

VÄESTÖLIITTO'S
DEVELOPMENT
COOPERATION
PROGRAMME FOR
ADVANCING SEXUAL AND
REPRODUCTIVE HEALTH
AND RIGHTS
ANNUAL REPORT 2023

**A World Where Sexual Rights Are
Realized**



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Acronyms and abbreviations

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

1. Summary of the annual report 2023

Year 2023 was the second year for Väestöliitto as a new recipient of MFAs' programme-based support. The new programme incorporated earlier stand-alone development cooperation projects (*prevention of SGBV in Malawi* and *advancing sexual rights of persons with disabilities in Afghanistan, Tajikistan, and Nepal*) and communication projects in Finland (global communications and UNFPA information) to the new elements of LGBTIQ+ work in South Africa, Zambia and Zimbabwe and advocacy in Finland. These elements are tied together under the programme aimed at advancing sexual rights of the groups that are particularly vulnerable and marginalized. Therefore, the programme targets especially girls and women, persons with disabilities and LGBTIQ+ persons.

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

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

The partner organizations reached out to the rights-holders either through their own members or through their partners or other stakeholders, raised awareness in the societies to decrease harmful conceptions around SRHR of vulnerable groups, built capacities in the communities and did advocacy to change policies and legislation. During 2023 altogether 14 176 persons with disabilities received SHR services, 21 303 persons received comprehensive sexuality education, 1702 stakeholders received training on sexual rights, 10 863 422 persons have been reached through 232 different awareness raising and media campaigns, and programme partners were involved in 19 political processes.

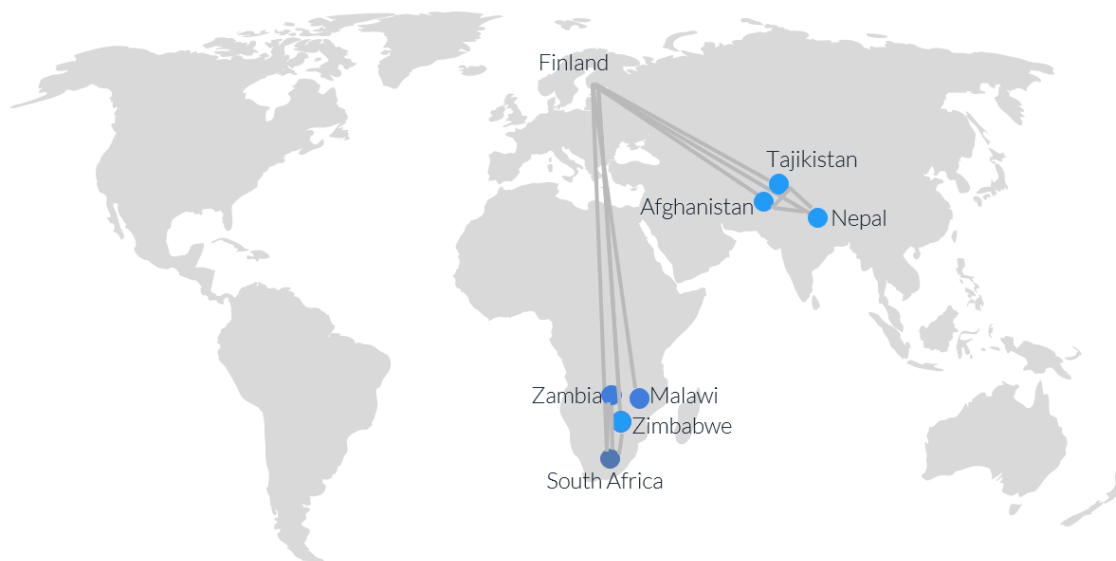
Learning and capacity building of programme partners is an important outcome of the programme and is tied with strengthening the expertise of all programme partners in SRHR issues of vulnerable groups as well as having strong capacities in managing the projects so that the outcomes are achieved. During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

2. Overview of 2023

Year 2023 was the second year for Väestöliitto as a new recipient of MFA's programme-based support. The year was marked by ongoing work to streamline previously commenced projects and new programme elements under one programme entity as the new programme incorporated earlier individual development cooperation projects (*prevention of SGBV in Malawi* and *advancing sexual rights of persons with disabilities in Afghanistan, Tajikistan and Nepal*) and communication projects in Finland (global communications and UNFPA information) to the new elements of LGBTIQ+ work in South Africa, Zambia and Zimbabwe and advocacy in Finland. These elements are tied together under the programme aimed at advancing sexual rights of the groups that are particularly vulnerable and marginalized. Therefore, the programme targets especially girls and women, persons with disabilities and LGBTIQ+ persons, as guided by the Development Policy Programme of Väestöliitto.

