.7 and 5.6.

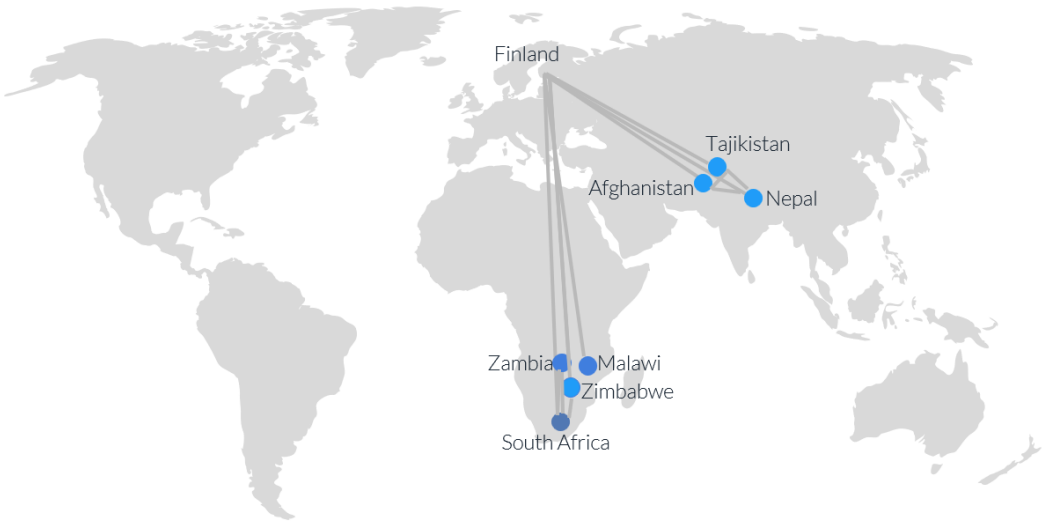
The partner organizations reached out to rights-holders either through their own members or through their partners or other stakeholders, raised awareness in the societies to decrease harmful conceptions around SRHR of vulnerable groups, built capacities in the communities and did advocacy to change policies and legislation. During the entire course of the programme, nearly 120,000 persons with disabilities received sexual and reproductive health (SRH) services, more than 22,000 persons received comprehensive sexuality education (CSE), more than 26 million people were reached by media and awareness raising messages, 7,700 civil society representatives were trained in SRHR topics, and programme partners were involved in more than 200 political dialogues with duty-bearers. Also, programme partners themselves increased their capacities and expertise in advancing SRHR issues of vulnerable groups.

The programme largely reached its goals by combining rights-holder empowerment, organisational and civil society capacity strengthening, awareness raising and advocacy across different levels of change. Rather than relying on individual interventions, the programme linked increased knowledge and agency among vulnerable persons with more capacitated community structures, more inclusive services and increased engagement with duty-bearers. This contributed to stronger agency in SRHR decision-making, access to information and services, and greater confidence in claiming their rights. At organisational and civil society level, partners strengthened their systems, advocacy capacity, networks and evidence base, enabling more sustained engagement with institutions and policymakers. The programme also contributed to changes in institutional practices and policy environments, particularly regarding disability inclusion and inclusive SRHR. In more restrictive contexts, progress was often reflected not in formal policy change but in strengthened alliances, safer spaces, community leadership and the ability of civil society actors to continue advocating for rights. Overall, the external evaluation of the programme considers it largely effective: its strongest contribution was creating mutually reinforcing change between empowered rights-holders, stronger civil society and more responsive institutions, while recognising that broader structural and political barriers limited the extent to which these gains could be fully institutionalised.

2. Overview of programme countries

In 2022-2024, the programme was implemented in seven programme countries by Väestöliitto's partner organizations working in the field or SRHR**,** and in 2025 in six countries after phasing out from Zimbabwe.

Picture 1: Väestöliitto's programme countries



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

Strengthening civil society through facilitating the capacity building of programme partners as well as supporting their networking and alliance building are critical approaches of the programme. As a result, the partners will be better positioned to do advocacy on SRHR of the most vulnerable groups but also counteract the shrinking space of civil society in the face of growing global opposition to SRHR. Shrinking space for civil society and the repercussions of the growing anti-gender movement are visible in all programme countries, including Finland, and continued having an effect to implementation during the programme period. According to the latest CIVICUS civil society rating, the state of civil society in all programme countries remained either closed, repressed or obstructed by the end of the programme in 2025 (scale: open, narrowed, obstructed, repressed, closed).

The operating environment for the programme changed considerably during 2022-2025. The period began with the continuing effects of the COVID-19 pandemic and gradually shifted towards a context increasingly shaped by geopolitical tensions, economic pressures, shrinking civic space, political transitions and growing opposition to SRHR and gender equality. During 2025, changes in international development financing, particularly the suspension and termination of major United States' (US) foreign assistance, further increased uncertainty for civil society organisations and SRHR programming. The effects varied between countries, with some partners benefiting from opportunities for institutional cooperation while others faced increasingly restrictive environments.

Afghanistan remained one of the most challenging operating environments throughout the programme period, with the situation deteriorating further following the Taliban's return to power in 2021. Restrictions on women's education, employment, mobility and participation in public life progressively reduced the space available for women and girls to exercise their rights and participate in civil society. The operating environment for non-governmental organizations (NGOs) also became increasingly regulated, with greater scrutiny, additional administrative requirements and delays in approvals and coordination. At the same time, economic deterioration and rising poverty increased barriers to healthcare, particularly for PwDs. These developments increased the importance of community-based approaches, including outreach, community health workers and engagement with families, while limiting opportunities for visible advocacy. Despite the constraints, continued engagement with authorities and health-sector structures enabled the partner to maintain service delivery and strengthen institutional foundations for disability-inclusive SRHR.

Zimbabwe's civic space also became increasingly constrained during the programme period. Growing regulatory pressure on civil society, political polarization and increasingly negative narratives around LGBTIQ+ rights reduced opportunities for public advocacy and cooperation with mainstream organizations. The later programme years were characterized by increased caution among civil society actors and greater risks for organizations working on issues of sexual orientation, gender identity and expression and sex characteristics

(SOGIESC). Overall, the trajectory was towards a more restrictive environment in which maintaining community resilience and organisational capacity became increasingly important.

Zambia operated in a comparatively more open environment during the earlier programme years, although civil society faced regulatory uncertainty and advocacy around LGBTIQ+ rights remained sensitive. A major change occurred in 2025 when the suspension of US foreign assistance and the resulting Stop Work Order disrupted donor-supported HIV and SRHR programming. This affected service delivery, organizational structures and community-based support mechanisms and reduced the resources available for outreach and peer engagement. The disruption shifted attention from programme implementation towards closure, sustainability and resource mobilization. The partner responded by strengthening institutional relationships and identifying alternative pathways for continuing elements of the work. The experience highlighted the vulnerability of SRHR programming to changes in international financing and the importance of organizational resilience and diversified partnerships.

Malawi experienced a period of increasing regulatory pressure on civil society during the programme, followed by a significant political transition in 2025. The change of government created a period of policy realignment and institutional restructuring, including changes in the education sector that were relevant to SRHR and youth programming. While the new policy direction created potential opportunities for renewed engagement, the position of the new administration on some SRHR-related issues remained unclear at the end of the reporting period. The changing political environment therefore increased the importance of continued dialogue with government institutions and monitoring policy developments to protect progress achieved during the programme.

Tajikistan remained a highly constrained environment for civil society throughout 2022-2025. Restrictions on civic participation, public associations and independent advocacy limited opportunities for organizations working on rights-related issues. Social and cultural norms also continued to affect engagement with SRHR, particularly concerning women and girls with disabilities. While partners were able to strengthen rights-holder and organizational capacities, systemic advocacy and cooperation with government institutions remained more difficult. The relatively stable but restrictive environment reinforced the importance of long-term relationship-building, culturally appropriate communication and approaches that can generate change at community level even when formal advocacy opportunities are limited.

Nepal experienced a gradual improvement in the operating environment as the effects of the COVID-19 pandemic diminished. Economic pressures related to the Russia-Ukraine war affected prices and inflation, but the situation gradually stabilized. Political changes created new opportunities for engagement with government at different levels. Towards the end of the programme period, however, significant political changes and the formation of an interim government introduced renewed uncertainty. Civil society continued to operate in a comparatively open environment, although changing international funding patterns created growing sustainability concerns. Väestöliitto’s partner’s established position and strong relationships with government institutions helped maintain stable operations and provided increasing opportunities to collaborate with public authorities in SRHR service delivery.

Across the wider African LGBTIQ+ context, the operating environment became increasingly polarized during the programme period. While some positive developments created opportunities for inclusive SRHR and demonstrated continued institutional support for rights-based approaches, the broader trend was towards stronger anti-LGBTIQ+ legislation, restrictions on civil society and growing anti-gender mobilization. These developments increasingly constrained freedom of expression, association and advocacy and created greater risks for organizations working on LGBTIQ+ issues. During 2025, these pressures were compounded by changes in international development financing. Funding disruptions affected service delivery, organizational stability and the continuity of community-based initiatives in several contexts. The changing environment reinforced the importance of regional alliances, peer networks, organizational resilience and flexible approaches to advocacy and service provision.

In Finland, the operating environment also became more challenging during 2022–2025. Russia's invasion of Ukraine and wider geopolitical tensions increasingly shifted political attention towards security and economic concerns. Following the formation of a new government in 2023, substantial reductions in development cooperation were introduced, creating greater pressure on the development cooperation sector and civil society organizations (CSOs). During 2024-2025, the international financing environment deteriorated further, with European donors reducing funding for SRH/family planning and SRHR and the return of the Trump administration resulting in major reductions in US foreign assistance. These developments had significant consequences for global health, SRHR, gender equality and humanitarian programming and increased uncertainty for international partners. At the same time, Finland retained a commitment to multilateral

cooperation, gender equality and SRHR, providing continued opportunities for policy engagement and advocacy.

Overall, the operating environment became progressively more complex over the programme period. While the nature and intensity of change differed between countries, partners increasingly had to operate in contexts characterized by political uncertainty, restrictions on civic space, economic pressures, anti-rights mobilization and changing development financing. These developments affected formal advocacy and public awareness raising particularly strongly, while rights-holder empowerment, community-based approaches and organizational capacity proved comparatively more resilient.

The experience across 2022-2025 therefore underlined the importance of adaptive management, strong local partnerships and long-term investment in organizational and community capacity. Peer networks, community structures, institutional relationships and strategic alliances enabled partners to maintain progress despite increasingly challenging circumstances. At the same time, the changing global funding environment demonstrated the importance of organizational resilience and diversified partnerships and resources to safeguard the sustainability of SRHR work beyond the programme period.

3. Results and impact

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

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

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

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

Overall, the programme aimed at contributing to the realization of SRHR of the most vulnerable groups also contributing to the realization of SDGs 3.7 and 5.6. At the impact level the programme strived to increase access to SRH services and make substantial changes to the societal structures.

Increased access and utilization of vulnerable groups to SRHR services was successfully achieved as the number of SRH services delivered yearly rose from the baseline numbers of 14 826 in 2022 to 52 305 in 2025. This data was collected from the SRH clinics in Afghanistan and Nepal. In total, the programme surpassed its target of reaching out vulnerable persons with SRH services, as by the end of the programme nearly 120 000 persons received services.

Regarding *Changes in policies or laws to include SRHR issues of especially vulnerable groups,* Väestöliitto's partner organisations participated during the programme period altogether in 208 different dialogues with duty-bearers and key public servants, implemented 192 different activities with them, and held contacts with 736 different duty-bearers which all contributed to 8 policy or legislative changes to include the SRHR issues of

especially vulnerable groups. These changes include, for instance, the inclusion of collecting disability disaggregated data in the Health Management Information System in Afghanistan, inclusion of key populations in the National SRHR policy in Malawi, launching of the Disability Friendly Reproductive Health & Safe Motherhood Service Guidelines by the Government of Nepal, and adopting a law to prohibit discrimination based on disability in Tajikistan.

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

3.1 Development cooperation in programme countries

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

Partners of Väestöliitto's programme were seven CSOs in the partner countries, but as the collaboration with the Zimbabwean partner was phased out, no activities were implemented there during 2025. Partners were either SRHR organizations, organizations of persons with disabilities (OPDs) specialized in SRHR of PwD, or human rights organizations specialized in LGBTIQ+ work. Four of the programme partners continued implementing ongoing projects that had started before the programme period 2022-2025 and have been Väestöliitto's partners for several years. Two partners were selected based on their specific focus on LGBTIQ+ work and their organizational capacities to implement the programme's approaches. One partner was selected due to their unique position as the umbrella organization of all LGBTIQ+ organizations in the African continent.

3.2 Outcome 1: Especially vulnerable groups are empowered to make informed decisions on their SRHR and address SRHR issues in their communities

Making informed decisions on their SRHR and addressing SRHR issues in their communities by the vulnerable groups requires empowerment through new knowledge and capacities on SRHR as well as tools to make those choices, such as good self-confidence and self-esteem. Also, empowering women economically does not only increase their financial independence, but also increases their status in their households, and ability make more independent choices. Addressing SRHR issues in the communities may be challenging, and for this to be accomplished, the rights-holders need to gain in-depth knowledge about SRHR, what are the root causes behind SRHR related challenges, and how to make a change.

To contribute to these changes, each partner implemented various types of life skills, empowerment, awareness-raising and capacity-building activities and increased rights-holders' knowledge on SRHR. Financial empowerment activities were implemented only in the SGBV prevention project in Malawi. An approximate 82 different trainings were implemented in 2025 reaching total of 9 122 persons. Actions comprised of for example CSE, trainings on SRHR, SGBV, peer support groups, gender transformative approaches and village savings models and different business models. During the entire programme 629 different trainings were organized, reaching 37 000 people.

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

Decision-making regarding one's own SRHR is a very intimate and sensitive field, and personal decisions range from deciding to access SRH services to starting a relationship or a family that might not have been possible choices to make prior to the programme. The data has been gathered through small focus group discussions (FGDs) and reflection discussions with a lot of attention paid to respecting the privacy and boundaries of rights-holders. During the course of the programme, the proportion of persons participating in making these decisions about their own SRHR rose from the baseline's 49% to 84% by the end of the programme. For example, in Malawi, 94% of the women respondents reported participating in decisions

regarding the number of children to have, child spacing, and choice of contraceptive methods. In Nepal, 79% of respondents reported making decisions about the use of contraceptives, and 80% of rights-holders in Afghanistan reported participating in decision-making over their SRH. In Zambia, 65% of the adolescent girls and women and gender diverse persons reported actively engaging in decisions regarding their SRHR, such as contraceptive choices, accessing SRH services, and negotiating safer sex practices with partners.

Under the indicator *Increased proportion of persons from vulnerable groups with new capacities*, the new capacities entail a range of various capacities that are elemental in increasing one's agency regarding their SRHR, such as *increased knowledge on SRHR and/or SGBV, knowledge how to report SGBV, advocacy skills, self-esteem, economic empowerment, and change in SRHR-related attitudes.* The percentage data was not available throughout the projects, but the positive changes that were recorded demonstrate that the rights-holders benefited significantly from the programme. The proportion rose from the baseline's 52% to 83,49% by the end of the programme. Knowledge about different dimensions of SRHR as well as rights literacy clearly increased, and many harmful misconceptions and myths were clarified in the various capacity-building sessions. The clear and positive examples include the high percentage of persons in Malawi who are able to identify the various forms of SGBV and its underlying root causes, who know the key steps to report SGBV cases, and who have gained self-esteem and confidence necessary to speak out against SGBV in their communities. In Tajikistan, there has been a fundamental change in how participants view their future regarding the right to a family and parenthood as there has been a change in how they see themselves as potential partners and parents. In Zambia, LGBTIQ+ persons reported improved SRHR knowledge, self-esteem, and advocacy skills across all groups. Adolescents and young women gained knowledge on SRHR, consent, mental health, and entrepreneurship, and transgender and intersex participants increased knowledge on hormone replacement therapy (HRT), rights, and healthcare navigation.

3.3. Outcome 2: Harmful conceptions around SRHR of vulnerable groups are decreased in the targeted societies

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

Regarding indicator *Awareness on SRHR of vulnerable persons is raised in the targeted societies,* the partners implemented various types of awareness-raising activities, such as community dialogues, regular club meetings in the communities, football tournaments, media engagements and journalist training, social media campaigns, billboards, radio programmes, different publications, and TV programmes. The different actions implemented reached altogether 26,288,051 persons during the programme 2022-2025, surpassing the target of 150,000 persons reached annually. 4.2 million people were reached in Afghanistan alone through radio spots. Partners in Malawi and Tajikistan raised awareness of the broader public through their social media platforms, such as Facebook, TikTok and Instagram, as well as publications.

Results under indicator *Own perceptions of persons from vulnerable groups of a more inclusive society on their SRHR issues* was captured through FGDs, interviews and review meetings with rights-holders. Women and girls in Malawi continued to express having a more inclusive society regarding SRHR issues and communities have to some extent embraced girls and women as role models in their societies to combat SGBV. Previous annual reports also highlighted that there has been a significant shift in perceptions and community acceptance of women occupying leadership roles that have historically been male dominated. In Tajikistan, the right to family life and professional integration emerged as a vital indicator of inclusion. Successful experiences of motherhood and positive societal acceptance of PwDs as parents, as well as the ability to study and work alongside others, are major achievements. In Zambia, LGBTIQ+ community members reported feeling more validated, empowered, and recognized as rights-holders, and they reported increased confidence in engaging health systems and reporting violations. In Nepal, as a result of the programme, more than 81% of the responding PwDs think that they can be potential partners and above 71% think that they can be potential parents and can give birth. 93% of responding rights-holders in Afghanistan see themselves as

potential parents and partners, would feel welcome in visiting a clinic, and feel safe to talk about issues of reproductive health and rights (RHR).

3.4. Outcome 3: SRHR issues and needs of vulnerable groups are met with quality and care among service providers and civil society (e.g. schools, teachers, community leaders' forums, district councils, local development units, peer educators, parents, CSOs, OPDs)

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

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

Positive change in attitudes and perceptions regarding gender norms or SRHR of vulnerable groups among service providers and civil society structures was successfully achieved during the programme period as the proportion of service providers who report feeling comfortable providing services to persons with disabilities rose from the 65% of the baseline to 100% by the end of the programme. The programme strived to achieve positive changes in the attitudes and perceptions also among a wide variety of different civil society structures such as teachers, police, and traditional and religious leaders.

In Malawi, initiatives contributed significantly to the understanding of gender-related concepts focusing on debunking stereotypes and promoting a rights-based approach to SRHR of women and girls resulting in positive changes in the attitudes and perceptions regarding SRHR among different civil society structures. At the community level, they transitioned from passive actors to active champions of SRHR and gender equality. The service providers revised previously held assumptions about persons with disabilities, recognizing that disability is not a barrier to sexual health needs, and began accommodating these clients more effectively through both attitudinal and physical adjustments in service delivery. Also, Community Victim Support Units (CVSUs) started to proactively engage in community outreach, teachers embraced CSE, and men were increasingly seen as defenders of gender equity.

In Zambia, an improved responsiveness among some health facilities was reported by the partner regarding service provision to transgender and intersex persons, and there was enhanced collaboration with District Health Offices. The parent support groups have been important in changing the understanding regarding intersex experiences and issues. The parent support group in Lusaka is also supported by religions leaders who encourage parents by underscoring scripture that helps better understand intersex children.

In Afghanistan, it was reported by the partner that there was a demonstrated effort among the service providers to eliminate feelings of discomfort when assisting clients with disabilities and that the providers strived to offer additional support and care to those with disabilities. Furthermore, providers demonstrated a comprehensive understanding that PwDs, like anyone else, can be sexually active and may aspire to become parents, and be given the necessary support from their families and society. Furthermore, a growing number of community health workers, as active members of their communities, are advocating for SRHR, contributing to a more inclusive and comprehensive approach to addressing the needs of vulnerable populations.