The programme is implemented in seven programme countries by Väestöliitto's partner organizations working in the field of Sexual and Reproductive Health and Rights (**SRHR**).

Picture 1: Väestöliitto's programme countries



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

Strengthening civil society through facilitating the capacity building of programme partners as well as supporting their networking and alliance building are critical approaches of the programme. As a result, the partners will be better positioned to do advocacy on SRHR of the most vulnerable groups but also counteract the shrinking space of civil society in the face of growing global opposition to SRHR. Shrinking space for civil society and the repercussions of the growing anti-gender movement is visible in all programme countries, including Finland, and had an effect to implementation also during 2023. According to the latest CIVICUS civil society rating, the state of civil society in all programme countries remained either obstructed or repressed in 2023 (scale: open, narrowed, obstructed, repressed, closed).

Another country of concern is Afghanistan where the country has been in turmoil since the Taliban takeover in August 2021 and is rated as closed by CIVICUS. According to CIVICUS report there have been reports of activists facing systematic intimidation throughout the country. The Taliban are carrying out house-to-house searches for activists and journalists, particularly women, and interrogating them and their families. This has created a climate of significant fear, and many have gone into hiding or have fled the country. Especially women's rights activists have continued to be detained and ill-treated, also media workers, academics and cultural activists have been detained and criminalized. Väestöliitto's partner in Afghanistan has managed to stay operative almost the whole time despite the changing circumstances and regulations: currently women are allowed to work as health professionals as long as certain measures are followed; for example, in the partner's office women and men are working in different rooms, women wear hijabs, female health providers are accompanied by male guardians in some provinces to travel, among others. Some future worries include the fact that women are not allowed to study in the university anymore, which will mean that in the long run securing female doctors and gynecologists will be even more difficult. Moreover, in 2023 the regime developed new directives, including a ban on mobile health teams, to tighten its control over CSOs, and following, is conducting more regular monitoring of Väestöliitto's partner's overall operations.

Shrinking space for civil society was visible in Zimbabwe, which continues to be categorized as "repressed" according to the CIVICUS rating. The tensions continued to grow nearing the general elections held in August 2023. According to CIVICUS annual report¹, the voting in the elections was ceremonial and the legitimacy of the autocratic power was never in question. Human Rights Watch reported about cases of violence,

¹ <https://www.civicus.org/index.php/state-of-civil-society-report-2023/>

intimidation, and harassment towards the opposition activists.² LGBTIQ+ identities were weaponized in the election process, and none of the candidates or parties wanted to openly align themselves as allies. The postelection period was characterized by cases of violence, abductions, detentions, and other violations of human rights.³ The Private Voluntary Bill (PVO) that has been in preparation since 2022, and which would most likely have serious effects on civil society should it pass, did not yet go forward in 2023 after the President would not proceed with signing the bill.

Zambia remained as “obstructed” according to the CIVICUS rating. Despite promises by the President Hichilema, the restrictive NGO Act No.16 of 2009 is still in force. The environment continues to be openly hostile to LGBTIQ+ community and organizations, but there were no major campaigns targeted towards Väestöliitto’s partner organization in 2023.

In Malawi, there was a further devaluation of the Malawian Kwacha in November as the Reserve Bank devalued MWK by 44 % due to consistent shortage of foreign currency in the country. This contributed to further increases to the cost of living for most Malawians, especially those living in the rural areas and hard to reach areas. Before the devaluation, Malawi had been hit by Cyclone Freddy which caused severe damage to agriculture and infrastructure and left more than 500 000 people displaced. Malawi being one of the poorest countries in the world, it is extremely vulnerable to natural disasters and effects of climate change, and project area was one of the districts that were adversely impacted. Just as any humanitarian emergency, Cyclone Freddy worsened the power discrepancies between men and women, increased girls and women’s vulnerability to SGBV, introduced risky coping mechanisms for survival such as transactional sex among few women and girls and resulted in the washing away of houses and crops that affected their livelihood.

In Finland, Following the general elections in April 2023, the newly formed government initiated its term with the governmental programme. The governmental programme states development policy priorities including the enhancement of the status of women and girls, the upholding of the right to self-determination, and the advancement of sexual and reproductive health. This means that advancing SRH is higher in the agenda than ever before. The programme only includes SRH – sexual rights had been dropped out which caused concern. Nevertheless, the governmental programme set a good base to build on and further advocate for SRHR leading to the development the new Governmental Report on Development Policy.

However, the introduction of austerity measures and significant cuts to Official Development Assistance (ODA) in Finland cast a shadow over the civil society, which relied heavily on government funding. The political discussion was also very heavily critical on the work of CSOs in general and development policy specifically. As a result, there were growing concern that CSOs may become more cautious and less critical in their activities, fearing the potential loss of financial support. The official dialogue between CSOs and ministries seemed to weaken when it came to development of policies, which can be a sign shrinking civic space in Finland. When it comes to advocacy, this situation and the new government meant that new approaches and ways of working were needed.

In the realm of foreign policy, the focus on safety and security has become increasingly prominent, overshadowing discussions on development cooperation. Finland's accession to NATO in 2023 further intensified this emphasis, reinforcing the dominance of security concerns in the nation's foreign policy discourse.

Tajikistan, as CIVICUS rates, is a closed society and the civil society faces increased repressions. During the past year, Tajikistan has seen a significant deterioration in the environment for freedom of expression and freedom of association as the authorities have intensified control over media and civil society, including non-governmental organisations and people who criticize - or who the state perceives as criticizing - government policies. Since 2021, after violent state suppression of mass protests, Tajikistani authorities have intensified the crackdown on dissenting voices and civil society. Journalists, bloggers, civil society activists, independent lawyers and human rights defenders face intimidation and harassment, including by being interrogated, arrested and criminally prosecuted on charges initiated because of their exercise of the right to freedom of expression and other fundamental freedoms. Especially CSOs, activists and lawyers working on human rights have been subjected to threats and intimidation by the authorities aimed at pressurising them to drop or refrain

² <https://www.hrw.org/report/2023/08/03/crush-them-lice/repression-civil-and-political-rights-ahead-zimbabwes-august-2023>

³ <https://www.cartercenter.org/news/pr/2024/zimbabwe-021224.html>

from taking up politically sensitive issues or cases. In 2023, Tajikistani authorities increasingly also targeted persons living outside the country whom they accuse of being linked to banned opposition groups or websites.

The state of civic space in Nepal is rated as 'obstructed' by the CIVICUS Monitor. Documented violations of fundamental freedoms include arbitrary arrests and the use of excessive force with impunity during protests, as well as the ongoing targeting of journalists, including through harassment, attacks and criminalisation. Intimidation and attacks against journalists persist while protests have been met with arrests, excessive force and even deaths of protesters. In 2023, civic freedoms have been deteriorating due to social media directive and intensified targeting of journalists and protesters; moreover, security forces in Nepal detained activists and individuals criticizing the government and ruling party politicians, and frequently resorted to unlawful force against protesters. On a positive note, A landmark Supreme Court ruling on 28th June 2023 cleared the way for same-sex couples to legally register their marriages and for marriage equality in the country. Väestöliitto's partner has reported that the operating environment in Nepal is fairly good due to the stable political situation, and it has been growing slowly facilitated by the democratization of society, rule of law, governance and delivery of services to poor and marginalized groups. FPAN has not experienced restrictions as it is a registered organization that operates in close collaboration with the government, and it is the first national non-governmental in the field of sexual and reproductive health since 1959. However, as Nepal has recently become a lower-middle-income country and is aiming to become middle-income country by 2030, the funding dynamics for civil society have become unpredictable. Some large-scale projects have already been terminated due to decreasing funding and civil society is transforming themselves and adopting enterprises and marketing models for sustaining. This underlines the responsibility of current donors; the transit and exit phases should not be done too rapidly to ensure that often underfunded issues such as SRHR and related services are not terminated "over-night".