Service providers and civil society structures have new technical skills to provide quality care to vulnerable groups entails several demonstrated improvements during the programme period. For example, in Nepal, in addition to the positive attitudinal change among the service providers during the programme, it was reported by the partner that sign language training for service providers made them more friendly with the clients as it

also reduced the time consumed by sign interpreters and the bonding with the client was increased. In Afghanistan, 100% of the service providers felt they have successfully acquired necessary knowledge and skills for reproductive health service for PwDs through the skills trainings.

In Malawi, as a result of the targeted interventions, service providers demonstrated strengthened technical competencies in delivering quality, survivor-centered care to vulnerable groups when handling SGBV cases, and in Zambia, there was a reported increase in awareness of gender-affirming care principles and inclusive SRHR approaches among stakeholders. In Zambia, the partner continued their collaboration with University Teaching Hospital (UTH) and to further develop Model Facility Piloting. UTH was adopted using a tool developed with Zambian partner to document client feedback post healthcare services. In addition, healthcare providers adopted gender neutral terms to interact with trans-diverse and intersex persons.

Number of community and civil society representatives addressing SRHR issues of vulnerable groups in their communities, types of ways of addressing SRHR issues demonstrates the commitment of the different civil society actors to support SRHR of the vulnerable groups and entails a multitude of different actions that the most vulnerable groups can also organize to advance SRHR. In 2025, a total of 2,246 community and civil society representatives demonstrated capacity in addressing the SRHR issues, including service providers, teachers, representatives from organizations of PwDs, community elders, School Human Rights Clubs, mothers' groups, female champions, women's forums, community policing forums and youth networks.

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

3.5. Outcome 4: Duty-bearers (decision makers, civil servants, other responsible actors) advance SRHR issues of especially vulnerable groups

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

Various actions were done to create new contacts with duty-bearers and to increase their capacities in SRHR of vulnerable groups. A total of 102 different capacity-building and advocacy actions were conducted in 2025, bringing the total number of actions during the programme to 273. These translated into a total of 41 initiatives or other actions carried out by duty-bearers, and a total of 209 dialogues between duty-bearers and programme partners during the programme period. These actions include, for example, active participation in relevant technical working groups of the relevant ministries, training of duty-bearers on SRHR issues, and facilitation of sessions where rights-holders were able to share their concerns to the duty-bearers.

Number and types of new initiatives or other actions on SRHR of vulnerable groups carried out by duty-bearers resulted in 13 initiatives in 2025. For example, in Malawi the Southern African Development Community (SADC) Parliamentary Forum convened a consultative workshop, duty-bearers and stakeholders launched the Second Edition of the Women's Manifesto introducing new thematic areas, such as Women, Peace and Security; Women and Digital Justice; and Women's role in anti-corruption efforts, and the Ministry of Gender, Community Development and Social Welfare led the dissemination of key strategic documents to guide implementation of gender and child-focused interventions. In Nepal, the local government established a network of PwDs. Also, the celebration of the International Day of Persons with Disabilities used to be invisible but now in project operational areas they are celebrated like festivals with the presence of PwDs.

In Finland, advocacy efforts focused on emphasizing the importance of SRHR as a priority for Finland's development policy. Although no new overarching government policy reports on SRHR or development policies were adopted in 2025, Finland continued to implement the SRHR commitments established in the Government Programme and the 2024 Government reports on International Economic Relations and Development Cooperation and on Foreign and Security Policy. SRHR remained an explicit priority of Finland's development policy in the 2025 budget framework. One significant achievement was that despite significant fiscal pressure and cuts to development cooperation, Finland maintained EUR 25 million in core funding for UNFPA in 2025. The Government's funding decision explicitly recognized UNFPA's role in advancing the rights of women and girls and supporting people in the most vulnerable positions. During the programme period, advocacy in Finland yielded good results as there were two new governmental reports emphasizing the importance of SRHR in Finnish development policy. This was achieved through regular dialogue with pre-existing contacts, such as politicians and civil servants, as well as establishing various new relationships with stakeholders and duty-bearers from different political parties. Both advocacy and communications played a key role in building decision-makers' capacity and knowledge on SRHR and groups experiencing vulnerability.

Number and types of ongoing dialogues between decision makers and project partners where SRHR issues are advanced entailed various spaces for dialogue, resulting in 31 ongoing dialogues in 2025, and altogether 208 dialogues during 2022-2025. These dialogues included particularly participation in governmental technical working groups where partners shared technical expertise with government stakeholders, where best practices in advancing the SRHR of vulnerable groups were shared, and where also SRHR themes were popularized. As many programme partners are well-established SRHR organizations, their technical expertise was highly valued in the governmental platforms. Despite the challenges in the operating environment around LGBTIQ+ rights, the Zambian partner was also active in regular engagements through closed-door meetings.

3.6 Outcome 5: Programme partners have strong expertise in SRHR issues of especially vulnerable groups, and SRHR of vulnerable groups is mainstreamed in partner organizations

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

Capacity and skills in SRHR of especially vulnerable groups and results-based management (RBM) are increased among programme partners was done through live thematic partnership meetings and monitoring trips, but programme partners also participated in other types of capacity building actions. Some partners participated in several capacity-building meetings and trainings to enhance their skills in SRHR of vulnerable groups. The score of the self-assessments of organizational capacities rose from the baseline of 4.0 to 4.6 by 2025. The assessment included reflection on organizational structures and processes, trust and credibility among stakeholders and communities, risk management and mitigation measures, RBM capacities, and staff's expertise. Based on the assessed gaps, the partners were able to have targeted trainings to deepen their organizational capacities. For instance, the Malawian partner completed trainings in monitoring and evaluation (M&E) and leadership management in 2025 as well as training on LGBTIQ+ inclusiveness to its entire staff in 2024. The Zambian partner raised its expertise especially in broad SRHR issues from the perspectives of trans-diverse, intersex and adolescent girls and young women. During the programme period, Väestöliitto deepened its understanding of decolonization through internal discussions and workshops, was active in various CSO-networks that aim at joint learning, and raised the expertise of its staff members in LGBTIQ+ advocacy, RBM, and disability inclusion.

SRHR of especially vulnerable groups are included in the strategies and other projects of programme partners captured organizational changes among programme partners to include the girls' and women's SRHR issues or LGBTIQ+ or PwDs' needs into their organizational plans and strategies, and programmatic work where relevant. During the programme period, all partners revised many of their critical organizational documents, and all of them have explicitly included SRHR of vulnerable groups into them. For example, in Malawi, the new Organizational Strategic Plan explicitly recognizes diversity, inclusion, and equity as foundational values. This strategic commitment marks a critical shift in how the organization identifies, prioritizes, and responds to the SRHR needs of marginalized and vulnerable populations. The strategy mainstreams inclusive language, sets equity-focused targets, and outlines deliberate interventions aimed at reducing disparities in access to SRHR services. In Tajikistan, the partner continued to strengthen the integration of SRHR issues into its core

organizational activities beyond specific project tasks. The Nepalese partner's strategy clearly mentions that they will make efforts not only to expand choices but also broaden access to reproductive health services to poor, marginalized, socially excluded and under-served populations, including PwDs. In Afghanistan, reproductive health of PwDs is now included in the partner's country strategy, and revised Health Management Information System (HMIS) guidelines now explicitly include the rights of PwDs. In Zambia, SRHR is now integrated into ongoing and future programming, including sustainability and advocacy planning.

Number and types of CSO-led alliance alliances, partnerships, networks, working groups or similar the partners are working with on SRHR demonstrate the level of connectedness of programme partners to relevant stakeholders, and highlight the need and achievements of working in collaboration with other stakeholders when advancing sensitive issues. The seven programme partners were active in approximately 30 CSO-led partnerships that varied from national level working groups, consortiums, and coalitions to district/provincial level alliances.

3.7 Outcome 6: Global communications in Finland; The awareness on SRHR, CSE, SDGs and their interlinkages are raised among broad public and young people

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

The objective of global communication in Finland is to raise awareness among the general public and young people about SRHR, CSE, SDGs and their interlinkages. In 2025, the global communication focused on raising awareness of the work of Väestöliitto to improve the sexual rights of vulnerable groups, women and girls, LGBTIQ+ people and persons with disabilities. In addition, awareness of UN's sexual and reproductive health agency UNFPA's work was raised, which also increased awareness of the cooperation between Finland and UNFPA. Global communication was planned and monitored through regular internal meetings and to was ensured that global communication is in line with Väestöliitto's other communication efforts.

The information for the indicator *Persons reached through development communication and global education assess that they have good understanding of SRHR, CSE, SDGs and their interlinkages* was collected through survey disseminated on social media. The target groups' self-assessment of their grasp on programme themes and interconnections yielded the following results: 4 out of 5 on sexual rights, 4 out of 5 on CSE, 3 out of 5 on SDGs, and 3 out of 5 on their interlinkages. This result underscores the need for more information, especially concerning the links between SRHR and SDGs. While awareness regarding SRHR is quite good and has been staying at the same level during the programme, the survey reveals a gap in understanding how these issues intersect with achieving SDGs. This suggests that communication about SRHR has either been effective or has been ongoing long enough for the target groups to build foundational knowledge. However, there is a demand for information about SRHR's role in development and its interconnection with SDGs. For the new programme, the focus is going to be changed from the SRHR and SDGs to the SRHR of persons experiencing vulnerability, and that the general attitudes, stereotypes and stigma around SRHR of persons experiencing vulnerability are challenged.

The second indicator was *Number of visits to website, reach of social media posts, number of shares and engagement rate in social media, video views, blog views, podcast reach*. In total Väestöliitto's social media impressions were 4.1 million. In various social media channels, there were 80 750 followers in total. There was a decrease in the impression of social media channels compared to previous years. This is explained by that Väestöliitto's TikTok and X accounts and two Facebook groups were closed due to lack of personnel resources to update them.

It also should be noted that different social media channels' analytics have been changing during recent years, so statistics are not directly comparable to previous years. Before, paid advertisements were more visible than

organic content and that is why those were prioritized to get more views. However, themes that are allowed and forbidden on Meta's channels limit the possibility to market certain themes that are relevant to SRHR.

At the end of 2025, Meta banned advertising about political and social issues on its channels. This poses a significant challenge, particularly for the global communication of CSO's, since Väestöliitto's programme themes are classified as social issues and therefore cannot be advertised. This will most likely result in reduced visibility, which in turn may affect the achievement of the programme's global communication goals. This needs further analysis and planning at the beginning of a new programme cycle.

It also should be noted that different social media channels' analytics have been changing during recent years, so statistics are not directly comparable to previous years. Before, paid advertisements were more visible than organic content and that is why those were prioritized to get more views. However, themes that are allowed and forbidden on Meta's channels limit the possibility to market certain themes that are relevant to SRHR.

Engagement with development communication has been increasing, averaging about 41 reactions per post. Reactions are still moderate, but analysis suggests that this increase might be explained by paid and targeted advertising, so the reach is bigger than Väestöliitto's followers. Still, due to the sensitivity and polarization of SRHR topics, individuals might find it challenging to express their support, leading to fewer interactions despite substantial impressions. Furthermore, unpaid posts get fewer reactions than paid posts.

In addition, the analysis suggests that some of the SRHR topics, such as safe abortion, LGBTIQ+ rights and GBV, get more reactions than other SRHR or development cooperation themes. This may indicate also that those most controversial SRHR issues, due to polarization, may get more reactions because those who support them want to be even more vocal. On the other hand, some find it difficult to express their support because of the polarization. This is why Väestöliitto's global communication has been diverse and experimental to find ways to communicate that appeal to Väestöliitto's target groups.

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

The programme also targeted decision-makers, reaching them through social media and events like UNFPA's State of World Population report launch, where the Minister of Trade and Development Ville Tavio was a key note speaker. Social media reach in this specific group was hard to assess but directly reached 68 decision makers.

To raise awareness among the target groups, various global communication activities were carried out, including social media campaigns, blogs and news articles, different material distribution such as publications, stickers and posters, events like the launch of UNFPA's State of World Population (SWOP) report and related influencer collaboration, World Village Festival (where Väestöliitto also organized a panel discussion about global state of LGBTIQ+ rights), Helsinki Pride and OneUN group's UN80 collaboration at the Helsinki Book Fair, collaboration with street art collective and launch events at the Parliament and Väestöliitto's Väestöpäivä, and communication on current issues related to the programme's themes.

Communicating about the programme and its results is a fundamental aspect of Väestöliitto's communications strategy, as it plays a key role in increasing awareness among the target groups about development cooperation, SRHR, and SDGs, as well as garnering support for development cooperation.

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

In communications related to UNFPA, posts were actively shared to increase awareness among the general public and decision-makers about UNFPA's work and Finland's support for the organization. One of the communication highlights of the year 2025 was related to SWOP report launch: an influencer collaboration was done with journalist and author Julia Thurén on social media to promote the report (she also participated as a panelist at the report's launch event). Thurén shared five Instragram stories and one Instagram reels

about the report. The reels got 106,000 views, 1,900 likes, 43 comments, 77 saves, reshared and shared to Instagram stories in total 40 times and reached 60,800 accounts, and the average viewing time was 22 seconds (statistics on December 18). The Instagram stories got 11,600 views on average (statistics on 24 September 2025 from the influencer). This resulted in new audience to the SWOP report and messages since the influencer has nearly 60,000 followers, most of whom are not Väestöliitto's followers.

Also, youth were targeted through the UNFPA communications, which aligns with the objective of increasing awareness and support for development cooperation among the target groups. This was done for example in World Village Festival and Helsinki Pride and on social media, for example through influencer collaboration and targeted paid posts.

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

Under output *Number and types of development communication and global education activities implemented*, a total of 341 global communication activities were implemented in 2025, and altogether 1644 during the entire programme period. This included different social media posts and campaigns, blogs/news articles, op-eds, events such as the launch of the SWOP report, World Village Festival, Helsinki Pride, Helsinki Book Fair and SRHR themed street art launch events at The Parliament House and Väestöliitto's Väestöpäivä, creating new communication materials, such as animating illustrations of Sexual Rights publication, mailing Sexual Rights publications and posters, influencer collaboration and posts on current issues related to the programme themes and programme itself and its results.

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

3.8. Contribution to the aggregate indicators of the MFA in 2025

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

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

Output	Indicator	Väestöliitto's data 2025
Output 1.1 Laws and policies that ensure access to inclusive, non-discriminatory and quality sexual and reproductive health services are strengthened (SDG 3.7., SDG 5.6.)	Number of developing country decision makers reached with initiatives to promote adoption/implementation of laws and regulations that ensure availability of inclusive, non-discriminatory and quality sexual and reproductive health services	**24** decision makers reached in 2025 (Malawi, Afghanistan, Zambia)

Output 1.2. Women's, girls' and boys' of all abilities have improved access to comprehensive sexuality education and sexual and reproductive health services (SDG 3.7., SDG 5.6)	Number of persons receiving sexuality education or SRH-services	Total **61 427** (52 305 receiving SRH services, 9122 receiving CSE)
Output 1.3. Men and boys play an increasing role in realizing SRHR (SDG 3.7., SDG 5.6)	Number of men receiving sexuality education or SRH-services as per output 1.2 indicator	**1 318** men receiving CSE

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

Output	**Indicator**	**Väestöliitto's data 2025**
Output 1.2. Enhanced institutional capacity to improve learning outcomes	Number of educational institutions, incl. higher education, reached through measures aimed to increase their capacity	**13** total in Malawi, district of Machinga

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

Output	**Indicator**	**Väestöliitto's data 2025**
Output 4.1. Strengthened public and political participation and decision-making power of women and those in vulnerable positions (SDG5, T5; SDG16, T7)	Number of people who have taken part in decision-making	**0**
Output 4.2. Increased capacity of an independent, vibrant and pluralistic civil society to organize, advocate and participate in political decision-making	Number of developing country CSOs with improved capacity to influence development in line with Agenda 2030	**7 total**
Output 4.4. Enhanced protection of independent media, whistle blowers and human rights defenders (SDG 16, T10)	Number of journalists, associated media personnel, trade unionists or human rights advocates supported.	**0**

3.9. Analysis of the results of the 2022-2025 programme

Across the three thematic projects, the programme made a substantial contribution to advancing SRHR of vulnerable groups. The combination of rights-holder empowerment, awareness-raising, civil society strengthening, advocacy and partner capacity-building enabled the programme to address barriers at individual, community, organizational and institutional levels. While the degree of progress varied according to the operating environment, the results indicate that the different strategies were mutually reinforcing and contributed to stronger capacities and structures for advancing SRHR.

Capacity-building of rights-holders was the most consistently achieved outcome across the programme. Partners had effective mechanisms for reaching their target groups and were able to strengthen knowledge, confidence and agency regarding SRHR. The programme interventions supported progress towards enabling rights-holders to make informed decisions, exercise greater autonomy, access services and participate in advocacy and community-level action. Peer education, safe spaces, community support and accessible

services were particularly effective in translating knowledge into greater agency. Rights-holders increasingly became active contributors rather than passive recipients of support, with some taking on roles as peer educators, community advocates, resource persons, and champions. This strengthened both individual empowerment and the capacity of communities to support the exercise of SRHR.

However, the results also demonstrate that increased knowledge and agency do not automatically overcome structural barriers. Stigma, discrimination, restrictive social norms, geographical barriers, limited services and hostile policy environments continued to constrain the extent to which rights-holders could exercise their rights. Sustainable empowerment therefore requires continued attention to both individual capacities and the enabling environment.

The programme contributed to *increased awareness and gradual changes in attitudes* concerning the SRHR of vulnerable groups. Sustained community dialogue, peer-led approaches and engagement with influential community actors helped make sensitive SRHR issues more discussable and challenged misconceptions concerning sexuality, disability, gender and violence. Awareness-raising was most effective when it was continuous, locally adapted and connected to trusted actors and practical opportunities to access information and services. The programme also used creative and digital approaches along with conventional public engagement that had a large reach.

However, this outcome was more difficult to achieve consistently than rights-holder capacity building. Deep-rooted social norms, stigma and political opposition to the rights of marginalized groups limited the scope for visible awareness raising, particularly in relation to LGBTIQ+ rights. Overall, the programme contributed to changes in knowledge and perceptions, although broader and sustained social norm change remains a longer-term process.

Capacity building of civil society: The programme strengthened civil society's ability to address the SRHR needs of vulnerable groups and increasingly positioned community organizations and networks as actors sustaining change. OPDs, LGBTIQ+ organizations, community structures and other civil society actors strengthened their technical knowledge, outreach capacity, peer support functions and ability to participate in advocacy. An important development was the growing integration of SRHR into the broader work of CSOs. Capacity-building was increasingly linked to organizational ownership, networking and collective action instead of being limited to project-specific training. Cross-organizational and cross-movement collaboration also expanded opportunities to address shared SRHR concerns and broaden the constituency supporting rights-based approaches.

The programme nevertheless operated in an environment where civil society capacity and operating space varied considerably. Smaller organizations often had fewer resources and less access to decision-makers, while organizations working on highly contested issues faced political pressure, funding constraints and risks of activist burnout. Continued investment in organizational resilience, networks and collective structures is therefore important to sustain the gains achieved.

Advocacy contributed to increased recognition of the SRHR of vulnerable groups within institutional and policy processes. Partners used established relationships with governmental institutions, technical working groups, civil society networks and other duty-bearers to promote more inclusive policies, guidelines, services and practices. Where enabling conditions were stronger, advocacy contributed to tangible institutional and policy developments. The programme also strengthened the strategic quality of advocacy. Joint learning and capacity-building helped partners to clarify advocacy objectives, identify appropriate entry points and develop more coordinated approaches. Networking functioned increasingly as a mechanism for collective advocacy and not solely as a platform for information exchange.