3. Results and impact

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

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

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

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

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

Increased access and utilization of vulnerable groups to SRHR services is already visible in some programme countries. For example, Persons with Disabilities' (PwD) access to SRH services has increased significantly as during the year 2023 the number of services delivered to PwD rose compared to the baseline numbers 2021 in Afghanistan (11 091 in 2023 vs 4 947 in 2021) and Nepal (15 398 in 2023 vs 9 879 in 2021).

One *change in policies or laws to include SRHR issues of especially vulnerable groups* was achieved in 2023 under the PwD thematic work that started already in 2019 through MFA project funding. In Afghanistan, the Ministry of Public Health revised in October 2023 the Health Management Information System (HMIS) guideline and reporting formats. The revised version, for the first time, includes new indicators for collecting disability disaggregated data. The HMIS guides the collection of national data on the health needs in public health facilities, and informs further health related decision-making. This also supports ensuring that SRHR services for PwD are integrated into the broader healthcare system. The implementation of the new HMIS form was started from November 2023 onwards in the public health facilities, and Väestöliitto's partner also introduces the format through training sessions to its staff in 2024. Väestöliitto's Afghan partner has participated in the Health Task Force meetings of the Ministry of Public Health throughout the past years, where it has since the start of this project in 2019 together with other CSO partners raised the awareness of the civil servants that the HMIS has a gap in collecting disability data and advocated for its revision. The Afghan partner had the HMIS revision as one of their focus areas in their 2023 advocacy work.

In Nepal, the Disability-Friendly Reproductive Health & Safe Motherhood Service Guidelines were released at the end of 2022. As a follow up, Väestöliitto's partner FPAN organized orientation program to newly elected local governments in the project areas to orient them on the guidelines. The main purpose was to make the local government informed on their duties and advocate for allocation of local resources for disability-friendly services. FPAN Peer Educators have also interacted with different government officials to remind them on the importance of the implementation of the guidelines. However, there have been challenges in the implementation due to limited allocation of financial and technical resources.

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

3.1 Development cooperation in programme countries

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

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

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

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

for this to be accomplished, the rights-holders have gained in-depth knowledge about SRHR, what are the root causes behind SRHR related challenges, and how to make a change.

Each partner implemented various types of life skills, empowerment, awareness raising and capacity building activities and increased rights-holders' knowledge on SRHR. The financial empowerment activities were implemented only in the SGBV prevention project in Malawi. A total of 333 actions were implemented in 2023 reaching total of 21 303 persons. Actions comprised of e.g. comprehensive sexuality education (CSE), trainings on SRHR, sexual and gender-based violence, peer support groups, gender transformative approaches and village savings models and different business models.

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

Decision making regarding one's own SRHR entails many very intimate and sensitive and decisions range from deciding to access SRH services to starting a relationship or a family that might not have been possible choices to make prior to the project. The data has been gathered through small focus group discussions and reflection discussions with a lot of attention paid to respecting the privacy and boundaries of rights-holders. The data reflects positive changes in people's lives as there has been an increased number of adolescent girls and young women who have participated in making decisions about their sexual health and have started to access youth friendly services. For example, in Tajikistan 67% (vs. 29% in 2022) of the PwD who participated the peer support groups reported starting to make decisions about their own SRHR, such as making decisions about the number of children they want. Also, in Malawi 63 % of women reported that they are now able to make decisions in their sexual relationships, such as giving consent to sex, negotiating power when to have sex, and strength to leave abusive relationship. In addition, the Zambian partner was able to not only raise the awareness on SRHR but also create functional referral mechanisms for trans and intersex persons to SRH services and were able distribute sexual health commodities which translated to increased opportunities to make informed decisions about sexual health.

Under *Increased number of persons from vulnerable groups with new capacities* the new capacities entail a range of various capacities that are elemental in increasing one's agency regarding their SRHR, such as *increased knowledge on SRHR and/or SGBV, knowledge how to report SGBV, advocacy skills, self-esteem, economic empowerment, change in SRHR related attitudes*. Percentage data was not available throughout the projects, but the positive changes that were recorded demonstrate that the rights-holders have benefitted significantly from the programme. Knowledge about different dimensions of SRHR as well as rights literacy clearly increased, and many harmful misconceptions and myths were clarified in the various capacity building sessions. There was also a positive change among PwD with increased knowledge on SRHR. For example, in Afghanistan 96% of rights-holders reported gaining knowledge on SRHR i.e. knowledge on contraceptives, menstruation and relationships, compared to 90% in 2022. Whereas the number was 93% in Nepal (82 % in 2022). in Tajikistan 53% of rights-holders reported increased knowledge on sexually transmitted infections.

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

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

Awareness on SRHR of vulnerable persons is raised in the targeted societies did take place under the SGBV and PwD projects. The partners implemented various types of awareness raising activities, such as community dialogues, regular club meetings in the communities, football tournaments, media engagement and journalist training, social media campaigns, billboards, radio programs, and TV program. The different actions implemented reached out to a total of **10 863 422** persons. Radio spots were broadcasted in Afghanistan with a reach of more than 10 million. Partners in Malawi and Tajikistan raised awareness of broad public through their social media platforms such as Facebook and Instagram.

Own perceptions of persons from vulnerable groups of a more inclusive society on their SRHR issues was captured through Focus Group Discussion (FGDs), interviews and review meetings with rights-holders. Women and girls in Malawi reported that there is now a fair representation of women and PwD in the official Area Development Committee and Village Development Committees which are important decision-making platforms on a local level. Another example is that SGBV survivors feel that they are able to do advocacy for SGBV prevention, and that the active participants of the project feel that they have become SGBV and SRHR role models in their communities. Persons with disabilities also reported several signs of a more inclusive society: for example, in Nepal, Peer educators perceive the society more inclusive as they are invited by the local government for disability related programs and activities. Similarly, OPDs said that they are invited for policy drafting, to take sessions on disability inclusion in local government offices and provide their expertise and guidance to other organizations and stakeholders. In Tajikistan, PwD report that they have become more active than ever, they are visible on the streets, at universities, schools, colleges and institutes, in shops and markets, buses, taxis, meetings, exhibitions and training centers, and many new buildings are built accessible. In Afghanistan, women with disabilities now feel welcome if they went to a health clinic to seek services and feel safe to talk about and be open about SRHR issues.

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

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

The partners implemented various types of actions to improve the ways that SRHR issues and needs of vulnerable groups are met by relevant civil society and community structures and service providers. These actions ranged from collaborating with health centers to facilitate their SRH service provision to the vulnerable groups in the communities, building the capacity of teachers on comprehensive sexuality education, facilitating the sexuality education sessions held by teachers, training of trainers and peer educators, to creating IEC materials for the sexuality education sessions. Altogether **79** actions were implemented which reached out to **1702** people.

Positive change in attitudes and perceptions regarding gender norms or SRHR of vulnerable groups among service providers and civil society structures is demonstrated in Malawi's SGBV work by the continued support of the school structures for the SRHR sessions provided by the health care professionals which was not the case before the project. Also, the community structures have created a joint platform for open discussions on sensitive topics around SRHR and SGBV, which was previously considered too western and a taboo. Regarding the work with accessibility and the rights of PwD to access health services a positive change can be seen that both health providers and civil society actors see that PwD have all social rights like other healthy individuals, they believe PwD can have a normal sexual life and can be potential parents. For example, in Afghanistan, all Väestöliitto's partner's service providers (all female) demonstrated positive changes in attitudes about serving clients with disabilities. This was supported by observations from project staff during the period, where providers were seen to actively anticipate and treat PwD with the same level of consideration as their other clients, recognizing that every individual, including PwD, possesses identical rights in SRHR. There was a conscious effort to eliminate feelings of discomfort when assisting clients with disabilities and, in fact, providers strived to offer additional support and care to those with disabilities. Furthermore, providers demonstrated a comprehensive understanding that PwD, like anyone else, can be sexually active and may aspire to become parents, and be given the necessary support from their families and society.