However, advocacy was the outcome most strongly affected by external factors. Restrictive legislation, political resistance, social and religious sensitivities and shrinking civic space limited opportunities for visible advocacy, particularly around LGBTIQ+ rights. In such contexts, strategic alliances, discreet engagement and carefully selected advocacy opportunities were more feasible than public campaigns. The programme's contribution in these environments was therefore often to strengthen the capacities, relationships and collective structures required for longer-term influence rather than to achieve immediate policy change.

Partner capacity-building provided an important foundation for the achievement and sustainability of the other outcomes. Throughout the programme period, partners strengthened their technical expertise, organizational systems and ability to plan, implement, monitor and learn from their work. The capacity-building approach

became increasingly more tailored and responsive to partners' own identified needs. A significant achievement was the growing institutionalization of SRHR of vulnerable groups within partner organizations. Rather than remaining a project-specific concern, they were increasingly integrated into organizational strategies, programmes, advocacy and partnerships. Partners also strengthened their ability to learn from one another and to work through wider networks, increasing the potential for knowledge and practices to continue beyond individual project activities.

The results indicate that organizational capacity is an important determinant of sustainability. However, technical capacity alone is insufficient where organizations face severe funding, political or operational constraints. Long-term sustainability therefore also requires organizational resilience, leadership development, adequate resources and strong networks.

The programme's overall achievement lies in its integrated approach to change. The outcomes were not achieved independently: strengthened rights-holder capacity supported community engagement and advocacy; stronger CSOs created channels for awareness-raising and continued support; partner capacity enabled more effective implementation and learning; and advocacy helped translate programme-level achievements into institutional change.

Results were strongest where the different levels of intervention reinforced one another and where the external environment allowed partners to engage openly. In more restrictive contexts, progress was more visible in rights-holder empowerment, peer networks, organizational resilience and collective advocacy capacity than in formal policy or social norm change.

The programme also generated important foundations for sustainability by embedding capacities, practices and partnerships within existing organizations, community structures and institutions. Nevertheless, persistent stigma, restrictive environments, weak service systems, funding constraints and other structural barriers demonstrate that progress in SRHR requires sustained, long-term engagement. Overall, the programme established stronger individual and collective capacities and more inclusive systems for advancing SRHR, while also demonstrating the importance of flexible, context-sensitive approaches to sustaining progress in challenging environments.

3.10 Analysis of the results of the ‘Advancing sexual rights of PwDs’ project

During 2025, the programme continued to make significant progress in advancing SRHR of PwDs across Afghanistan, Tajikistan and Nepal. Building on previous programme phases, the project strengthened the capacity of PwDs to claim their rights, improved the accessibility and quality of SRHR information and services, enhanced the capacity of service providers and OPDs, and influenced policy and institutional practices to become more disability inclusive.

One of the programme's greatest achievements was its successful combination of rights-holder empowerment with institutional strengthening. Across all three countries, PwDs gained greater knowledge of SRHR, increased confidence to make decisions regarding relationships, family planning and healthcare, and stronger awareness of consent, bodily autonomy and protection from violence. The project moved beyond awareness-raising by creating practical opportunities for PwDs to exercise these rights through accessible services, peer education and stronger community support systems.

The programme substantially improved access to disability-inclusive SRHR services. Healthcare providers received specialized training on disability inclusion, communication and rights-based service provision, while accessible information materials, community outreach and peer education reduced many of the barriers that previously prevented PwDs from seeking care. Service utilization continued to increase throughout the programme period, demonstrating growing trust in health services and increasing confidence among PwDs to access them.

An important cross-cutting achievement was the strengthening of OPDs and community-based civil society. Rather than remaining beneficiaries, many organizations and peer educators became advocates, trainers and local resource persons capable of continuing SRHR promotion beyond the project. The programme created sustainable networks between OPDs, healthcare providers, CSOs and government institutions that are likely to continue advancing disability-inclusive SRHR after project completion.

The programme also contributed to important institutional and policy changes. Across the three countries, disability-inclusive SRHR became increasingly integrated into government policies, health information systems, disability legislation, service guidelines and local government planning. Continuous engagement with ministries, technical working groups, local governments and national advocacy platforms strengthened recognition of the SRHR of PwDs as an essential component of public health and human rights.

The project further contributed to changing social norms surrounding disability and sexuality. Community awareness campaigns, media engagement, peer educators and advocacy activities challenged widespread misconceptions that PwDs should not marry, become parents or make independent reproductive choices. Evidence from all three countries indicates growing acceptance of PwDs as equal members of society with the same rights to relationships, parenthood and healthcare.

The programme also generated evidence of sustainability. Disability-inclusive SRHR has increasingly become integrated into the regular work of partner organizations, local governments and OPDs. New trainers, peer educators, institutional partnerships, accessible educational materials, strengthened reporting systems and disability-sensitive policies provide a strong foundation for continuing progress beyond the project period.

Overall, the programme demonstrates that combining empowerment of PwDs, strengthened service delivery, community engagement and sustained policy advocacy can produce meaningful and lasting improvements in the realization of sexual and reproductive health and rights.

Afghanistan

The project made significant progress in advancing the SRHR of PwDs despite the extremely challenging operating environment by simultaneously improving access to services, strengthening community awareness, and embedding disability inclusion within health systems and national policy processes. The integrated approach combined rights-holder empowerment with capacity building of healthcare providers, community structures and government institutions, resulting in more inclusive SRHR services and stronger institutional recognition of the rights of PwDs.

A major achievement was the substantial increase in access to disability-inclusive SRHR and family planning services. More than 36 900 women with disabilities accessed SRHR services through community health workers, outreach activities and dedicated service delivery points in 2025 alone. Community-based information campaigns, including 42 radio broadcasts reaching an estimated 4.2 million people, widespread distribution of accessible educational materials and face-to-face awareness sessions, significantly increased knowledge of SRHR among PwDs, their families and wider communities. Particular attention was given to engaging influential family members, including parents and mothers-in-law, helping to address household-level barriers that often prevent women with disabilities from accessing essential health services.

The project also strengthened community ownership of disability-inclusive SRHR. Community health workers, OPDs and nearly 400 representatives from civil society became active advocates within their communities, providing education, counselling and referrals also while challenging harmful misconceptions surrounding disability and sexuality. Their growing capacity has contributed to stronger community support networks and greater acceptance of the SRHR of PwDs.

At the institutional level, the project achieved important and potentially lasting policy changes. Disability-disaggregated indicators were incorporated into the national HMIS which strengthens the government's ability to collect evidence and plan disability-inclusive health services. Also, SRHR and family planning indicators were integrated into the revised National Strategic Plan for Disability Prevention and Physical Rehabilitation for the first time. Continuous engagement with the Ministry of Public Health (MoPH), provincial coordination committees and national technical working groups further ensured that the needs and rights of PwDs became increasingly reflected in health policies, clinical guidelines and planning processes.

These achievements demonstrate a shift towards a more inclusive health system in which PwDs are increasingly recognized as rights-holders with entitlement to quality SRHR services. Through community mobilization, strengthened service delivery and institutional reform, the project established a sustainable foundation for continued progress towards disability-inclusive SRHR in Afghanistan.

Tajikistan

The project made substantial progress in strengthening the SRHR of PwDs by empowering rights holders, developing the capacity of OPDs, and promoting more inclusive public attitudes and policy frameworks. Throughout the project period, it increasingly shifted from awareness-raising towards strengthening the long-term leadership and advocacy capacity of PwDs themselves.

Capacity-building activities enabled PwDs to make more informed decisions regarding their sexual and reproductive health while strengthening their confidence, autonomy and understanding of their rights. Through summer school initiative and peer support groups, participants improved their knowledge of family planning, sexually transmitted infections (STIs), healthy relationships, consent and violence prevention. Beyond increased knowledge, the project contributed to important changes in self-perception, with many participants increasingly viewing themselves as potential partners and parents and developing greater confidence to make independent life choices. Improved understanding of bodily autonomy, consent and healthy relationships has strengthened participants' ability to recognize and respond to violence while exercising greater control over their reproductive lives.

The project also strengthened the capacity of OPDs to sustain and expand SRHR promotion. Through a dedicated ToT Academy, young disability advocates developed facilitation, leadership and advocacy skills that position them to become future peer educators and community resource persons. Participating organizations translated legal rights into practical guidance materials for both healthcare providers and PwDs, enabling them to provide peer support and local consultation beyond the life of the project. As a result, OPDs increasingly serve as trusted local actors capable of promoting disability-inclusive SRHR independently.

At the societal level, continuous public awareness activities maintained the visibility of disability-inclusive SRHR and contributed among other societal factors to gradual shifts in public attitudes. Participants increasingly recognized signs of greater inclusion within society, including improved physical accessibility, expanding educational and employment opportunities and growing acceptance of PwDs as active members of family and community life. Although structural barriers and misconceptions remain significant challenges, the project has strengthened public dialogue around disability rights and inclusion.

Institutionally, the project continued to influence national disability policy while strengthening collaboration with government stakeholders. Advocacy efforts supported the inclusion of SRHR considerations within the draft disability law currently under parliamentary review, while continued implementation of the national action plan for ratifying the United Nations Convention on the Rights of Persons with Disabilities (CRPD) provides an increasingly favorable policy environment. Internally, SRHR has become fully integrated into the partner’s broader disability rights work, ensuring that reproductive rights remain a core component of its long-term advocacy on health, gender equality and social inclusion.

Overall, the project strengthened both individual agency and institutional capacity, creating a strong foundation for sustainable progress towards the realization of the SRHR of PwDs in Tajikistan.

Nepal

The project continued to make significant progress in advancing the SRHR of PwDs by combining rights-holder empowerment, disability-inclusive service delivery, policy advocacy and strong partnerships with OPDs. Building on previous years, the programme has contributed to a growing recognition of PwDs as rights holders who are increasingly able to make informed decisions about their SRH while influencing the systems and institutions that affect their lives.

A key achievement was the sustained increase in both access to and utilization of SRHR services. During the programme period, more than 55 390 SRHR services were delivered, and 9 000 of them to PwDs, with service utilization continuing to increase each year. Comprehensive sexuality education sessions and peer education significantly strengthened knowledge and confidence among PwDs, enabling them to make informed decisions regarding contraception, relationships and family planning. More than 90% of participants reported increased knowledge following the educational sessions, while the proportion of PwDs making autonomous or joint decisions regarding contraceptive use steadily increased throughout the project. These findings demonstrate that awareness-raising efforts translated into greater agency and informed decision-making regarding SRHR.

The project contributed to meaningful changes in attitudes and aspirations among PwDs themselves. Participants increasingly viewed themselves as potential partners and parents and reported greater confidence

in exercising their reproductive rights. Peer educators emerged as particularly important agents of change, not only supporting other PwDs to access SRHR information and services but also demonstrating through their own lives that persons PwDs can form families, become parents and participate fully in society. Several peer educators have taken on visible leadership roles by contributing to national and international conferences, supporting local government planning processes and advocating for disability-inclusive SRHR within their communities.

The project also strengthened the capacity of Nepalese partner's healthcare providers to deliver accessible and disability-friendly services. Continuous capacity-building, including sign language training and the introduction of accessible communication materials, has improved providers' confidence, communication skills and ability to respond to the diverse needs of clients with disabilities. Increased day-to-day interaction with PwDs has further strengthened providers' practical experience and contributed to more welcoming and inclusive health facilities. These improvements are reflected in the steadily increasing utilization of SRHR services, indicating growing trust in the quality and accessibility of services provided.

At the community and institutional levels, the project has contributed to broader social inclusion and stronger ownership of disability-inclusive SRHR. OPDs have increasingly integrated SRHR into their own programmes and advocacy work, while local disability networks have become active partners in planning awareness activities, outreach services and advocacy initiatives. Collaboration between Nepalese partner, OPDs and other civil society partners has expanded beyond the project itself, resulting in new partnerships, additional funding opportunities and wider integration of disability-inclusive SRHR within national development programmes. The project has therefore strengthened not only the capacities of individual organizations but also the broader ecosystem supporting the rights of PwDs.

The programme also generated important policy and institutional achievements that strengthen the sustainability of its results. Continuous engagement with local and national government authorities contributed to the development of disability-inclusive SRHR guidelines, increased government commitment to accessible services and greater allocation of public resources for disability inclusion. PwDs are increasingly represented within local government structures and disability networks, allowing them to influence planning and implementation of programmes affecting their lives. At the same time, ongoing policy dialogue has broadened to include issues such as accessible health facilities, assistive technologies, digital accessibility and inclusive communication, reflecting a more comprehensive understanding of disability inclusion within the health sector.

Overall, the project has demonstrated that sustained investment in rights-holder empowerment, peer leadership, disability-inclusive health services and policy advocacy can create lasting systemic change. By strengthening both the capacities of PwDs and the institutions responsible for protecting their rights, the programme established a solid foundation for the continued realization of sexual and reproductive health and rights for PwDs in Nepal.

3.11 Analysis of the results of the 'Preventing SGBV' project in Malawi

The SGBV project in Malawi had already commenced as a stand-alone project in 2021 with well-established partnership between Väestöliitto, the Finnish partners Martha Association and Mannerheim League for Child Welfare, and the Malawian partner.

The project made a substantial contribution to advancing SRHR and preventing SGBV among women, girls, and other vulnerable groups in Malawi. Through a combination of community empowerment, institutional capacity strengthening, service delivery improvements, and policy advocacy, the project created significant and sustainable changes at individual, community, and national levels.

A key achievement was the empowerment of women and girls to exercise SRH. The endline assessment found that nearly 94% of women participated in decisions concerning their SRHR, including family planning, child spacing, and contraceptive use. More than half reported making these decisions independently, while many others made decisions jointly with their spouses, demonstrating increased autonomy and more equitable household decision-making. Access to SRHR information and services also improved considerably, with over 80% of women accessing information on HIV, STIs, contraception, and cancer screening, and more than 92% reporting access to SRHR services. Increased confidence, awareness, and community support enabled

women and girls to challenge stigma and actively seek services that had previously been underutilized due to cultural barriers and social norms.

The project also generated significant improvements in knowledge, awareness, and community action related to SGBV prevention and response. Women and girls demonstrated a strong understanding of SGBV, its forms, causes, and consequences, as well as available reporting and referral mechanisms. Community members increasingly recognized the links between violence, economic dependency, harmful cultural practices, and unequal power relations. As a result, women and girls became more active in preventing and responding to abuse, child marriage, and other harmful practices. Female Champions emerged as trusted and effective community safeguarding structures, supporting survivors, facilitating referrals, raising awareness, and challenging harmful norms. Community responses to child marriage and violence became more coordinated and proactive, reflecting growing collective responsibility for the protection of women and girls.

One of the project's most transformative achievements was the strengthening of women's economic resilience. Through training and support for income-generating activities, 260 women established small businesses in agriculture and trade. Increased income enabled women to support their families, invest in education, improve housing, and strengthen household financial security. Economic empowerment contributed directly to SRHR and gender equality outcomes by reducing dependence on transactional sex, increasing women's bargaining power within households, and reducing vulnerability to intimate partner violence. The integration of economic strengthening with SRHR programming demonstrated the importance of addressing underlying social and economic drivers of vulnerability.

The project further contributed to meaningful shifts in community attitudes and social norms. Discussions on SRHR and SGBV became increasingly accepted within communities that had previously considered such topics taboo. Women and girls gained visibility as community leaders, educators, and advocates, while community leaders, male champions, and traditional authorities became more engaged in promoting gender equality and protecting rights. Communities reported becoming more inclusive, with greater participation of women, girls, and PwDs in local decision-making structures. Evidence of changing attitudes was also visible in schools, where girls who became pregnant were increasingly supported to return to education without discrimination, demonstrating growing acceptance of girls' rights and opportunities.

A major strength of the project was its investment in sustainable community systems and civil society structures. Female champions, mother groups, community policing forums, Child Protection Committees, Human Rights Clubs, youth networks, and other community actors developed the skills and confidence necessary to continue SRHR promotion and SGBV prevention beyond the project period. The cascading dissemination model significantly expanded outreach, allowing trained community representatives to share information and mobilize action through formal and informal community platforms. As a result, SRHR and SGBV messaging reached a much broader audience and became embedded within everyday community life.

The project also strengthened the quality and effectiveness of services available to vulnerable populations. Service providers, including CVSUs, health workers, teachers, and community protection structures, received extensive training in safeguarding, case management, referral systems, confidentiality, and survivor-centered approaches. This led to improved handling of SGBV cases, better documentation and reporting practices, stronger adherence to safeguarding principles, and increased trust among community members. Enhanced coordination among health, social welfare, police, and community actors improved referral pathways and ensured that survivors received more timely and comprehensive support. These improvements have contributed to stronger and more responsive local protection systems.

At the national level, the project contributed to a favorable policy and advocacy environment for SRHR. Malawi made significant progress in strengthening legal and policy frameworks during the implementation period, including the adoption or revision of the National SRHR Policy, National Ending Child Marriage Strategy, National Youth Policy, National Male Engagement Strategy, and reforms supporting disability inclusion and youth-friendly health services. Through participation in national and regional advocacy platforms, technical working groups, and partnerships, the project helped amplify the voices and needs of vulnerable groups, promote evidence-based policy discussions, and strengthen coordination among stakeholders. Contributions to national consultations, advocacy initiatives, and technical working groups helped advance discussions on key SRHR priorities, including comprehensive sexuality education, gender equality, youth participation, and inclusion of marginalized populations.

Finally, the project achieved considerable influence through strategic partnerships and public advocacy. Collaboration with regional and international networks, CSOs, government institutions, and parliamentary forums strengthened collective advocacy efforts and expanded opportunities for knowledge exchange and resource mobilization. Community and national-level campaigns, complemented by social media outreach

reaching approximately 26,000 individuals, increased public awareness of SRHR and SGBV issues and helped shift public discourse toward greater acceptance of rights-based approaches.

Overall, the project successfully combined individual empowerment, economic strengthening, community mobilization, institutional capacity building, and policy advocacy to create lasting progress in SRHR and gender equality. The results demonstrate not only improved knowledge and service access, but also deeper social and institutional changes that have strengthened the ability of women, girls, communities, service providers, and policymakers to promote, protect, and uphold SRHR in Malawi.

3.12 Analysis of the results of the 'Strengthening advocacy capacities of LGBTIQ+ organizations' project

Across the three partners, the programme strengthened rights-holder knowledge, agency and resilience while building the organizational and community capacities needed for LGBTIQ+-inclusive SRHR advocacy. Peer-led approaches, safe spaces, capacity development and networking were particularly effective in enabling LGBTIQ+ persons and organizations to exchange knowledge, build confidence, support one another and engage more actively in SRHR. In Zambia, this also contributed to stronger links between communities and health services, while in South Africa Pan Africa ILGA (PAI) helped establish a shared regional advocacy framework and strengthen the organizational capacity of member associations. In Zimbabwe, community-led and creative approaches supported peer networks and broadened understanding of SRHR to include choice, pleasure, safety, security and wellbeing.

A common achievement was the strengthening of collaboration and collective action. The projects increasingly connected LGBTIQ+ organizations with one another and, where possible, with wider women's rights, human rights, health and civil society actors. PAI's regional strategy process provided a common advocacy framework, and the Zambian and Zimbabwean partners strengthened community networks and alliances around shared SRHR concerns. These developments created foundations for longer-term advocacy, although evidence of direct and sustained policy influence remained limited.

A joint lesson is that community empowerment and organizational capacity can be strengthened even where formal policy influence is constrained, but sustaining these gains requires long-term investment. Peer networks, safe spaces, regional alliances and organizational systems provide important resilience, yet remain vulnerable to funding constraints, political pressure and activist burnout.

South Africa

PAI, the South African partner, played a distinctive role in the programme by strengthening the capacity of its member associations and in particular creating opportunities for the Zambian and Zimbabwean partners to engage more effectively in advocacy on SRHR. Rather than providing direct services or focusing on advocacy within South Africa, PAI operated at a regional level, seeking to strengthen the wider LGBTIQ+ civil society ecosystem and ensure that the SRHR needs and rights of LGBTIQ+ persons were more systematically reflected in regional advocacy and policy discussions.

The strategic direction of this work emerged in 2023 through a partnership meeting and advocacy workshop where the discussions identified a significant gap: although LGBTIQ+ organizations were engaging in rights advocacy in different contexts, there was no clear regional-level advocacy effort focused specifically on the inclusion of LGBTIQ+ persons in advancing SRHR across the African continent. Rather than responding to this gap through isolated activities, PAI and the partners decided to develop a regional advocacy strategy that could provide a common framework for LGBTIQ+ organizations and activists. This represented an important shift from strengthening the advocacy capacity of individual organizations towards building a shared regional agenda. The first strategy workshop was held in 2023, bringing together a broader group of LGBTIQ+ actors beyond the two programme partners. The intention was that the strategy would subsequently guide PAI's SRHR work, provide a basis for engaging duty-bearers and stakeholders, and ensure that LGBTIQ+ perspectives were not excluded from broader SRHR conversations.

The strategy development became the central thread of PAI's contribution during 2024 and 2025. In 2024, the strategy was further developed and validated through a participatory process involving activists, CSOs and other stakeholders. The process generated concrete recommendations for making the strategy more relevant to the realities of LGBTIQ+ communities and strengthening its policy advocacy components. Importantly, the process was not limited to producing a strategic document: it created space for LGBTIQ+ organizations and

activists to shape the regional SRHR agenda themselves. The emerging strategy therefore provided both a practical advocacy instrument and a mechanism for strengthening ownership of SRHR advocacy among LGBTIQ+ actors.

This development reached an important milestone in 2025, when PAI convened an SRHR Strategy and Capacity-Building Workshop with LGBTIQ+ organization representatives from Namibia, Zambia, Zimbabwe and Botswana. Participants critically reviewed the draft strategy against their realities, identified gaps and generated recommendations. The process transformed what had initially been a draft into a more collectively owned regional roadmap guided by lived experiences and movement priorities. The resulting strategy provided partners with a shared reference point for advocacy, more consistent messaging and clearer demands when engaging decision-makers. It also strengthened the positioning of LGBTIQ+ organizations as actors shaping SRHR agendas, rather than simply organizations seeking inclusion in agendas established by others.

Alongside the strategy process, PAI's approach to capacity strengthening became increasingly structured. By the end of the programme, PAI had moved from more conventional workshop-based capacity-building towards a model combining institutional self-assessment, targeted support, practical tools and continued learning. The institutional self-assessment mechanism enabled partner organizations to identify their own capacity gaps, allowing PAI to tailor support rather than applying a uniform capacity-building model. Four technical toolkits covering programme management, monitoring, evaluation and learning, financial management and advocacy translated strategic objectives into practical organizational guidance. Together, these measures strengthened partners' organizational planning, governance, operational systems and advocacy practice. Several partners also reported integrating SRHR more systematically into their organizational strategies, proposals and interventions.

This progress also strengthened PAI itself. Through leading the strategy process and developing technical tools PAI increased its technical leadership on SRHR and its capacity to provide structured and scalable support to member organizations in high-risk environments. The programme also contributed to strengthening connections between organizations and making collaboration more action-oriented. The regional strategy process helped partners align around common priorities and a shared rights-based framing, while PAI's conference and partner meetings provided spaces for relationship-building, joint planning and coordination. This brought positive outcomes to other LGBTIQ+ organizations beyond the programme partners, as other organizations in the region reported working through a wider range of CSO-led alliances, networks and working groups, with collaboration increasingly connected to concrete activities such as coordinated policy engagement, community awareness, referral linkages, strategic litigation and the use of human rights mechanisms where relevant. This indicates a progression from networking primarily as an opportunity for exchange towards networks functioning as mechanisms for collective advocacy and action.

Building on this process, a planned learning platform to be developed in the future represents a further step towards institutionalizing this learning by providing continuous access to resources, peer exchange and structured learning journeys rather than relying on one-off capacity-building events.

The work was nevertheless undertaken in an increasingly difficult environment. Shrinking civic space, anti-gender movements, restrictive policies and negative media rhetoric across the region made it more difficult for some mainstream organizations to form open alliances with LGBTIQ+ organizations and increased the risks associated with visible advocacy. Uneven organizational capacity also affected the extent to which different partners could participate in and lead networks. PAI responded by supporting partners to reconsider their engagement approaches and strengthen linkages within the LGBTIQ+ sector. PAI's strongest contribution was therefore not simply increased knowledge among member organizations, but the development of the collective infrastructure and strategic capacity needed for LGBTIQ+ actors to claim a more visible and legitimate role in shaping the SRHR agenda in Africa.

Zambia

The Zambian partner's work over the programme period shows a progression from building SRHR knowledge and peer capacity towards strengthening rights-holder agency, community structures and responsiveness within the health system. The approach combined peer-led education, safe spaces, referrals, engagement with health facilities and advocacy, with particular attention to adolescent girls and young women (AGYW), transgender and intersex persons and the wider LGBTIQ+ community.

At the beginning of the programme, the emphasis was on establishing the foundations for this model. SRHR sessions increased participants' knowledge of rights, available services and referral pathways, while safe spaces enabled LGBTIQ+ community members to engage directly with healthcare professionals in a

supportive environment. This helped build trust between communities and health facilities and contributed to increased health-seeking behavior. At the same time, the experience highlighted the importance of ensuring that health services are genuinely inclusive and responsive to the diverse needs of LGBTIQ+ persons.

Peer education became an important mechanism for extending this work. Peer leads were trained in SRHR, human rights, community mobilization, microplanning and reporting, enabling them to conduct their own outreach and online sessions. By 2024, a network of peer leaders was reaching communities across several districts and provinces, while safe spaces had become regular entry points for SRHR dialogue and engagement. This contributed not only to greater awareness but also to increased proactive use of health services and information.

An important development during the programme period was the strengthening of rights-holders' agency. By 2024, the majority of participating AGYW, trans-diverse and intersex persons were reported to be actively participating in SRHR decision-making. By 2025, this was reflected in greater confidence to make informed choices, discuss consent and healthcare options, articulate rights and engage with health systems. Peer leaders also developed stronger public speaking, advocacy and human rights engagement skills. The intervention therefore progressed beyond transferring information towards strengthening people's ability to make decisions and act on their rights.

Community-led spaces were particularly important in reaching groups that may face barriers or distrust within formal services. In 2025, the establishment of an HRT support group provided transgender and intersex participants with information, peer support and a safer space to discuss healthcare and rights. Participatory approaches also helped make SRHR discussions more accessible to young people. These experiences illustrate the value of peer-led and community-based approaches in building confidence, creating trusted sources of information and connecting rights-holders with services.

The partner increasingly linked community empowerment with efforts to improve the service environment. Engagement with District Health Offices, health facilities and other stakeholders strengthened referral mechanisms and contributed to more responsive communication and service delivery in some facilities. Collaboration with the UTH and the development of a Model Facility approach represented a move towards influencing health-service practices and systems rather than addressing individual cases alone. Relationships with government and human rights institutions also created important entry points for continued advocacy on inclusive SRHR.

The work also broadened towards cross-movement collaboration and wider SRHR advocacy. Stakeholder mapping in 2025 identified overlapping SRHR concerns affecting various groups, including sex workers, LGBTIQ+ persons, AGYW, PwDs and feminist organizations. Engagement with traditional and religious leaders created opportunities for dialogue around gender identity, rights and SRHR, while digital campaigns increased the visibility of issues affecting marginalized groups. These efforts indicate an emerging shift from working primarily within the LGBTIQ+ community towards building wider alliances around shared SRHR concerns.

The strongest evidence of change is found at community and service-delivery levels rather than in formal policy change. Participants demonstrated increased knowledge, confidence and recognition of themselves as rights-holders; peer networks provided continuing information and support; and relationships between communities and health facilities became stronger. Therefore, the programme therefore appears to have established important capacities, relationships and institutional entry points for future policy advocacy.

Progress was constrained by persistent structural barriers. Stigma and discrimination continued to affect access to healthcare, while age-related barriers, harmful social norms and negative media narratives created additional obstacles. Transgender communities continued to face gaps in structured HRT services and medical support. Stock-outs, limited infrastructure and geographical barriers further restricted access, particularly in remote areas. These challenges demonstrate that increased knowledge and demand for services cannot by themselves ensure equitable access when health-system capacity and the wider enabling environment remain weak.

The 2025 Stop Work Order represented a particularly significant disruption, affecting access to prejudice-free services and increasing concerns among LGBTIQ+ and sex-worker communities about seeking SRH services. Funding uncertainty also threatened the continuity of peer navigators and other community-based support, while environmental and logistical challenges affected outreach. Despite these constraints, the partner demonstrated adaptive capacity by working with health authorities to address medicine shortages and relying on peer-led approaches and community support structures when formal services were disrupted.

Overall, the Zambian partner's contribution can be understood as a progression from building knowledge and peer capacity, to establishing community-based support and stronger health-system relationships, and finally towards greater rights-holder agency and institutional engagement. The programme's strongest contribution was its ability to connect three mutually reinforcing levels of change: empowered rights-holders, stronger community structures and more responsive institutions.

Zimbabwe

The Zimbabwean partner's work over 2022-2024 before phasing out focused on strengthening the knowledge, agency and resilience of LBQT+ rights-holders in an increasingly restrictive environment. In 2023, human rights literacy and safety and security trainings increased participants' understanding of SRHR, available safety nets and avenues for seeking redress for violations. The activities also exposed persistent misinformation around SRHR. When the political environment made physical meetings more difficult, social media enabled the partner to continue sharing information and reaching communities.

In 2024, the work focused on community-led and holistic approaches to SRHR. An information resource was developed to support future programming, and creative approaches, particularly visual arts, provided opportunities for LBQT+ persons and other marginalized womxn to share experiences and influence SRHR discussions. The framing of SRHR also broadened to encompass choice, pleasure, safety, security and wellness, strengthening links between sexual and reproductive justice and wider human rights. Intersectional approaches encouraged collaboration across marginalized groups and helped connect LBQT+ concerns with broader women's rights agendas.

An important outcome was the emergence of stronger peer support and informal community networks. Physical and virtual safe spaces enabled more open SRHR discussions, strengthened understanding of diversity and intersectionality, and supported community resilience. Allies also developed greater awareness of the diverse SRHR needs of LBQT+ persons. These developments indicate progress primarily at the level of rights-holder knowledge, community support and movement-building.

The operating environment remained a major constraint. Growing anti-rights and anti-gender mobilization, negative media rhetoric and the restrictive policy environment increased stigma and made engagement with duty-bearers and mainstream organizations more difficult. The absence of a sufficiently developed stakeholder engagement strategy further limited advocacy opportunities, while concerns around the Private Voluntary Organizations Act Amendment discouraged some organizations from openly collaborating with LGBTIQ+ groups. As a result, the partner's ability to influence formal institutions and broader policy processes remained limited.

Sustainability remained another concern. Peer-led dialogue, creative engagement and safe spaces proved valuable, but require continued resources and organizational support to avoid fragmentation and activist burnout. Overall, the partner's contribution was to strengthen the knowledge and resilience of LBQT+ communities while creating stronger foundations for collective SRHR advocacy in a restrictive environment. The experience highlights the importance of maintaining flexible, community-led approaches while investing in sustainable peer structures and broader alliances that can withstand political and social pressure.

4. Transparency and accountability of the programme

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

Transparency, accountability and meaningful ownership were integrated into programme planning, implementation and monitoring across the partner countries. While approaches varied according to the local context and the nature of the interventions, a common feature was the active involvement of rights-holders, local organizations and other stakeholders in decision-making and reflection.

The strongest approaches combined several dimensions: rights-holders participated in planning and decision-making; stakeholders were kept informed during implementation; feedback could influence activities; results were verified through M&E; and financial and administrative controls provided additional oversight. At the same time, it was recognized that accountability is an ongoing process. Continued harmonization of approaches, stronger systematic feedback mechanisms and further sharing of partner practices were important to ensure that transparency and accountability remained embedded throughout the programme cycle rather than being limited to reporting requirements.

In **Malawi**, meaningful youth participation was an important mechanism for ensuring that they influence the project rather than being only beneficiaries of it. Young people participated in project design, implementation and monitoring, including by leading Social Accountability Monitoring sessions used in the accreditation of health facilities as Youth Friendly Health Service providers. Community dialogues and empowerment activities similarly enabled women and adolescent girls to identify priorities, lead advocacy and raise concerns related to SGBV. Community scorecards, direct consultations and reflection meetings provided opportunities for rights-holders and local structures to assess progress and provide feedback. These mechanisms strengthened both ownership and responsiveness, as community perspectives could inform subsequent implementation and engagement with service providers.

In **Afghanistan**, accountability was particularly closely linked to disability inclusion. The project was planned based on the needs and perspectives of PwDs, identified through participatory workshops, FGDs and consultations with OPDs. PwDs subsequently participated in awareness-raising, advocacy and training, including as community advocates and trainers of healthcare providers. This created a feedback loop between rights-holders, service providers and programme implementers. Inclusive community meetings, accessible communication formats and radio campaigns helped ensure that information reached rights-holders, while health committees and advisory groups provided more sustained structures for dialogue. Provincial health coordination meetings provided platforms for transparent planning and reporting, and community health workers and educators maintained direct communication with communities so that concerns could feed into programming. The involvement of OPDs and civil society in discussions on health information systems and national strategic planning also strengthened accountability beyond individual project activities.

In **Nepal**, transparency and accountability were supported through a combination of shared planning, financial oversight and regular communication. The partner worked with eight local partners, with regular partner meetings used to review progress, exchange experiences and jointly plan activities, including future phases of the project. Partners were consulted when planning initiatives, reinforcing collective responsibility for implementation. Financial accountability was supported by internal and external audits and financial management software. Updates on activities and achievements were regularly shared with partners, stakeholders and local media. This combination of participatory planning, financial controls and open communication contributed to a transparent working relationship between the partner and its stakeholders.

In **Tajikistan**, transparency was embedded in the activity cycle. Plans were shared and discussed with partners, trainers and peer trainers before activities, while comprehensive reports, participant lists and trainer reports document implementation afterwards. In 2025, evidence-based monitoring was further strengthened through pre- and post-tests and interviews with participants and parents during monitoring visits. Public communication also became an important accountability mechanism, with project activities and expert recruitment announcements published through the organization’s social media. Accessibility measures, including sign language interpretation and the use of trusted community venues, helped ensure that participation and feedback mechanisms were available to persons with different needs. These practices demonstrate a progression from documentation of activities towards more systematic verification of results and stakeholder feedback.

In **Zambia**, accountability was increasingly built into the different stages of the programme. AGYW and LGBTIQ+ persons participated as active decision-makers in workshops, and participatory methods enabled their experiences and priorities to shape implementation. Community reflection sessions and health facility engagement provided opportunities to review service quality and discuss improvements directly with service providers. At the institutional level, meetings with District Health Offices, health facility managers and other stakeholders created documented accountability points. Advocacy meetings and engagement with the Human Rights Commission, provided additional formal channels through which communities could raise concerns and seek redress. Peer networks, helplines and referral mechanisms complemented these formal structures with more accessible accountability pathways.

In **South Africa**, the programme further strengthened structured accountability mechanisms. LGBTIQ+ organizations were positioned as co-strategists in developing and validating the regional SRHR strategy, ensuring that community priorities influenced both content and implementation. Pre- and post-engagements, feedback mechanisms, evaluation and outcomes harvesting were used to assess changes for rights-holders and adapt support accordingly. Partner meetings and conferences created transparent spaces for agreeing priorities, roles, timelines and follow-up actions. Importantly, the co-creation of technical toolkits on advocacy, M&E, learning, programme management, financial management and governance was based on partners' identified operational needs. Institutional self-assessments similarly helped to identify capacity gaps and enabled support to be based on evidence rather than assumptions.

Across the programme, partners moved towards more systematic and programme-wide approaches to transparency and accountability. Väestöliitto supported this learning by encouraging partners to share approaches and good practices across countries. At the programme level, strengthened access to information, evidence-based monitoring, partner self-assessments, evaluation, outcomes harvesting and regular partner meetings have provided increasingly robust mechanisms for mutual accountability. Efforts to make information on the programme and its results more readily available in Finland also contributed to accountability towards the wider public.

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

The programme was centered around very sensitive issues, and the risk of sexual exploitation, abuse and harassment was present at all times. In addition, the programme countries are to a large extent challenged with high risks of corruption which could have been apparent in financial mismanagement of project funds. Each partner organization had their own risk management structures which included regular risk assessments, continuous updating of risk matrices and having mitigation mechanisms in place.

The joint programme level risks were assessed jointly with partners during the planning sessions for the new programme cycle, and again in the live partnership meetings apart from the disability project in which the live partnership meeting had to be cancelled at a short notice due to the riots in Nepal. Each partner reformulated risks relevant to their organizations and implementation, and the programme-level risk matrix was updated based on those assessments.

During 2025, no incidents of sexual exploitation, abuse of harassment were reported or identified by programme partners or Väestöliitto. In 2023, Väestöliitto had introduced a web-based form to report any incidents of harassment, discrimination, bullying, or other forms of unequal treatment that occur within Väestöliitto or at events organized by Väestöliitto, and this form alongside the MFA’s own whistleblowing channel were reminded of to the partners. However, certain concerns about unclear financial and implementation level issues were raised in 2025 regarding one programme partner, and these concerns were thoroughly investigated in 2026.

During 2025, several risks identified in the programme’s risk matrices materialized across the programme countries, while new and unanticipated external risks also emerged. The most significant risks related to political and policy restrictions, funding volatility, climate and economic pressures, and organizational and operational constraints. Despite these challenges, partners generally demonstrated strong adaptive capacity, and risk mitigation measures enabled most activities and results to continue. In some cases, however, external developments required substantial changes to implementation, including accelerated project closure and the postponement of activities.

In **South Africa and the wider African region**, political repression and restrictive legislation targeting LGBTIQ+ rights continued to intensify. Transnational anti-gender movements also contributed to community-level backlash and reputational risks. PAI responded by contextualizing advocacy approaches, conducting localized risk assessments and integrating risk mitigation into national strategies. Advocacy messaging was refined to reduce exposure to legal and physical risks, while proactive responses to misinformation and hostile narratives helped partners navigate increasingly difficult operating environments. Digital security also emerged as a growing concern as organizations increasingly relied on digital tools. Although no major cybersecurity breaches occurred, PAI strengthened guidance on secure communication, responsible data use and basic cybersecurity practices. Funding volatility was another major risk, reinforced by the funding restrictions from

the US. PAI addressed these challenges by supporting members to strengthen financial management, diversify their resource bases and engage alternative funding and diplomatic actors.

Zambia experienced the most significant operational disruption among the programme countries following the unanticipated US Stop Work Order. The resulting funding interruption required accelerated project closure and led to the closure of the organization's Wellness Centres that had served as important service delivery hubs, with wider consequences for HIV and SRHR programming and for the organizational and financial stability of CSOs. Despite the fact that the closure did not disrupt the interventions of this programme, the disruption highlighted risks that had been underestimated, particularly systemic discrimination against LGBTQI+ persons within healthcare and experiences of police brutality, unlawful detention and breaches of confidentiality. These developments shifted the advocacy focus towards systemic accountability, including SOGIE-training for healthcare providers and stronger mechanisms for addressing discrimination. The funding shock also increased the emphasis on organizational resilience, diversified resource mobilization, change management and sustaining volunteer and peer navigator networks. Engagement with government health systems and partnerships with the Global Fund became increasingly important for longer-term sustainability.