Service providers and civil society structures have new technical skills to provide quality care to vulnerable groups entail several demonstrated improvements. The health service providers, mother support group members, child protection committees, and formal justice systems have been capacitated to follow up on issues that have been reported to them through strengthening linkages between these critical duty-bearers,

and by built capacity on case management and counselling. For example, in Zambia collaboration among SRHR stakeholders was strengthened for referral mechanisms, and uptake and reach to services was increased through creating rapport with Key Population Association in Zambia where partner organizations' peer leads linked LGBTIQ+ persons to safe spaces for SRH services. Partner was also able to identify two safe local health facilities to provide additional services and sensitize staff of a key partner on gender equity and sensitivity. In Nepal, a sign language training was organised to FPAN service providers, and 100% of the participants reported increased skills to deliver services to PwD.

Number of community and civil society representatives addressing SRHR issues of vulnerable groups in their communities, types of ways of addressing SRHR issues is demonstrating the commitment of the different civil society actors to support SRHR of the vulnerable groups and entail a multitude of different actions that the most vulnerable groups can also organize to advance SRHR. In 2023 altogether **381** community and civil society representatives showed capacity in addressing the SRHR issues, such as service providers, teachers, representatives from organisations of persons with disabilities, community elders, School Human Rights Clubs, mothers' groups, female champions, women's forums, community policing forums and youth networks.

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

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

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

Various actions were done to create new contacts with duty bearers and to increase their capacities in SRHR of vulnerable groups. A total of **89** actions were implemented in 2023 reaching total of **421** persons which translated into new initiatives or other actions carried out by duty bearers, and new dialogues between duty bearers and programme partners where SRHR issues are advanced. These actions include active participation in relevant technical working groups of the relevant ministries, training of duty bearers on SRHR issues, and facilitation of sessions where rights holders were able to share their concerns to the duty bearers.

Number and types of new initiatives or other actions on SRHR of vulnerable groups carried out by duty-bearers resulted in **9** initiatives. In Nepal, 2 new initiatives carried out by duty-bearers: Banke Sub-Metropolitan city has allocated NPR 1 million for ID card distribution to persons with disabilities which will support them to easily seek SRH and other services in health centers. Lalitpur metropolitan city is developing guidelines for care takers of persons with disabilities including SRHR topics. Moreover, in Afghanistan, as mentioned above the updated HMIS guidelines and reporting format were released. In Malawi, the Ministry of Gender, community development and social welfare started developing a successor strategy to the previous strategy to end child marriage. The Malawi government also launched a National Male Engagement Strategy for Gender Equality, Gender Based Violence, HIV and Sexual Reproductive Health Rights: 2023 – 2030. This strategy will encourage male engagement in development activities by addressing and transforming harmful masculine norms.

In Finland, advocacy efforts focused on emphasizing the importance of SRHR as a priority for Finland's development policy during the parliamentary elections and governmental negotiations. Specific SRHR issues addressed in Finnish advocacy were the connection between education and sexual and reproductive health and rights, especially comprehensive sexuality education and barriers related to SRHR that hinder access to education, as well as the SRHR needs of vulnerable groups, especially those within the LGBTIQ+ community. Key civil servants involved in these issues were identified and contacted to build support. The Finnish Centre of Expertise in Education and Development (FinCEED) held a forum where Väestöliitto actively participated, engaging in several side sessions and successfully networking with key stakeholders. Väestöliitto also drafted a joint advocacy briefing on how to advance more LGBTIQ+ friendly foreign and development policy, together with key Finnish NGOs and the programme partners. This will serve as the basis for the advocacy for upcoming years. Väestöliitto continues the relationship building and networking to increase its own capacity on Human Rights Council through meetings with Finnish civil servants both in Helsinki and Geneva to learn more about Finland's priorities as a member of the council. Also, Väestöliitto continued working in the SRHR advisory group that works in Geneva. Väestöliitto was active in the CSO hearings around the MFA preparation for the human rights council sessions and was able to support MFA in issues related to SRHR in HRC.