In **Afghanistan**, anticipated risks related primarily to cultural and social barriers, limited capacity among service providers and challenges in implementing policies and coordinating stakeholders. Stigma and misconceptions regarding SRHR for PwDs continued to limit service uptake and community engagement. The partner responded through community dialogues, awareness-raising activities and direct engagement with family members, community leaders and civil society actors. Training and supportive supervision strengthened the capacity of 44 community health workers and health facility staff members to provide disability-inclusive services. At the policy level, continued engagement with the MoPH, OPDs and other stakeholders supported the adoption of revised HMIS guidelines and strategic indicators. Overall, proactive management allowed service delivery to continue without major disruption.

In **Malawi**, climate-related and macroeconomic risks materialized in 2025. Prolonged dry spells affected crops, livestock and household food security in project areas. The partner worked with the District Agriculture Office to promote climate-resilient agricultural practices, including drought-resistant crops such as cassava and sweet potatoes. At the same time, the devaluation of the Malawian Kwacha and high inflation, averaging approximately 28.4% in 2025, increased the cost of goods and services and placed pressure on project budgets. The partner responded by adjusting activity plans and budgets and increasing the use of community-based volunteers to maintain cost-efficiency and continuity of implementation.

In **Nepal**, in 2025 major political changes followed mass protests and the establishment of an interim government with a mandate to organize elections. Although the political environment represented a potential implementation risk, it did not significantly affect project activities. This demonstrates the value of the partner's ability to maintain implementation despite a rapidly changing external environment.

In **Tajikistan**, financial dependency became an increasingly significant structural risk when another major funder announced in 2025 its intention to withdraw from the country within two years. The partner responded by intensifying resource diversification efforts, seeking new partnerships and strengthening relationships with existing donors through transparent communication and high-quality reporting. Periodic electricity shortages during the autumn and winter also materialized as anticipated. Through flexible scheduling and advance planning, the partner was able to organize communication, reporting and office operations around periods of electricity availability, avoiding missed deadlines. In addition, unforeseen bureaucratic requirements and administrative errors delayed advocacy activities.

Overall, 2025 demonstrated that risk management remained an important enabling factor for programme continuity and adaptation. Partners were generally able to identify emerging risks, adjust implementation approaches and maintain progress despite significant external pressures. At the same time, an increasingly complex risk environment in which structural risks – particularly shrinking and volatile funding, political restrictions on rights-based work, climate and economic instability, and threats to the safety of LGBTIQ+ activists and organizations – are becoming more prominent. The experience also reinforced the importance of diversified funding, organizational resilience, flexible planning, strong local partnerships and continuous risk monitoring. While most risks could be mitigated without major effects on results, the experience in Zambia demonstrates that external shocks can fundamentally alter implementation and sustainability, underscoring the need for risk management to be closely integrated with organizational preparedness and longer-term sustainability planning.

6. What was learned

As the programme was a combination of new programme elements, and projects that were already strongly ongoing at the beginning of the programme, it was learned that considerable attention is needed to streamline new and existing programme elements. By the third year, the programme management tools, results framework, its indicators and data gathering were better utilized by the partners. However, it was learned that going through the results framework and data gathering methods need to be discussed as an ongoing process, as some details might be misunderstood or critical understanding might be lost during staff changes.

The programme generated important learning on how to adapt SRHR programming to different contexts. Practical, context-specific capacity strengthening was also found to be more effective than generic training.

A key lesson learned across countries was that local ownership and meaningful participation are essential for relevance and sustainability. Where rights-holders and communities were involved in planning, monitoring and advocacy, interventions were better adapted to local needs and generated stronger ownership. Community engagement also needs to be continuous. Experiences in Malawi, Afghanistan and Zambia showed the value of sustained interaction with communities, families, health providers and peer groups in building trust and supporting lasting change.

It was also learned that approaches and communication methods need to be adapted to different groups and contexts. Participatory methods such as sport, arts and debates increased engagement among young people, while digital platforms expanded opportunities for awareness-raising and mobilization. Informal community spaces proved more conducive to discussing sensitive SRHR issues than formal institutional settings. The experience also confirmed that inclusion requires deliberate adaptation, including accessible resources, safe participation and appropriate language. In conservative or restrictive environments, framing sensitive issues around shared concerns such as dignity, family wellbeing and health could create greater space for dialogue.

Partnerships, peer learning and coalitions proved critical for both sustainability and advocacy. Collaboration with government structures, CSO networks and thematic working groups expanded reach and enabled partners to exchange experience and adapt approaches. Another lesson learned was that convening is most effective when it leads to shared priorities, commitments and follow-up, rather than simply networking. The increasingly restrictive operating environment and growth of anti-rights movements further demonstrated the importance of collective and intersectional advocacy. Partners learned to identify constructive duty-bearers and allies while combining community-level empowerment with policy engagement.

Finally, a lesson learned was that resilience and continuous adaptation need to be built into programme implementation. Climate-related disruptions, political restrictions and changes in civic space required flexible delivery, contingency planning and diversified strategies. Experiences such as the Stop Work Order in Zambia highlighted the importance of change management, resource diversification and sustainability planning. Across the programme, reflection meetings, feedback mechanisms, self-assessments and systematic documentation helped partners identify what worked and adjust implementation. Overall, the experience demonstrated that effective SRHR programming requires consistent principles of participation, inclusion, rights and accountability, combined with sufficient flexibility to respond to changing local realities.

6.1 Central successes

The programme's central success was the partners' ability to translate the principles of SRHR with a justice lens into concrete changes in knowledge, agency, services, community structures, civil society capacity and policy environments. Across very different contexts, the programme combined work with rights-holders, community-level action, organizational strengthening and policy advocacy. This multi-level approach has enabled achievements at individual and community level while also contributing to more sustainable changes in institutions and policies.

A major achievement has been the strengthening of the agency, knowledge and participation of vulnerable persons. In Tajikistan, participants moved from social isolation towards greater confidence and active planning of their futures. SRHR knowledge also improved substantially, including understanding of STIs, contraception and hygiene. In Zambia, participatory and peer-led approaches strengthened young people's self-esteem, understanding of puberty, consent and peer pressure, also reinforcing their motivation to remain in education. In both contexts, the creation of safe spaces was particularly important in enabling participants to discuss violence, discrimination and other sensitive issues openly. In Malawi, women's participation in savings and

income-generating groups similarly strengthened financial independence, confidence and their ability to speak out against SGBV. These examples demonstrate that the programme has contributed not only to increased knowledge but to greater agency and capacity to act on SRHR.

The programme also achieved significant results in increasing access to inclusive SRHR services and information. Afghanistan provides a particularly strong example, where almost 37 000 women with disabilities accessed SRHR and family planning services through community health workers, outreach, free-fix centers and dedicated services. Radio campaigns, face-to-face sessions and information materials further extended the reach of SRHR information to millions of people. In Nepal, service utilization among target groups doubled compared with the first year of the project, demonstrating that improvements in accessibility and awareness can translate into increased use of services. The programme has therefore successfully combined demand-side approaches, such as awareness and empowerment, with supply-side improvements in service accessibility.

Disability inclusion was an important area of systemic progress. In Nepal, sustained advocacy resulted in the development of disability-friendly SRHR guidelines, providing a concrete framework for accessible services and information. Government stakeholders at central, provincial and local levels increasingly recognized the need for accessible SRHR services. In Afghanistan, disability-disaggregated indicators were incorporated into HMIS, while SRHR and family planning indicators were integrated into the National Strategic Plan for Persons with Disabilities. These achievements indicate a shift from treating disability inclusion as an additional project activity towards embedding it within health and policy systems.

Another central success has been strengthening CSOs and local structures to become more capable and sustainable SRHR actors. In Tajikistan, leaders from ten OPDs developed practical advocacy tools themselves, while ToT approaches helped retain expertise within the community. In South Africa, the development of a regional SRHR strategy through participatory validation, together with technical toolkits covering programme management, M&E, financial management and advocacy, strengthened the organizational and advocacy capacity of LGBTIQ+ organizations. In Afghanistan, training of civil society representatives and community health workers strengthened local capacity to provide disability-inclusive services and participate in advocacy. These results contribute to sustainability by ensuring that knowledge, systems and advocacy capacities remain within partner organizations and communities.

Furthermore, the programme was successful in strengthening community structures as actors for protection, prevention and social change. In Malawi, women's groups evolved from primarily economic structures into active safeguarding mechanisms, supporting girls at risk of child marriage and helping them return to school. Chief forums and Community Victim Support Units strengthened procedures for identifying, referring and following up SGBV cases, while fathers' groups created new opportunities to engage men and boys in gender equality and positive masculinity. Zambia similarly demonstrated the value of community-based and peer approaches, with sport providing an innovative entry point for discussing sensitive SRHR issues with adolescent girls and creating trust and sustained peer support. These examples show how the programme embedded SRHR work within existing community structures and relationships, increasing local ownership.

Innovation and adaptation were important enablers of these results. The programme successfully used approaches suited to different groups and contexts rather than relying on a single model. In Zambia, soccer was used to create a non-judgemental environment for SRHR education and enabled meaningful participation of adolescent girls. In Malawi, sports, arts and debates helped make sexuality education more accessible to children with disabilities. In Afghanistan, multiple service delivery channels helped reach women with disabilities who face significant barriers to conventional health services. In Zambia, safe spaces, peer support groups and online platforms provided opportunities for LGBTIQ+ people to access information and support in a restrictive environment. These approaches demonstrate the programme's capacity to adapt implementation methods to the realities and needs of different groups.

At the policy and advocacy level, the programme achieved results that extend beyond individual projects. In Finland, Väestöliitto contributed to maintaining SRHR within key government policy processes and provided expertise to Finnish officials participating in international negotiations, while also raising awareness among parliamentarians and government officials about the importance of SRHR in foreign, development and security policy. In Nepal, the project brought policymakers and senior government representatives together to address the SRHR needs of PwDs and contributed to a joint commitment ahead of the Global Disability Summit. In Afghanistan, the integration of disability-inclusive indicators into national planning and information systems represents a concrete example of programme advocacy contributing to institutional change. These achievements demonstrate the programme's ability to connect evidence and experiences from communities with higher-level policy processes.

Finally, the programme demonstrated strong partnership and collective action, which increased both the reach and sustainability of its work. In Afghanistan, collaboration between OPDs, government authorities, CSOs and community stakeholders strengthened referral networks and alignment with national and provincial strategies. In Zambia, cooperation with district health offices and provincial AIDS coordination structures contributed to improvements in referral systems and respectful service delivery. In South Africa, regional convening and shared advocacy priorities strengthened collective action among LGBTIQ+ organizations. In Nepal, expansion into new operational areas and agreements with new partners broadened the reach and institutional base of the work.

Overall, the programme's central success lies in the combination of individual empowerment, stronger community structures, capable CSOs, improved services and policy-level change. The country experiences demonstrate that these dimensions reinforced one another: improved knowledge and agency increased demand for rights and services; stronger organizations and community structures enabled people to act on these rights; and advocacy has helped translate local experiences into changes in services, policies and institutional practices. This interconnected approach allowed the programme to achieve tangible results for vulnerable persons and strengthen the structures and capacities needed to sustain progress in sexual and reproductive health, rights and justice.

6.2 Assessment and evaluations

There were several external evaluations conducted during the final year of the programme. A programme-wide evaluation was conducted which followed the criteria of the Development Assistance Committee (DAC) under Organisation for Economic Co-operation and Development (OECD). In addition, project-level evaluations were conducted in Malawi, Afghanistan, and Nepal.

The external **Evaluation of the Development Cooperation Programme 2022–2025** concluded that the programme was highly relevant and largely effective and delivered successfully tangible results in complex and often restrictive operating environments. Its strongest features were its intersectional, rights-based and participatory approach, its focus on groups experiencing vulnerability, and its contribution to systemic change through advocacy, capacity building and strengthened civil society structures. At the same time, the evaluation identified important areas for improvement, particularly concerning the demonstration of financial efficiency, long-term financial sustainability, systematic outcome verification, and the operationalization of cross-cutting objectives.

The programme demonstrated strong strategic relevance by deliberately focusing on women and girls,PwDs and LGBTIQ+ persons, including groups and needs that are often insufficiently addressed by mainstream SRHR interventions. The intersectional approach helped the programme respond to multiple and overlapping forms of discrimination, while participatory and rights-based approaches ensured that interventions were grounded in the experiences and priorities of rights-holders. The programme's added value was particularly evident in its role in strengthening wider service and civil society ecosystems, creating spaces for advocacy and collaboration, and supporting local actors rather than duplicating existing services.

In terms of effectiveness, the programme largely achieved its core objectives and demonstrated evidence of increased SRHR knowledge, improved health-seeking behavior, empowerment of rights-holders and changes in social norms. The programme also made a plausible contribution to broader policy and systemic change. Progress was particularly notable in disability rights, while advancement of LGBTIQ+ rights remained more challenging in contexts characterized by shrinking civic space and political resistance. The evaluation nevertheless found that the credibility of some reported results was constrained by the strong reliance on partner self-reporting and limited independent verification. Future monitoring should therefore strengthen outcome-level evidence through complementary methods, such as outcome harvesting, pre- and post-assessments and systematic reflection on other contributing factors and unintended outcomes.

The programme showed considerable operational adaptability, but efficiency was identified as its most significant area for improvement. Partners used volunteer-based approaches and strategic partnerships to extend programme reach and make efficient use of available resources. However, the evaluation could not establish a sufficiently clear link between financial inputs and achieved outcomes, limiting the ability to assess value for money and cost-effectiveness. The evaluation also highlighted the importance of making the contribution of unpaid volunteers more visible through simple recording of volunteer time and recognition of its in-kind value.

The programme demonstrated strong coherence, both with national and international policy frameworks and internally through its shared results framework. The common framework enabled a diverse group of partners to work towards shared objectives while adapting implementation to local contexts. However, the evaluation found that cross-cutting objectives, particularly climate resilience and low-emission development, were not consistently operationalized. Future programming should translate cross-cutting objectives into clearer guidance, indicators and reporting requirements and strengthen partner capacity to integrate them into implementation. The evaluation also identified opportunities for Väestöliitto to strengthen its strategic positioning in emerging areas where it has a clear comparative advantage, particularly at the intersection of SRHR with climate change and demographic shifts.

The outlook for sustainability was evaluated as mixed. Institutional and capacity-related results, including policy changes, guidelines, strengthened organizations and increased capacities among rights-holders, are likely to endure beyond the programme period. In contrast, the financial sustainability of many operational activities remains uncertain, with peer support, awareness-raising and other core activities in several contexts dependent on continued external funding. Staff turnover and weak institutional memory within partner organizations also pose risks to continuity. Strengthening funding diversification, knowledge management, documentation, succession planning and systematic transfer of institutional knowledge are therefore important for safeguarding programme results.

Finally, the partnership model and locally led approach were identified as important strengths. Partners were meaningfully involved in planning and decision-making, contributing to local ownership and a more balanced distribution of power. Participation and non-discrimination were well integrated into practice. The evaluation nevertheless identified accountability as a less developed dimension of the human rights-based approach. Future programming should therefore provide clearer practical guidance on accountability, strengthen feedback and accountability mechanisms for rights-holders, and link the results framework more explicitly to relevant legal and policy commitments.

Overall, the evaluation confirms that the programme made a significant contribution to advancing SRHR for vulnerable groups while operating in increasingly complex environments. The next programme phase was recommended to build on its strong relevance, local ownership and systemic approach while strengthening the evidence base for results, financial and operational efficiency, sustainability, intersectional targeting, cross-cutting integration and downward accountability.

The ‘Preventing SGBV’ project’s external evaluation in 2025concluded that community ownership was a key factor in the sustainability of project results. Genuine involvement of communities throughout planning and implementation strengthened their responsibility for outcomes and contributed to continued reporting of SGBV cases, maintenance of referral mechanisms and mobilization of local resources. Working through existing community and government structures further strengthened ownership and provided established channels for continuity.

The evaluation also highlighted the value of coordination, peer learning and collaboration. Multi-sectoral coordination and engagement through technical working groups and existing structures helped to harmonize approaches, avoid duplication and strengthen implementation. The use of trained extension workers and community facilitators was particularly effective in extending the reach of services and linking communities with district authorities.

A further finding was that integrated and community-based approaches can strengthen both prevention and response to SGBV. The evaluation identified women’s economic empowerment groups, male champions, school-based Human Rights Clubs and strengthened community SGBV structures as effective approaches for increasing awareness, changing attitudes, supporting reporting and connecting people with services. At the same time, the evaluation found that community-based victim support mechanisms could become overstretched as the number of cases increased, highlighting the importance of links with specialized support services.

Finally, the evaluation concluded that programme implementation needs to remain responsive to external and emerging changes. Climate shocks, economic difficulties and other unforeseen events affected implementation and could reverse previously achieved gains. The evaluation therefore identified the importance of contingency planning and of systematically tracking unexpected changes, including emerging needs such as mental health concerns. Overall, the evaluation found that the strongest practices combined community ownership and existing structures with coordinated, inclusive and adaptable approaches to implementation.

The external **evaluation of the sub-project in Tajikistan** in 2025found that the initiative was highly relevant and impactful within a challenging institutional and social context. The sub-project addressed significant gaps in knowledge, autonomy, and access to SRHR information and services for PwDs, especially women and girls, who face compounded stigma and discrimination. Through formats such as peer support groups, summer schools, and targeted trainings, the sub-project created safe spaces for discussing sensitive topics, increased participants' knowledge and confidence, and reduced social isolation. These activities led to measurable improvements in awareness and agency among rights-holders, with participants reporting greater self-esteem and ability to make informed decisions about their bodies and relationships.

At the community level, the project strengthened the capacity of organizations of PwDs, developed local facilitators, and fostered peer support networks. Media engagement and journalist training expanded public discourse on SRHR for PwDs, contributing to a gradual shift in social norms and increased visibility of these issues. Advocacy efforts ensured the inclusion of SRHR for PwDs in national and international dialogues, though direct policy changes remain emergent due to systemic barriers and the sensitive nature of the topic.

The evaluation concluded that the sub-project's intervention logic was sound, with strong alignment to international standards and donor priorities, though only moderate alignment with national policy frameworks due to institutional limitations. The most significant and sustainable results were observed at the individual and community levels, while broader institutional and policy impacts are still developing. Sustainability is moderately high in terms of human and organizational capital, but continued progress depends on ongoing funding, institutional recognition, and the further development of partner organizations. The sub-project's integration of gender equality, inclusion, accountability, and the principles of 'Leave No One Behind' and 'Do No Harm' was consistent and effective, setting a foundation for future work in advancing SRHR for people with disabilities in Tajikistan.

The external **evaluation of the sub-project in Nepal** in 2025 concluded that the sub-project had made a significant contribution to improving the SRHR knowledge, confidence and agency of PwDs, also demonstrating the continued relevance and need for disability-inclusive SRHR programming. Peer education, counseling and community-based engagement were particularly effective in breaking the culture of silence around SRH, reducing stigma and misconceptions, and improving communication between PwDs, their families and communities. Peer educators also emerged as important sources of information and support, while collaboration with government health services and other stakeholders contributed to making services more disability-friendly.

At the same time, the evaluation found that awareness and attitudinal changes had not yet removed the structural barriers to SRHR. PwDs continued to face physical and accessibility barriers, insufficiently equipped health facilities, provider capacity gaps and persistent stigma and misconceptions. The evaluation therefore highlighted the importance of combining awareness-raising and peer-led approaches with accessible services, specialized training for service providers and parents, appropriate equipment and materials, and stronger implementation of disability-inclusive SRHR guidelines.

The evaluation further concluded that sustainability depends on stronger institutional ownership. While the project provided a useful working model, its coverage remained limited compared with the scale of unmet need. Local government involvement, inclusive budgeting and integration of SRHR for PwDs into regular health systems were identified as important conditions for sustaining and expanding the results. Continued advocacy was also considered necessary to strengthen disability-inclusive policies and address rights-related gaps, including ensuring free and informed choice in SRHR decision-making.

Overall, the evaluation found that the combination of peer-led education, community engagement, stakeholder collaboration and disability-friendly service provision constituted an effective basis for advancing SRHR for PwDs. However, achieving sustainable and wider-scale impact requires moving beyond project-level interventions towards stronger government responsibility, inclusive financing, accessible health infrastructure and continued efforts to address stigma and discrimination.