The advocacy in Finland achieved good results, as there were 3 new policy documents emphasizing the importance of SRHR in Finnish development policy: Governmental Program, 1325 National Action Plan, and Statement to Parliament on promoting equality, gender equality, and non-discrimination. There were also 9 political statements emphasizing the importance of SRHR in Finnish development policy. This was achieved through regular dialogue with previous contacts such as politicians and civil servants as well as establishing various new relationships with stakeholders and duty-bearers from different political parties. Both advocacy and communications played a key role in building decision makers' capacity and knowledge on SRHR and the most vulnerable groups. Briefings and advocacy asks were prepared well in advance so that Väestöliitto was able to answer the request for expertise quickly and timely.

Number and types of ongoing dialogues between decision makers and project partners where SRHR issues are advanced entailed various spaces for dialogue, resulting in **20** ongoing dialogues. These included e.g. participation in technical working groups where expertise was shared to other organizations and government stakeholders, and where best practices in ensuring that the SRHR of the vulnerable groups is advanced were discussed. In Afghanistan, 10 Ministry of Public Health Task Force meetings were held to focus on the revision of HMIS guidelines and formats and the inclusion of indicators in the collection of data on persons with disabilities. Partner in Tajikistan, for example, continued being a member in the working group of the National Plans for the preparation of the Republic of Tajikistan for ratification by the UNCRPD, as well as the working group of the National Plan for Accessible Environment for 2020-2024 to promote SRHR of PwD. In addition, FPAN participated in central, provincial and local level review meetings on current existing disability programs and work. The Malawian partner was influential in 5 governmental working groups providing technical expertise and using these platforms to popularize SRHR themes.

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

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

Capacity and skills in SRHR of especially vulnerable groups and RBM are increased among programme partners was done through four live thematic partnership meetings of the three projects in the autumn of 2023. In addition, online capacity building meetings were held on RBM, especially on the results framework indicators, to unify partners' understanding on the indicator and data collection. In the live partnership meetings and combined monitoring trips, the strategies, priorities, and approaches were assessed and planned, successes and challenges were discussed, Mid-Term Reviews were conducted, and various relevant RBM topics were covered to ensure quality implementation of the projects. Also, advocacy workshops were conducted during all the live meetings, and concrete advocacy plans were created for the rest of the programme period.

A capacity self-assessment that was piloted among the partners of the PwD thematic work to gain more understanding on the specific capacity gaps and strengths and how to measure organizational capacity, was

conducted among nearly all of the rest of the partners, including Väestöliitto. According to assessment the partners were well-capacitated, as the overall average grade (in the range from 1 to 5) was 4.0. Results-based management was an area where the partners recognized a need for further capacity building, and the RBM capacity building took place accordingly in the partnership meetings and individually with each partner during the annual reporting.

In addition to partnership meetings and monitoring trips, programme partners participated in other types of capacity building actions. Some partners participated in several capacity building meetings and trainings to enhance their skills in SRHR of vulnerable groups. For instance, Väestöliitto's staff participated many relevant trainings throughout the year for example on risk management, evaluation, and outcome harvesting.

SRHR of especially vulnerable groups are included in the strategies and other projects of programme partners captures organizational changes among programme partners to include the girls' and women's SRHR issues or LGBTIQ+ or PwD needs into their regular work where relevant. In 2023 Väestöliitto's Malawian partner continued developing their new strategic plan which will continue to prioritize the SRHR of youth, adolescent girls, and young women. The SRHR of persons with disabilities is included in our Afghan partner's country strategy thus in all their projects implemented in Afghanistan: in all their service delivery points, partner provides orientation to health providers on the provision of services for PwD and ensures that the health facility environment is convenient for PwD. Our Nepali partner FPAN's new organizational strategy for 2023-2028 states that FPAN will strive not only to expand the range of choices but also to broaden access to reproductive health services for poor, marginalized, socially excluded, and underserved populations, including persons with disabilities. Moreover, following governance reforms at FPAN, representatives from vulnerable and key populations have been included in both central and branch committees. Väestöliitto's Tajik partner's organisational strategy includes SRHR of PwD. Partner is also the Tajik Country Office of the Abilis Foundation and has successfully advocated to include SRHR of PwD as one of Abilis' priority areas.