The final **external evaluation of the sub-project in Afghanistan** in 2025 presented a comprehensive picture of a sub-project that was both highly relevant and impactful in advancing RHR for Afghanistan's most vulnerable populations. The sub-project was designed to address the structural, sociocultural, and accessibility barriers faced by women, girls, and PwDs, and it did so through inclusive service delivery models such as mobile teams, home visits, and culturally sensitive outreach. These approaches ensured that needs related to

RHR were met even in restrictive and challenging environments, and the sub-project's alignment with national health priorities and funder commitments further reinforced its relevance.

Throughout its implementation, the sub-project achieved and often surpassed its targets. It served over 50,000 beneficiaries, a tenfold increase from the baseline, and ensured universal accessibility at all supported clinics. Beneficiaries reported significant empowerment, with over 90% participating in RHR decision-making, and awareness campaigns reached millions through radio, print, and direct engagement. The sub-project also achieved notable policy-level outcomes, such as integrating disability indicators into national health information systems and revising strategic plans to include RHR for PWDs. At the community level, the sub-project successfully challenged harmful attitudes and taboos around menstruation, family planning, and gender norms, leading to more open dialogue and increased male support for women's healthcare.

The evaluation found strong internal coherence within the sub-project, with training, service delivery, and advocacy components working synergistically. The partner's specialized focus on RHR for PwDs filled critical gaps not addressed by other actors, and partnerships with government and civil society enhanced both reach and effectiveness. However, efficiency was sometimes undermined by weak governance, inconsistent documentation, and planning gaps, particularly in Kabul, which occasionally led to mistrust and reduced operational effectiveness.

Sustainability emerged as a significant concern. While community ownership and capacity improved, the sub-project's achievements are at risk due to heavy reliance on external funding, limited integration into government systems, and the absence of clear financial transition strategies. Gains in awareness and service access may not be maintained without continued support. The sub-project demonstrated a strong commitment to inclusion, especially for PwDs, through tailored services and participatory approaches, but PwDs were primarily engaged as beneficiaries rather than in leadership or staff roles, and geographic coverage in remote areas was limited.

In conclusion, the sub-project was highly responsive to the RHR needs of Afghanistan's most vulnerable populations, achieving substantial shifts in attitudes, knowledge, and service access. It delivered notable institutional and policy outcomes and expanded civic space for RHR dialogue. However, sustainability is threatened by external funding dependence and weak government integration, and the principle of meaningful inclusion was only partially realized. The evaluation recommends developing comprehensive sustainability strategies, institutionalizing RHR within national systems, enhancing geographic reach, improving operational efficiency, and promoting the active participation of PWDs in project planning and delivery.

6.3 Lessons learned and the way forward

Implementation across the programme generated important learning on how SRHR interventions can become more relevant, inclusive and sustainable.

A central lesson was that participatory and peer-led approaches are particularly effective in strengthening knowledge, confidence and agency. In Malawi, young people engaged more actively when CSE was delivered through sports, arts, debates and interactive discussions rather than conventional classroom approaches. Zambia similarly found that sports, creative exercises, peer-led discussions and support groups enabled participants to internalize learning and develop stronger peer networks. In Tajikistan, practical workshops in which partner organizations developed their own tools proved more useful than theoretical training. These experiences point towards a need to combine one-directional capacity building with experiential learning, peer exchange, mentoring and practical application. Programming should allow sufficient time and resources for follow-up and continued engagement rather than relying primarily on one-off training events.

Another lessons learned was that meaningful participation requires safe, accessible and trusted spaces. In Tajikistan, moving peer support meetings from formal institutional settings to informal community spaces increased openness around sensitive SRHR issues. Anonymous feedback mechanisms also made previously less visible experiences, including domestic violence, more apparent. In Zambia, peer support networks, online groups and multiple confidential reporting channels similarly helped create spaces where participants could seek information and support. The way forward should therefore place greater emphasis on participant-defined safe spaces and on communication and feedback mechanisms that allow people to engage according to their circumstances and preferences.

Another strong lesson was the importance of working with the wider environment around rights-holders. Experience from Afghanistan showed that increasing access to SRHR services for PwDs requires engagement not only with rights-holders, but also with families, community leaders, health workers and civil society. Malawi's experience similarly demonstrated the value of engaging boys and men alongside girls in efforts to prevent SGBV and promote gender equality. This suggests that future interventions should continue to combine direct empowerment with engagement of those who influence attitudes, decision-making and access to services.

The programme further demonstrated that capacity strengthening is most effective when it is tailored to organizational realities and linked to institutional change. PAI's institutional self-assessment approach showed the value of identifying organizational needs before defining capacity support, while co-creation of strategies and practical toolkits increased partner ownership and uptake. Across the disability-focused projects, training of community health workers and service providers was complemented by supportive supervision and engagement with health systems. Going forward, capacity strengthening should therefore be increasingly needs-based and embedded in organizational development, rather than delivered as isolated training activities. Continued access to shared resources and peer learning platforms can help sustain this process between formal capacity-building events.

A related lesson was that individual-level change needs to be connected to systemic advocacy. The projects generated evidence that knowledge and empowerment alone cannot overcome institutional barriers to inclusion. In Nepal, for example, project expansion demonstrated both the continued demand for disability-inclusive SRHR programming and the need for local governments to allocate resources and include PwDs in planning and decision-making. In Afghanistan, advocacy for disability-disaggregated indicators demonstrated how project-level learning can contribute to institutionalizing inclusion within health systems. Zambia's documentation of gaps in healthcare provision similarly provides a basis for longer-term advocacy. Future programming should therefore continue to build deliberate links between community-level evidence, organizational learning and policy engagement.

The experiences also highlighted the value of partnerships and networks as mechanisms for sustainability and influence. Nepal found that stronger networking and knowledge-sharing enabled organizations to learn from one another and advance shared advocacy priorities. Zambia built on existing programmes and partnerships to extend reach and reduce duplication, while PAI's convening activities increasingly focused on creating alignment and concrete commitments rather than networking alone. The way forward should build on these experiences by strengthening alliances, shared agendas and mechanisms for continued peer exchange, particularly around cross-cutting issues such as disability inclusion, LGBTIQ+ rights and youth SRHR.

Finally, the programme learned that M&E should capture the multidimensional nature of change. Traditional output measures were useful but did not fully capture changes in confidence, identity, relationships, peer support, organizational practice or advocacy capacity. Participatory outcome harvesting, reflection sessions, creative assessment methods and institutional self-assessments provided richer insights into these dimensions. At the same time, partners identified gaps in consistent disaggregation and in tracking longer-term changes in attitudes and perceptions. The next phase should therefore strengthen learning-oriented monitoring systems that are proportionate and safe, while combining quantitative indicators with qualitative evidence of change.

Overall, the main lesson from the reporting period is that sustainable SRHR change is built through continued engagement, local ownership and connections between individual empowerment, organizational capacity and systemic advocacy. The way forward is consequently not to introduce fundamentally new approaches, but to deepen those that have demonstrated value: participatory and peer-led learning, safe and accessible spaces, tailored capacity strengthening, stronger engagement of families and communities, strategic partnerships, and monitoring systems that support learning as well as accountability. This provides a strong basis for consolidating results and increasing the sustainability and systemic relevance of the programme in the next phase.

7. Contribution of the programme into SDGs and other policies

Overall, the programme contributed most to the following three SDGs: health (Goal 3), education (Goal 4) and gender equality (Goal 5). In addition, the programme contributed to Goal 10 "reducing inequalities" and Goal 16 "building peaceful and inclusive societies". More specifically, all the programme components supported SDG target **3.7.** of ensuring universal access to SRH health care services, information and education, and the

integration of reproductive health into national strategies and programmes and SDG target **5.6** which calls for universal access to SRHR.

The programme contributed directly also to specific targets: **5.1**, **5.2**, and **5.3** which call for ending all forms of discrimination against all women and girls everywhere, eliminating all forms of violence against all women and girls and eliminating all harmful practices and targets; **16.1** which calls for reducing all forms of violence; and **16.2** which calls for ending abuse and exploitation of children, which especially the programme's thematic work on eliminating SGBV has contributed to. Other SDG targets that the programme contributed to included **4.7** which calls for equal quality education for all and the targets **10.2** and **10.3** which underline empowerment and promotion of social, economic, and political inclusion of all, irrespective of age, sex or disability, as well as ensuring equal opportunities and reducing inequalities. Through the programme-wide networking and learning and consequent capacity building of all programme partners within the programme countries, through North-South, South-South and triangular cooperation, the programme contributed also to the target **17.9** (enhancing international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement the SDGs). There are also individual implementation approaches that contribute to other SDGs such as women's income generating groups that contribute to SDG targets **1.4** and **1.5** that call for financial services (such as microfinance) and building resilience of the poor and those in vulnerable situations.

In addition to the UN 2030 Agenda framework, the programme is influenced by the International Conference on Population and Development Programme of Action which calls for governments to ensure SRHR for all, to eliminate discrimination of PwDs regarding their reproductive rights, and to provide information and services on SRH to adolescents and youth.

The programme was also strongly guided by the CRPD. The programme addresses especially the articles 6, 22, 23 and 25 which call for access and accessibility, privacy and elimination of discrimination in all matters related to, for example, family lives and family planning of PwDs.

As Väestöliitto is the accredited member association of the International Planned Parenthood Federation, the programme is strongly guided by its Declaration of Sexual Rights, stating that sexual rights are human rights related to sexuality and which highlight everyone's right to make informed decisions regarding their sexuality[1]. The declaration sets the framework and outlines the sexual rights that are referred to throughout this document.

7.1 Contribution to national policies

Across the programme, partners contributed to national policy objectives by linking their work at community-level SRHR with national health, gender, disability and human rights frameworks. A common feature was the focus on groups whose SRHR needs remain insufficiently reflected in mainstream policies and services, particularly PwDs, AGYW, and LGBTIQ+ persons. Contributions went beyond awareness-raising to include advocacy, capacity strengthening of rights-holders and duty-bearers, development of practical policy tools, improved service delivery, and efforts to institutionalize inclusive approaches within national systems. The work was consistently aligned with SDGs 3 and 5, particularly universal access to SRHR, while also contributing to reduced inequalities and stronger, more inclusive institutions.

A key programme-level achievement was the strengthening of disability-inclusive SRHR within national health policies and systems. In Afghanistan, disability-disaggregated SRHR and family planning indicators were incorporated into revised HMIS guidelines and the National Strategic Plan for Disability Prevention and Physical Rehabilitation, providing a basis for more systematic planning and monitoring. In Nepal, the project directly supported the development of disability-friendly SRHR guidelines and contributed to making health facilities more accessible. In Tajikistan, rights-holders were supported to understand and advocate for implementation of the CRPD and relevant national legislation, while practical assistance algorithms and policy memos were developed to promote more inclusive health services.

The programme also strengthened the participation of civil society and rights-holders in policy processes. In Nepal, disability networks were strengthened to enable organizations to coordinate advocacy and influence local decision-making, including government resource allocation for PwDs. In Afghanistan, engagement in

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

provincial health coordination mechanisms connected community and civil society perspectives with health-sector planning. In South Africa, LGBTIQ+ organizations were equipped with strategies and advocacy tools to engage duty-bearers and promote the inclusion of LGBTIQ+ SRHR priorities in health and gender policies. This represents an important contribution to policy processes by strengthening not only the content of advocacy, but also the capacity and legitimacy of marginalized groups to participate as policy actors.

National policy engagement also addressed gender equality, SGBV prevention and the rights of women and girls. In Malawi, the project aligned its SRHR and SGBV interventions with Malawi Vision 2063, the National Gender Policy and relevant SRHR strategies, while lobbying for endorsement of the SRHR East and South African Commitment by the Ministries of Gender, Education, Youth and Health. In Zambia, engagement with health facilities and human rights institutions strengthened attention to the SRHR needs of AGYW, LGBTIQ+ persons and other key populations, including through HIV, PrEP and gender-affirming care programming.

Overall, the programme's contribution to national policies was strongest where community-level evidence and empowerment were connected to institutional advocacy and practical policy implementation. Rather than focusing solely on influencing policy documents, partners increasingly worked to translate commitments into guidelines, indicators, accessible services, organizational practices and stronger participation of rights-holders. This provides a foundation for further strengthening the implementation and accountability of inclusive national SRHR policies in the next programme phase.

7.2 Promotion of human rights

Human rights were advanced by applying a rights-based approach to SRHR and addressing the barriers that prevent vulnerable persons from exercising their rights in practice. Common approaches included strengthening rights-holders' knowledge and agency, promoting participation and non-discrimination, improving access to information and services, strengthening accountability mechanisms, and challenging social norms and practices that undermine bodily autonomy, dignity and equality. The programme also increasingly linked individual empowerment with stronger civil society capacity and engagement with duty-bearers, recognizing that the realization of SRHR requires both informed rights-holders and accountable institutions.

A particularly important contribution was strengthening the agency of persons whose rights are frequently overlooked. In Tajikistan and Nepal, PwDs were supported to understand their rights under the CRPD and national legislation and to move from being perceived primarily as recipients of care towards becoming active rights-holders. Legal counselling, peer support and advocacy activities strengthened their ability to recognize violations, make informed decisions and claim their rights. In Afghanistan, inclusive SRHR services, community engagement and awareness activities similarly supported women with disabilities to exercise their health and reproductive rights and participate more actively in decisions affecting them.

The programme also advanced bodily autonomy, dignity, informed consent and freedom from violence and discrimination. In Tajikistan, discussions on consent, personal safety, family and parenthood challenged stereotypes that have historically restricted the rights of persons with disabilities. In Malawi, strengthening community safeguarding and SGBV referral mechanisms supported both prevention and response to rights violations. Zambia documented discrimination and abuse experienced by LGBTIQ+ persons in healthcare and other settings, while connecting communities to complaint, legal and protection mechanisms. These efforts helped translate human rights principles into practical means for seeking protection and accountability.

Another common contribution was strengthening the right to participation and inclusion. In South Africa, LGBTIQ+ organizations and rights-holders were positioned as co-strategists in developing SRHR strategies and tools, ensuring that those directly affected by discrimination could influence priorities and advocacy approaches. Across the disability projects, community members and OPDs were similarly involved in advocacy and policy processes. Accessible communication and participation mechanisms, including sign-language interpretation in Tajikistan, further supported equal participation.

The programme additionally strengthened accountability and civic space for rights-based action. Partners equipped communities and CSOs with knowledge of complaint mechanisms and engaged institutions such as health authorities and human rights bodies. In Zambia, peer leads were supported to act as frontline human rights defenders, while in South Africa regional networks and digital platforms helped sustain collective action and access to information. Evidence gathered through monitoring, evaluation and outcome harvesting further strengthened advocacy by providing credible accounts of rights violations and changes in practice.

Overall, the programme advanced human rights by moving beyond awareness of rights towards greater capacity to claim, exercise and defend them. Its contribution was particularly significant in contexts where

stigma, discrimination and institutional barriers restrict the rights of vulnerable persons. By combining empowerment and legal literacy with accessible services, participation, safeguarding, advocacy and stronger accountability mechanisms, the programme contributed to making SRHR a more explicit and actionable component of human rights for PwDs, LGBTIQ+ people, women and girls, and other marginalized groups.

7.3 Contribution towards gender equality

Gender equality was advanced in the programme through a broad, intersectional understanding of gender that recognizes how gender inequality intersects with disability, age, sexual orientation, gender identity and other forms of marginalization. While women and girls, particularly those experiencing multiple forms of exclusion, remained a key focus, the programme increasingly addressed the gender norms, power relations and institutional practices that affect people across the gender spectrum. Common approaches included strengthening agency and decision-making, advancing bodily autonomy and freedom from violence, challenging harmful gender norms, and supporting more inclusive participation and leadership.

A central contribution was strengthening the agency of women and girls, particularly those facing multiple forms of discrimination. In Afghanistan, the programme reached women with disabilities with SRHR and family planning services and combined service access with community engagement, awareness raising and advocacy. In Nepal, women and girls with disabilities were supported through peer education, outreach and capacity building, while in Tajikistan SRHR education strengthened understanding of bodily autonomy, consent, personal boundaries and joint decision-making within relationships. In Malawi, women and girls gained greater opportunities for economic empowerment and leadership through savings and income-generating activities. Together, these approaches strengthened women's capacity to make informed decisions about their health, relationships and livelihoods.

The programme also contributed to challenging restrictive gender norms and preventing GBV. In Tajikistan, discussions on different forms of violence and rights within marriage enabled women with disabilities to better recognize abuse and assert the importance of mutual consent and shared decision-making. Malawi combined women's empowerment with engagement of men and boys through male champions and fathers' groups, promoting positive masculinity and addressing the social norms underpinning SGBV. Zambia similarly addressed coercive reproductive practices, forced sterilization and discrimination in healthcare, while advocating for more gender-sensitive practices among health and law-enforcement providers.

Importantly, the programme applied a gender lens beyond a binary understanding of gender. In Zambia, training on SOGIESC strengthened recognition of gender diversity, while dedicated work with transgender and intersex persons addressed gender-affirming care, bodily autonomy and protection from discrimination. Engagement with health facilities promoted more affirming and non-discriminatory services. In Zimbabwe, an intersectional feminist approach explicitly integrated the priorities of LBTQ+ women and gender-diverse people into strategies and tools, and leadership spaces enabled women and gender-diverse activists to shape advocacy priorities and exchange experiences.

The programme further advanced gender equality by strengthening the participation and leadership of women and gender-diverse people. Women with disabilities were supported to take on peer educator, advocacy and community leadership roles. In Zambia, feminist partnerships and alliances strengthened collective advocacy around women's SRHR. These efforts highlight that within the programme, women and gender-diverse people were not primarily seen as beneficiaries but as active rights-holders, leaders and agents of change.

Overall, the programme contributed to gender equality by addressing both individual agency and the structural conditions that shape gender inequality. Its approach improved women's access to services but also challenged unequal power relations, harmful gender norms and discrimination affecting people across the gender spectrum. As also recommended by the progamme-level evaluation, continued emphasis on intersectionality, meaningful leadership of affected communities, economic and political empowerment, gender-transformative approaches and inclusive health systems will be important for consolidating these gains in the next programme phase.

7.4 Decreasing inequalities

Decreasing inequalities was primarily pursued by addressing disparities in access to SRHR information, services, resources and institutional opportunities. The programme recognized that standardized approaches do not reach all population groups equally. Therefore, it increasingly adapted services, capacity support and communication to the circumstances of groups experiencing multiple or intersecting disadvantages.

A central contribution was reducing disparities in access to SRHR services and information. Afghanistan provides the clearest example, with tens of thousands of women with disabilities reached through community health workers, outreach and health centers. This multi-channel model helped overcome geographical, mobility and service availability barriers that would otherwise prevent access. In Zambia, strengthened referral systems and community-facility linkages similarly helped connect marginalized groups with health services, while Tajikistan and Nepal addressed communication and physical accessibility barriers through sign-language interpretation and accessible meeting locations.

The programme also addressed inequalities in access to economic and educational opportunities that affect SRHR outcomes. In Malawi, economic strengthening through village savings and income-generating activities helped address the economic disadvantages affecting women and girls. In Zambia, entrepreneurship and financial literacy were integrated into AGYW activities, recognizing that economic insecurity can constrain young people's ability to exercise choices and access opportunities. In Nepal, training young PwDs as peer educators helped address their exclusion from knowledge and leadership opportunities while increasing their visibility within wider disability and SRHR networks.

Another important dimension was reducing disparities between organizations and communities in their capacity to access resources and influence wider systems. In South Africa, the institutional self-assessment approach enabled support to be differentiated according to organizational needs, helping smaller and less-resourced LGBTIQ+ organizations address specific capacity gaps rather than applying a uniform model. The digital learning platform also reduced geographical disparities in access to resources, particularly for organizations operating in rural or more constrained environments. In Nepal, strengthening disability networks helped address fragmentation among organizations and created stronger connections for sharing knowledge and advocacy resources.

The programme additionally contributed to making inequalities more visible within systems and planning processes. In Afghanistan, the introduction of disability-disaggregated indicators into HMIS and the inclusion of SRHR indicators in the National Strategic Plan for Persons with Disabilities provided mechanisms for identifying disparities that can otherwise remain invisible in national statistics and health planning. This is particularly significant because what is not measured is less likely to receive appropriate resources or targeted interventions. Similarly, Zambia's identification of gaps in healthcare provision and provider capacity created an evidence base for addressing unequal access to quality services.

The programme's experience also showed that inequalities are cumulative rather than isolated. In Nepal, for example, disability-related exclusion was compounded by socioeconomic disadvantage, inaccessible infrastructure, service costs and limited availability of trained providers and appropriate equipment. These experiences reinforce the importance of analyzing who is not being reached by conventional interventions and why, rather than measuring overall access alone.

Overall, the programme contributed to decreasing inequalities by narrowing practical gaps in access, resources, service availability and institutional recognition. Its strongest contribution was to adapt delivery models and organizational support to populations and settings that are poorly served by mainstream systems, while simultaneously strengthening mechanisms for identifying disparities through better data and evidence. In the next programme period, maintaining this differentiated approach, particularly through accessible service models, disability-disaggregated data, targeted resource allocation, digital access and tailored support for less-resourced organizations, will be important for ensuring that progress in SRHR reaches those who are most likely to remain excluded.

7.5 Contribution towards the rights of PwDs

The programme has contributed to the rights of persons with disabilities both through disability-specific projects as well as through developing disability inclusion in other projects of the programme.

Most direct and sustained contribution to the rights of PwDs was achieved through disability-specific interventions in Afghanistan, Tajikistan and Nepal, where PwDs were the explicit target group. These projects addressed barriers to SRHR at individual, community and institutional levels, while also strengthening the role of PwDs in service delivery, advocacy and decision-making. In the other programme countries, disability inclusion was increasingly incorporated into broader SRHR work through more accessible activities, adapted methods and engagement with disability organizations. The programme evaluation nevertheless identified stronger intersectional and systematic disability inclusion across the entire programme as an area requiring further development.

Across Afghanistan, Nepal and Tajikistan, the disability-focused initiatives shared a holistic approach to advancing the inclusion of persons with disabilities in SRHR. The project combined individual access to SRH services to working with strengthen institutional recognition, participation and community-level inclusion. A common feature was viewing PwDs primarily as active actors in shaping services, policies and community decisions. The project also strengthened the visibility of disability issues within systems and communities, whether through disability-disaggregated data and policy integration in Afghanistan, participation in governance and local planning in Nepal, or accessible and community-based engagement in Tajikistan. Together, these efforts contributed to more sustained and structural inclusion of PwDs in SRHR.

The other projects contributed mainly by strengthening the accessibility and inclusiveness of mainstream SRHR programming. The South African partner incorporated accessible venues, inclusive facilitation, adaptable resources and digital access into its activities, while Zambia began developing collaboration with a disability rights organization to co-create more disability-inclusive programming. Malawi incorporated PwDs into community SRHR structures and adapted activities and communication approaches to facilitate their participation. These efforts indicate growing recognition that disability inclusion should be integrated into all SRHR programming rather than treated as a separate issue.

Overall, the programme contributed to disability rights by combining targeted disability-specific action with increasing attention to inclusion within mainstream programming. The strongest results were achieved where disability was an explicit programme focus, particularly in strengthening access to services, institutional recognition and the participation of PwDs in decision-making. At the same time, as the programme evaluation demonstrates, disability inclusion remains uneven across the programme. The way forward is therefore to strengthen intersectionality systematically across all interventions, ensuring that PwDs, including those who also experience inequalities related to gender, age, sexual orientation or other factors, are consistently considered in programme design, implementation, monitoring and advocacy.

7.6 Climate actions

Climate change is increasingly relevant to SRHR programming as climate-related shocks can intensify existing inequalities, disrupt access to health services and livelihoods, and disproportionately affect people already experiencing vulnerability. While climate action was not a primary objective of most programme interventions, partners increasingly recognized these connections and incorporated climate considerations into implementation, resilience planning and operational practices.

Across the programme, climate-related action was mainly reflected in adaptation and resilience rather than direct mitigation. Malawi provides the strongest example, where livelihood activities promoted drought-resistant crops and briquette production, supporting household resilience while reducing reliance on firewood. In Zambia, experience with flooding and seasonal disruptions highlighted the need to integrate climate risks into contingency planning and to differentiate approaches between rural and urban settings. Afghanistan similarly strengthened community-based service delivery, which can reduce the need for long-distance travel while helping maintain access to SRHR services during disruptions.

Partners also increasingly recognized the links between climate change, health and inequality. The partner in South Africa explored in their work how climate change can exacerbate existing inequalities and advocated for the inclusion of marginalized populations in broader climate justice and sustainability discussions. In Nepal and Afghanistan, stronger health and community systems were understood as contributing indirectly to people’s resilience when facing wider social and environmental shocks.

Partners also introduced more environmentally conscious operational practices, particularly through digital communication, monitoring and reduced use of printed materials. Zambia’s experience further demonstrated the importance of incorporating environmental risks into organizational planning and identifying relevant climate-focused partners.

Overall, the programme’s climate contribution remained secondary and largely indirect, but implementation generated important learning about the intersection between climate change, SRHR, inequality and community resilience. During the next programme phase, there is an opportunity to strengthen this dimension by systematically integrating climate and environmental risk into programme planning, developing context-specific adaptation measures, and building partnerships with organizations specializing in climate action and climate justice.

However, international travel to partnership meetings continues to undermine any efforts of climate change, as long international flights produce a significant amount of carbon emissions. For example, the carbon footprint of the Väestöliitto team members to attend one partnership meeting alone produced 6,6 tonnes of CO^2.

7.7 Strengthening civil society

Throughout the programme period, the programme created and broadened vital space for engagement with women, PwDs, LGBTIQ+ persons, and human rights defenders. This work became increasingly important in a context where anti-gender and anti-rights movements continue to undermine progress on LGBTQI+ rights and broader women's human rights.

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

Civil society was strengthened by building the capacity, organizational resilience and collective influence of CSOs, OPDs and community-based actors working on SRHR. Common features were providing trainings and practical tools, organizational support, peer learning and stronger networks that enable civil society actors to sustain their work and engage more effectively with institutions. The programme also contributed to strengthening locally led advocacy and creating stronger connections between community-level actors, CSOs and public authorities.

A key contribution was strengthening the practical capacity of CSOs. In Afghanistan, civil society representatives and community health workers received training on SRHR and disability inclusion, enabling them to support services and advocacy within their communities. In Tajikistan, OPDs developed their own advocacy tools, guidance for health personnel and policy memos, strengthening their ability to engage decision-makers independently. The South African partner similarly moved towards more systematic organizational support through the SRHR strategy, practical toolkits and institutional self-assessments, allowing support to respond to organizations' specific needs.

The programme also strengthened collective action and networks. Nepal's expansion to new areas brought together OPDs and strengthened their ability to coordinate advocacy, contributing to their increased recognition by government and other stakeholders. In Zambia, collaboration among LGBTIQ+ organizations, health authorities, human rights actors and other stakeholders created broader platforms for advocacy and solidarity. Across countries, these networks helped reduce fragmentation and enabled organizations to combine expertise and resources around common SRHR priorities.

Another important contribution was strengthening the sustainability and resilience of civil society. In Zambia, change-management and resource-mobilization activities supported organizations and activists to respond to disruptions and consider more diversified approaches to sustainability. The development of learning platforms and shared resources by South African partner similarly enabled organizations to access knowledge beyond individual workshops. In Malawi, the development and dissemination of CSE and safeguarding materials extended useful approaches beyond the immediate project sites and supported greater consistency among CSOs working on SRHR. This has strengthened their capacity to deliver standardized, youth-friendly CSE content, thereby improving the quality and consistency of SRHR information provided to adolescents and young people across different settings.

Overall, the programme strengthened civil society not only by increasing individual knowledge and skills, but by building organizations' ability to generate their own tools, collaborate, learn, advocate and sustain their work. The experience suggests that continued investment in locally led organizations, practical capacity support, networks and diversified sustainability strategies will be important for consolidating civil society's role as a long-term actor for SRHR.

Annex 1: Results 2025

OBJECTIVES	INDICATORS	BASELINE 2022	RESULT 2025	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
Impact						
Programme contributes to the realization of **SRHR** of the most vulnerable groups also contributing to the realization of **SDGs** 3.7 and 5.6	Increased access and utilization of vulnerable groups to SRHR services, number	Service provider partners (AFG & NP): PwD access to SRHR services in 2021 14,826	**Total access to SRHR services: 52,305** **Total access of PwDs: 45,911** **NP:** 15,394 SRH services delivered. Total 55,390 services delivered during 2022-2025 out of which 9,000 to PwDs. **AFG:** 36,911 female clients with disabilities were provided SRH and family planning (FP) services. Of the total, 32,635 female clients with disabilities received SRH and FP services through Community Health Workers (CHWs) in the three provinces of Kabul, Kandahar and Herat. Whereas a total of 4,276 female clients with disabilities received SRH and FP services through free-fix centres, outreach, and community volunteers. Target achieved against baseline by 1,016%. **MW**: **80.64%** reported accessing information on STIs, HIV, contraception, and cancer screening, while **92.4%** reported accessing SRHR services.	119,393	PwD access to SRHR services 2022-2025 100 000	Health service statistics
	Changes in policies or laws to include SRHR issues of especially vulnerable groups	0	**TAJ:** The Ministry of Health and Social Protection has officially submitted the new law on PwDs to Parliament for final approval and signing. Tajik partner continues to monitor this process, as it has previously advocated for the inclusion of SRHR issues within this draft.	8	At least 2 policy or law changes in favor of SRHR of vulnerable groups by 2025	Advocacy monitoring by partners

OUTCOME 1: Capacity building of rights-holders	INDICATORS	BASELINE 2022	RESULT 2025	CUMU-LATIVE	TARGET 2025	SOURCES OF VERIFICA-TION
Especially vulnerable groups are empowered to make informed decisions on their	Increased proportion of vulnerable persons who participate in making decisions	49%	**Average: 84.31%** **MW**: **93.94% of women** reported participating in decisions related to their SRHR, including the number of children to have, child spacing, and choice of contraceptive methods. Of these, 51.52% make decisions independently, while 42.42% make decisions jointly with	84.31%	At least 70% of rights-holders report participation	Structured interview

SRHR and address SRHR issues in their communities	about their own SRHR, types of decisions; disaggregated by gender		their spouses, reflecting improved household dialogue and shared responsibility. **TAJ:** No % data available. However, 16 PwDs (9 F and 7 M) from all project areas strengthened their knowledge and ability to make their own choices over their SRHR, and especially on FP, contraceptive choice, autonomy, consent, and rights-based healthcare. **NEP:** 79% made decisions about the use of contraceptives either jointly with partner or self-decisions. **ZAM:** No % data available, but demonstrated increased active participation of AGYW, and LGBTIQ+ persons in SRHR decision-making through workshops, HRT support groups, and SRHR dialogues. AGYW demonstrated decision-making in areas such as education retention, consent, and personal goal setting. Transgender and intersex participants engaged in informed discussions on HRT, consent, and healthcare choices. **AFG:** 80% of rights-holders reported participating in making decisions over their own SRH. Target achieved by 100 %.		in making decisions regarding their SRHR	
	Increased proportion of persons from vulnerable groups with new capacities (*increased knowledge on SRHR and/or SGBV, knowledge how to report SGBV, advocacy skills, self-esteem, economic empowerment, change in SRHR related attitudes*) disaggregated by gender, age, and disability	52%	**Average: 83,49%** **MW**: 94.66% of women and girls were able to correctly define SGBV, identify its various forms and explain underlying causes. They also identified groups most vulnerable to SGBV, demonstrated improved understanding of key reporting steps and also enhanced self-esteem and confidence among women and girls, enabling them to speak out against SGBV and challenge harmful norms. **260 women** have established and are managing small businesses which have improved household incomes, enabling women to support their families, contribute to children's education and invest in long-term assets such as housing. **TAJ:** 51.3% saw a fundamental change in how participants view their future regarding the right to a family and parenthood: there was a change in participants seeing themselves as potential partners and parents; also rights-holders learned to focus on their personal strengths and build self-respect and they developed a better understanding of healthy social connections and how to distinguish true friends. They significantly increased their knowledge about STI prevention and FP (contraception). **NEP:** 90% reported increase in new capacities through CSE sessions. **ZAM:** No % data available, but reported improved SRHR knowledge, self-esteem, and advocacy skills across all groups. AGYW gained knowledge on SRHR, consent, mental health, and entrepreneurship. Transgender and intersex participants increased knowledge on HRT, rights, and healthcare navigation.	83.49%	At least 80% of rights-holders report having new capacities	Structured interview

			AFG: 98% of rights-holders reported having new capacities.			
OUTPUT 1: Capacity-building of rights-holders	**INDICATORS**	**BASELINE 2022**	**RESULT 2025**	**CUMU-LATIVE**	**TARGET 2025**	**SOURCES OF VERIFICA-TION**
Life skills, empowerment, awareness raising and capacity building activities on SRHR issues are organized	Number and types of trainings on different dimensions of SRHR, such as SGBV, sexual rights and sexual health organized. Number and types of participants in the trainings disaggregated by gender and disability.	0	**Total number of trainings: 82** **Total participants: 9,122 (3,145 F, 1,318 M, 4,659 transgender and intersex persons, or no gender data available, 2,692 PwD)** **MW**: 16 trainings on promoting SRHR, gender equality and women's empowerment, on SGBV reporting mechanism, early sexual activities and their consequences, power dynamics, briquette making and marketing, CSE, SGBV prevention and response. Altogether 1,367 F, 371 M, 280 gender not reported. **TAJ:** (22) 1 summer school. 9 F and 7 M participants with a disability. Altogether 21 peer support groups were organized. Altogether 284 F and 121 M participated, all of whom were PwDs. **NP:** 4 CSE sessions for young PwDs. 1,474 F, 813 M, all PwDs. **AFG:** 29 trainings were held. 4,276 PwDs received SRHR and FP information through face-to-face meetings with health educators in Kabul, Herat, and Kandahar. **ZAM**: 11 trainings and sessions on self-care, consent, safe medical practises, legal protection, social justice, safe hormone replacement therapy, community resilience building. 136 participants (20 F, 13 M, 103 transgender and intersex persons).	629 trainings 37,297 partici-pants	Various types of trainings (such as SRHR trainings, awareness-raising, peer support groups) are organized. Proportion of PwD participants is increased by 2025.	Annual reports
	Number and types of Village Savings and Loans groups disaggregated by gender and disability	16	**MW**: 13 Village Savings and Loans groups active and completed their annual shares cycle	13 groups	Annual reports	
OUTCOME 2: Awareness raising	**INDICATORS**	**BASELINE 2022**	**RESULT 2025**	**CUMU-LATIVE**	**TARGET 2025**	**SOURCES OF VERIFICA-TION**
Harmful conceptions around SRHR of vulnerable groups are decreased in the targeted societies	Awareness on SRHR of vulnerable persons is raised in the targeted societies	0	**Total reach: 4,281,997** **MW**: 20,000 individuals (including men, women, girls and boys) were reached through media platforms these include men, women, girls and boys. 26,000 individuals were reached through Malawian partner's social media platforms on CSE and SRHR information. 20,000 individuals were reached through social media channels during the 16 Days of Activism -campaign.	Reach 26,264, 451	150,000 persons reached annually	Structured interview

			TAJ: Total views on social media: 10,957.Total reach of project publications: 4,431. Engagement rate: 381. **NP:** Altogether 609 were reached through targeted awareness-raising sessions. No data on social media reach. **AFG:** 4.2 million people were reached through radio spots on the SRHR and FP of PwDs. 10,000 SRHR and FP booklets were supplied in Kabul, Herat, and Kandahar to PwDs. These booklets were given to clients visiting the partner's sites, as well as within communities by CHWs. **ZAM:** No reach data available. Open awareness-raising was not possible. However, dialogue with traditional and religious leaders has led to them becoming positive stakeholders on creating understanding within the Muslim Faith community.			
	Own perceptions of persons from vulnerable groups of a more inclusive society on their SRHR issues		**MW**: Women and girls expressed having a more inclusive society regarding SRHR issues, as women in the communities have taken the lead in community mobilization on SRHR and SGBV issues, which was previously conducted by men. In addition, the society has embraced them as role models for girls and also as referrals on some SGBV cases who further report the cases to the necessary service providers. **TAJ**: A notable number of women still feel that society has not yet become inclusive due to lack of physical accessibility in many areas, which remains a fundamental barrier to exercising their rights. However, participants identify the installation of ramps, elevators, and escalators as the most visible signs of progress. Despite this, the right to family life and professional integration emerged as a vital indicator of inclusion. Successful experiences of motherhood and positive societal acceptance of PwDs as parents, as well as the ability to study and work alongside others, are seen as major achievements. **NP:** More than 81% of the PwDs think that they can be potential partners in society while 20% have mixed thoughts. Similarly, above 71% think they can be potential parents and can give birth. **ZAM:** Rights-holders reported feeling more validated, empowered, and recognized as rights-holders. Increased confidence in engaging health systems and reporting violations. **AFG:** 93% of rights-holders see themselves as potential parents and partners, would feel welcome in visiting a clinic, and feel safe to talk about RHR issues.		Various types of signs that tell that society has become more inclusive	
OUTPUT 2: Awareness raising	**INDICATORS**	**BASELINE 2022**	**RESULT 2025**	**CUMU-LATIVE**	**TARGET 2025**	**SOURCES OF VERIFICA-TION**

Broad public is reached through awareness raising activities, campaigns and events	Number and types of awareness-raising activities organized	0	**Total number of awareness-raising activities:** 137 **MW**: 14 awareness-raising sessions were held by female and male champions on SRHR and SGBV information on gender equality, respectful relationships, positive masculinity, and intimate partner violence. 4 session were conducted on media addressing online violence against women and girls. **TAJ:** - **NP**: 29 awareness-raising session organized to generate demand for SRH services. **AFG:** 71 radio campaigns were held on SRHR or disability issues, 7 500 brochures were distributed. **ZAM:** 23 awareness raising sessions: International Day Against Homophobia, Biphobia and Transphobia celebration, social media campaigns, and SRHR dialogues.	657 activities	Various types of awareness-raising activities (such as campaigns, radio spots and social media posts) are organized	Annual reports
OUTCOME 3: Capacity building in civil society	**INDICATORS**	**BASELINE 2022**	**RESULT 2025**	**CUMU-LATIVE**	**TARGET 2025**	**SOURCES OF VERIFICA-TION**
SRHR issues and needs of vulnerable groups are met with quality and care among service providers and civil society (e.g. schools, teachers, community leaders' forums, district councils, local development units, peer educators, parents, CSOs, OPDs)	Positive change in attitudes and perceptions regarding gender norms or SRHR of vulnerable groups among service providers and civil society structures	65%	**Average total:** 100% **MW**: No % data available. Initiatives contributed significantly to the understanding of gender-related concepts focusing on debunking stereotypes and promoting a rights-based approach to SRHR of women and girls, resulting in positive changes in the attitudes and perceptions regarding SRHR. At the community level, civil society structures transitioned from passive actors to active champions of SRHR and gender equality. **TAJ:** No % data available. Civil society and young activists strengthened their professional knowledge and translated legal rights into practical, accessible formats. **NP:** 100% of service providers are comfortable with providing services to PwDs in Nepalese parner's clinics in Kathmandu valley and Banke district. **ZAM:** No % data available, but improved responsiveness among some health facilities (e.g. Lewanika General Hospital and partner facilities in Western Province and Mpulungu Urban Hospital in Northern Province). Enhanced collaboration with District Health Offices. **AFG:** 100% of service providers interviewed demonstrated positive changes in attitudes about serving clients with disabilities.	100%	At least 80% of respondents report positive changes by 2025	Structured interview/ survey
	Service providers have new technical skills to provide	0%	**Average:** 100% **MW**: No % data available. As a result of the targeted interventions, service providers demonstrated strengthened technical	100%	At least 80% of respondents report having	Structured interview/ survey

	quality care to vulnerable groups		competencies in delivering quality, survivor-centered care to vulnerable groups when handling SGBV cases. **NP**: Sign language training provided to service providers at valley branch has made them more friendly with the clients as it has also reduced the time consumed by sign interpreters, and the bonding with the client has been increased. **ZAM:** No % data available, but increased awareness of gender-affirming care principles and inclusive SRHR approaches among health sector stakeholders. Using the Model Facility channels as an entry point, Zambian partner pivoted the University Teaching Hospital as the institution has staff in all 10 provinces of Zambia operating at decentralized sites. **AFG:** 100% of service providers felt they have successfully acquired necessary knowledge and skills for reproductive health service for PwD through trainings.		new technical skills by 2025	
	Number of community and civil society representatives addressing SRHR issues of vulnerable groups in their communities, types of ways of addressing SRHR issues	0	**Total representatives:** 2,246 **MW:** (1,841) 16 patrons and 16 matrons, 800 Human Rights Club members, 64 mother groups, CVSUs, 26 health service providers, teachers, 64 School Management Committee members, 325 female champions, 130 male champions, 10 fathers' group members, 130 community policing forum members, and 260 youth network members. They implemented awareness-raising and sensitization, community mobilization and engagement, provided legal support and psychosocial counseling, and improved SRHR service delivery. **TAJ:** As a direct result of the capacity-building activities, partner organizations and OPDs in the project regions have started to take a more active role in their communities. Having participated in the project's training programmes, these partners gained the necessary expertise to act as local consultants on SRHR issues. Their increased capacity to address SRHR issues has led to them becoming a resource for PwDs in their areas. **NP:** 7 OPDs incorporated the awareness programme on disability-friendly SRH services along with advocacy work into their work, and support Nepalese partner in organizing outreach camps and awareness-raising activities. 4 partner OPDs received funding for a programme on SRH for PwD. Also, Abilis Nepal has started requesting its grantee organizations to include SRHR related activities in its funded projects, which is the result of joint work on SRHR and disability. **ZAM:** No # data available, but Peer Leads actively are engaging in advocacy, community dialogues, and human rights awareness. Strengthened referral systems between communities and health facilities.	2,246 N/A: This indicator was updated from 2022 (before asking number of struc-tures)	600 and various types of ways by 2025	Survey

			AFG: 394 representatives from civil society addressed SRHR issues of PwDs in their communities. They were actively involved in initiatives that focus on addressing the complex challenges related to SRHR among vulnerable groups within their communities. CHWs were included as they play a pivotal role in implementing programmes tailored to the specific needs of vulnerable groups.			
OUTPUT 3: Capacity-building in civil society	**INDICATORS**	**BASELINE 2022**	**RESULT 2025**	**CUMU-LATIVE**	**TARGET 2025**	**SOURCES OF VERIFICA-TION**
Civil society structures', service providers' and other responsible actors' (traditional and religious leaders, teachers, community volunteers, parents, boys, and men) capacity is strengthened on SRHR issues of vulnerable groups	Number and types of trainings organized. Number and types of participants in the trainings disaggregated by gender and disability.	0	**Total number of trainings organized:** 32 **Total participants:** 5,293 (2,647 F, 2,270 M, 376 transgender and intersex persons, non-binary and queer, or no gender data available; 553 PwDs) **MW**: 8 trainings were organized on Community Safeguarding Framework for the Prevention of Sexual Exploitation, Abuse and Harassment, After School Initiative, and safeguarding the rights of vulnerable groups particularly girls and women. Total 4,505 participants (2,349 F, 2,156 M). **TAJ:** 1 training for OPDs. 9 F and 4 M, all of whom were PwDs. **NP:** 4 trainings on legal counseling, CSE for teachers and students, and SRHR for ODPs. Altogether 233 participants, no gender disaggregation available, all PwDs. **AFG:** 18 orientations were held. Participants represented community elders, teachers, mothers-in-law, community mobilizers, and OPDs. Altogether 282 F and 104 M. 307 were PwDs. **ZAM:** 1 dialogue organized with Key Populations Consortium on service provider mapping for SRHR needs of LGBTIQ+ populations. 1 research conducted on the SRHR needs of trans diverse and intersex people. A total of 7 F, 6 M, 146 transgender and intersex persons, non-binary and queer persons.	177 trainings 7,696 partici-pants	Various types of trainings (such as OPD trainings, health provider training, peer educator training) are organized. Proportion of PwD participants is increased by 2025.	Quarterly reports
	Number and types of civil society structures reached	0	**Total types of structures:** 34 **MW**: 7 total: CVSU which comprises of representatives from the Police Forum, Child Protection Committee, Mother Group, Health etc.; Male champions, Chiefs' forum, School Management Committee, Patrons and Matrons, Fathers Club, and Mothers' Group. **NP:** 14 civil society structures representing a wide variety of organizations for PwDs. **AFG:** 5 civil society structures representing teachers, SRH advocates, OPDs, and midwives. **ZAM:** 8 consortium member associations reached in trainings.	67 structures	Various types of civil society structures are reached	Quarterly reports
	Number of trainers and peer educators trained	0	**Total peer educators trained:** 494 (293 F, 161 M, 40 transgender and intersex persons, non-binary and queer)	6,011 persons trained	Various types of ToTs are	Quarterly reports

	disaggregated by gender and disability		**MW**: Total of 381 (233 F and 148 M) peer educators trained on CSE topics (Values, Wants and Needs and Gender Equality), 5 F matrons and 5 M patrons were oriented on extracurricular activities. **TAJ:** 1 ToT on "Rights, reproductive health and inclusive services for young PwDs". 18 (10 F, 8 M), 18 PwDs. **AFG:** Total 45 community mobilizers (45 F, 45 PwDs). **ZAM:** Total 40 peer educators (40 transgender and intersex persons, non-binary and queer).		organized. Proportion of PwD participants is increased by 2025.	
OUTCOME 4: Advocacy of all partners	**INDICATORS**	**BASELINE 2022**	**RESULT 2025**	**CUMU-LATIVE**	**TARGET 2025**	**SOURCES OF VERIFICA-TION**
Duty-bearers (decision makers, civil servants, other responsible actors) advance SRHR issues of especially vulnerable groups	Number and types of new initiatives or other actions on SRHR of vulnerable groups carried out by duty-bearers	0	**New initiatives:** 13 **MW**: 3 key initiatives and actions were undertaken by duty-bearers at national levels of SRHR for vulnerable groups. The SADC Parliamentary Forum convened a consultative workshop; Duty-bearers and stakeholders launched the Second Edition of the Women's Manifesto, introducing new thematic areas such as Women, Peace and Security; Women and Digital Justice; and Women's role in anti-corruption efforts; and the Ministry of Gender, Community Development and Social Welfare led the dissemination of key strategic documents to guide implementation of gender and child-focused interventions. **NP**: (2) In Banke the local government has made a network of PwDs. Also, the celebration of international disability days used to be invisible before but now they are celebrated like festivals in project operational areas in the presence of PwDs. The central ministry invites Nepalese partner and its partners as guests in the celebration, and Nepalese partner also involves in planning such programmes. **AFG:** (1) Duty-bearers from the MoPH actively participated in meetings and played a key role in facilitating the dissemination of the revised HMIS guidelines. **FIN:** 7 political statements, oral and written emphasizing the importance of SRHR in Finland's development policy.	41 initiatives	A significant increase in the number of new initiatives and other actions by 2025	Advocacy monitoring address vulnerable groups
	Number and types of ongoing dialogues between decision makers and project partners where SRHR issues are advanced	8	**Total dialogues:** 32 **MW**: Malawian partner participated in 6 working groups (Child Protection; Gender; Health; Youth Friendly Health and Services; Education; and Nutrition) where it provided technical expertise on the rights of vulnerable groups. **TAJ:** 1 key dialogue with the Ministry of Health and Social Protection. It focused on the process of formalizing the cooperation between the partner organization to negotiate a formal	209 dialogues	Current dialogues sustained and new types of meaningful dialogues commenced	Advocacy monitoring

			agreement/memorandum to secure the required authorization for future joint work and data collection. **NP:** No # data, but Nepalese partner staff were present in most of the dialogues/meetings organized by the Ministry of Health and Population targeting PwDs. **ZAM:** No # data available, but **r**egular engagement through close-out meetings, stakeholder reflections, and partnership dialogues. Continued discussions on sustainability and SRHR integration. **AFG:** 24 task force meetings with HMIS and reproductive health departments of MoPH on disability-related issues including the revision of different guidelines, such as the inclusion of Misoprostol for post-abortion care (PAC), the development of cervical cancer screening national guidelines, and PAC guidelines to include PwD indicators. Furthermore, the partner highlighted the SRHR and FP needs of PwDs when attending meetings with the reproductive health department of MoPH. The partner is leading the revision of national PAC guidelines and have been initiating dialogues and meetings with stakeholders to discuss these revisions. **FIN:** 3 ongoing dialogues (development policy committee, All-Party Parliamentary Group, Finnish representation to the European Union)			
OUTPUT 4: Advocacy of all partners	**INDICATORS**	**BASELINE 2022**	**RESULT 2025**	**CUMULATIVE**	**TARGET 2025**	**SOURCES OF VERIFICATION**
New contacts with duty-bearers are created and their capacities in SRHR of especially vulnerable groups are increased.	Number and types of capacity strengthening, and advocacy activities conducted	0	**Total activities conducted:** 102 **MW:** 1 capacity strengthening activity with district stakeholders on the Community Safeguarding Framework for the Prevention of Sexual Exploitation, Abuse and Harassment targeting 20 participants **NP:** 1 orientation on disability SRHR guidelines reaching 40 participants from elected government representatives. **AFG: 12** meetings were conducted with duty bearers, including the HMIS department of the MoPH. The focus of these meetings was on the follow-up and distribution of the new HMIS guidelines to health facilities, and revision of post-abortion care guideline and FP commodities. **ZAM:** 7 strategic meetings with duty bearers, including provincial/district health office, provincial/district AIDS coordination advisors, Human Rights Commission, Ministry of Health to create safe spaces for LGBTIQ+ persons.	273 activities	Various types of capacity strengthe-ning activities are organized	Annual reports

			FIN: (81) 33 shared materials with duty-bearers (statements, briefings, fact sheet), 20 oral statements to duty-bearers, 3 seminars 11 requested expert statements and intelligence, 14 network events with decision makers.			
	Number of contacts with different types of duty bearers at local, district and national level reached with capacity strengthening and advocacy activities	0	**Total number of contacts:** 68 **MW:** 2 engagement meetings with the Education and Youth Technical Working Groups at district level **AFG:** 6 representatives from Ministry of Public Health. **ZAM:** 16 duty-bearers engaged **FIN**: 44 Pre-planned meetings with political decision makers and civil servants and other similar duty-bearers (with 17 political decision makers and 27 different civil servants and other similar duty bearers)	780 contacts	Various relevant duty-bearers reached at different levels	Annual reports
OUTCOME 5: Learning and capacity building of programme partners	**INDICATORS**	**BASELINE 2022**	**RESULT 2025**	**CUMU-LATIVE**	**TARGET 2025**	**SOURCES OF VERIFICA-TION**
Programme partners have strong expertise in SRHR issues of especially vulnerable groups, and SRHR of vulnerable groups is mainstreamed in partner organizations	Capacity and skills in SRHR of especially vulnerable groups and RBM are increased among programme partners	Average score 4.0 (by piloting PwD partners,)	**Average score:** 4.6 **MW:** Score 4.4. Malawian partner strengthened the capacity of its staff by completing two trainings under the University of Washington in M&E and the Leadership Management in Global Health. These contributed to improved technical support, data use, and overall programme quality. **TAJ:** Score 4.1 **NP:** Score: 5. **ZAM:** Score 4.5. Enhanced technical knowledge among Zambian partner, and peer educators on SRHR, advocacy, and resilience. **AFG: S**core is 4.9. **SA: Sc**ore 4.9	4.6	100% of programme partners assess having increased capacities and skills, average score increased by 2025	Annual self-assessments in partnership meetings
	SRHR of especially vulnerable groups are included in the strategies and other projects of	57% of programme partners have included	**Average score: 100 %** **MW:** New Organizational Strategic Plan explicitly recognizes diversity, inclusion, and equity as foundational values. This strategic commitment marks a critical shift in how the organization identifies, prioritizes, and responds to the SRHR needs of marginalized and	100%	100% of programme partners have included	Annual self-assessments in partnership meetings

	programme partners	SRHR issues of vulnerable groups in their work	vulnerable populations. The strategy mainstreams inclusive language, sets equity-focused targets, and outlines deliberate interventions aimed at reducing disparities in access to SRHR services. **TAJ:** Tajik partner continued to strengthen the integration of SRHR issues into its core organizational activities beyond specific project tasks. The expertise gained in this field is now consistently applied when the organization provides input on national disability policies or participates in working groups related to the social protection of women. **SA:** South African partner increased its in-house ability to provide credible SRHR guidance, quality assurance, and policy-facing messaging. This positioned South African partner less as a convenor only and more as a technical anchor for partners. South African partner also strengthened its ability to offer differentiated support across partners, shifting from one-size-fits-all training to a more targeted model. **NP:** There is representation of youth with disabilities in the central governance body. Nepalese partner's Strategy for 2023-2028 clearly mentions that Nepalese partner will make efforts not only to expand choices but also broaden access to reproductive health services to poor and marginalized and socially excluded and under-served populations, including PwDs. **ZAM:** SRHR is integrated into ongoing and future programming, including sustainability and advocacy planning. **AFG:** Reproductive rights of PwD are now included in the partner's country strategy, and revised HMIS guidelines now explicitly include the rights of PwDs.		SRHR issues of vulnerable groups in their work by 2025	Annual reports
	Number and types of CSO-led alliances, partnerships, networks, working groups or similar the partners are working with on SRHR	0	**Total number:** 25 **MW**: 11 national and district level alliances and working groups, such as Malawi SRHR Alliance, Power to Youth Consortium, Coalition to Prevent Unsafe Abortion. Through these platforms, the partner has influenced SRHR policy discussions, contributed to national dialogue and ensured that the voices of young people and marginalized communities are represented. Malawian partner actively engaged in the CSO CSE platform coordinated by the United Nations Educational, Scientific and Cultural Organization (UNESCO), which brings together SRHR CSOs and development partners in Malawi to strengthen coordination and collaboration. The platform facilitated joint reflection on progress towards the East and South African Commitment, updates on the CSE curriculum in Malawi, and sharing of ongoing stakeholder initiatives, thereby promoting synergy and alignment in CSE programming.	25. The indicator was changed from 2022 from "new alliances" into "alliances"	15	Annual reports

			SA: (2) 1 participatory validation process with LGBTIQ+ organizations and activists where practical co-created toolkits and recommendations were developed and integrated into the advocacy strategy, strengthening its relevance, impact, and policy advocacy focus. This enhanced CSOs' capacity to engage decision-makers, advocate for inclusive SRHR frameworks, and promote accountability, supporting the integration of SRHR priorities into policies and contributing to sustainable, rights-based change. South African partner also advanced the development of a learning platform to sustain skills, shared learning, and peer exchange beyond individual events. The platform will support ongoing learning on SRHR and advocacy, provide access to practical tools and resources, and strengthen collaboration and consistent messaging across member organizations, ultimately reinforcing collective advocacy efforts. **NP:** 12 CSO-led networks where Nepalese partner participates in. **ZAM:** No # data available, but strengthened partnerships with WAfE, Ciheb Zambia, UTH, Global Fund programmes, and SRHR consultants. **AFG:** No # data available, but collaboration and partnership with other organizations indicates that the partner created spaces to bring different types of CSOs together to discuss inclusive SRHR (teachers/university lecturers, representatives from the healthcare community, representatives from disability groups, community leaders and SRHR advocates).			
OUTPUT 5: Learning and capacity-building of programme partners	**INDICATORS**	**BASELINE 2022**	**RESULT 2025**	**CUMU-LATIVE**	**TARGET 2025**	**SOURCES OF VERIFICA-TION**
Best practices to improve SRHR are identified and shared within the programme	Regular partnership meetings and capacity building sessions are held	0	**Total sessions:** 8 **MW**: (3) 1 partnership held, 1 National Engagement Meeting held (National SRHR Symposium), 1 South African partner conference. **ZAM:** (3) 1 partnership meeting, 1 training in movement building, 1 leadership management training. **SA:** (2) 1 partnership meeting held, 1 SRHR strategy and capacity-building, 1 toolkit development meeting held.	30 sessions	At least 20 partnership meetings (both live and online) by 2025	Annual reports
	An advocacy tool has been created for LGBTIQ+ organizations	An advocacy tool has not been created	**SA**: Advocacy tool (regional advocacy strategy for South African partners member associations) created, 4 toolkits created (programme management, monitoring, evaluation and learning, financial management, communications and advocacy, and governance).	5 toolkits	Advocacy tool is created, functional and in use	Annual reports

		(only South African partner in South Africa)			among LGBTIQ+ organizations	
OUTCOME 6: Global communications in Finland	**INDICATORS**	**BASELINE 2022**	**RESULT 2025**	**CUMU-LATIVE**	**TARGET 2025**	**SOURCES OF VERIFICA-TION**
The awareness on SRHR, CSE, SDGs and their interlinkages is raised among broad public and young people	Persons reached through development communication and global education assess that they have good understanding of SRHR, CSE, SDGs and their interlinkages	Level of under-standing is 4/5 on sexual rights, 4/5 on CSE, 3/5 on SDGs and 3/5 on their interlinka-ges.	The target groups' self-assessment of their grasp on programme themes and interconnections are the following: 4/5 on sexual rights, 4/5 on CSE, 3/5 on SDGs, and 3/5 on their interlinkages	4/5 on sexual rights, 4/5 on CSE, 3/5 on SDGs, and 3/5 on their interlinkag es	Level of understan-ding is 4/5 on sexual rights, 4/5 on CSE, 4/5 on SDGs and 4/5 on their interlinkages.	Surveys for visitors on different channels
	Number of visits to website, reach of social media posts, number of shares and engagement rate in social media, video views, blog views, podcast reach	Social media channels have 10.6 million reach. Väestöliit-to's blog has 97,802 impres-sions	Social media impressions were 4.1 million **and** Väestöliitto's social media channels have 80 750 followers	41.2 million reached	Numbers will increase by at least 10%	Website and social media analytics
	Number and types of direct target groups reached	2	[3]	8	3 new target groups reached by 2025	Monitoring data, website and social

						media analytics
OUTPUT 6: Global communications in Finland	**INDICATORS**	**BASELINE 2022**	**RESULT 2025**	**CUMU-LATIVE**	**TARGET 2025**	**SOURCES OF VERIFICA-TION**
The broad public and young people are reached	Number and types of development communication and global education activities implemented	0	**Total development communication activities:** 341 This included different social media posts and campaigns, blogs/news articles, op-eds, events like the launch of the SWOP report, World Village Festival, Helsinki Pride, Helsinki Book Fair and SRHR-themed street art launch events at The Parliament House and Väestöliitto's Väestöpäivä, creating new communication materials, such as animating illustrations of Sexual Rights publication, mailing Sexual Rights publications and posters, influencer collaboration and posts on current issues related to the programme themes and programme itself and its results.	1,644 activities	At least 200 development communica-tion activities per year	Väestöliitto's monitoring