Number and types of CSO-led alliance alliances, partnerships, networks, working groups or similar the partners are working with on SRHR demonstrate the level of connectedness of programme partners to relevant stakeholders, and also highlight the need and achievements of working in collaboration with other stakeholders when advancing sensitive issues. In Malawi, CYECE chairs the National Taskforce on Ending Child Marriage, and is an active member of Coalition on the Prevention on Unsafe Abortion COPUA which did active advocacy on the "Termination of Pregnancy" bill; entered into two new partnerships with UNESCO as well as a Zimbabwean organization to advance youth SRHR. CYECE has also maintained the already existing partnerships and networks such as consortium Power to Youth, Malawi SRH Alliance, membership in the District SRHR network and AGYW network at district and national level.

The Zambian partner is a member of the Zambian Key Populations Consortium, and the Zimbabwean partner initiated an advocacy think tank which is comprised of 14 LGBTIQ+ organizations to map out and share data on SRHR programs targeted at LGBTIQ+ communities. Also, a research task force was initiated by the Zimbabwean partner to bring together 19 LGBTIQ+ activists to collect data for evidence-based advocacy.

The programme partner in Afghanistan is partnering with different Civil Society actors on inclusive SRHR, such as university lecturers, representatives from the healthcare community, representatives from disability groups such as National blind association, and community and religious leaders. Nepal partner FPAN is partnering with 9 OPDs and Tajik partner is a member of 3 networks, such as Network of Women Leaders with Disabilities in Tajikistan.

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

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

The objective of global communication in Finland is to raise awareness among the general public and young people about SRHR, comprehensive sexuality education (CSE), SDGs and their interlinkages. The focus for year 2023 was to strengthen global communication as part of the overall communication of Väestöliitto and to place a clearer emphasis on the programme's themes, such as sexual rights of LGBTIQ+ persons and tie those themes in a larger SRHR agenda. Several internal planning meetings were held to ensure that the global communication is in line with Väestöliitto's other communication efforts and on how and when different programme's themes are brought up.

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

The second indicator was *Number of visits to website, reach of social media posts, number of shares and engagement rate in social media, video views, blog views, podcast reach*. In total Väestöliitto's social media reach reached 10.3 million. The blog got 87 423 impressions. In various social media channels, there were in total 83 102 followers. There was a slight decrease in the reach of social media channels compared to previous year. Different social media channels' analytics changed during 2023, so those are not directly comparable to previous years. Changes in the nature of the X and the discussion culture have led to the need to introduce other channels with SRHR themes. Paid ads are more visible than organic content and that is why those needs to be prioritized to get more views. However, themes that are allowed and forbidden on Meta's channels limit the possibility to market certain themes that are relevant to SRHR.

Continuous monitoring during the program's duration is planned. Engagement with development communication remains modest, averaging about 15 reactions per post. A small increase in reactions have been noted even though the numbers are quite small. Analysis suggests that 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. Also, those posts that are not paid, get fewer reactions than the paid posts. In addition, the analysis suggests that some of the SRHR topics, such as abortion and LGBTIQ+ rights get more reactions than other SRHR or development cooperation themes. This may indicate also that those most controversial SRHR issues, due to polarization, may get more reactions because those who support those want to be even more vocal. On the other hand, some find it difficult to express their support because of the polarization. These insights shapes message adjustments for social media.

The third indicator was *Number and types of direct target groups reached*. Engaging young people proves more challenging due to Väestöliitto's predominantly adult follower base. Not all social media platforms provide this information, so precise information on the age breakdown in terms of reach cannot be provided. Social media cooperation with UN Youth of Finland reached in total 2037 and received a total of 94 reactions.

The program also targeted decision-makers, reaching them through social media and events like UNFPA's State of World Population report launch. Social media reach in this specific group was hard to assess but directly reached 60 decision makers.

To raise awareness among the target groups, various global communication activities were carried out, including social media campaigns, blog series, events like the launch of the SWOP (State of World Population) report and Helsinki Pride event at Korjaamo, and posts on current issues related to the program themes. Communicating about the program and its results is a fundamental aspect of our communications strategy, as it plays a key role in increasing awareness among the target groups about development cooperation, SRHR, and SDGs, as well as garnering support for development cooperation.

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

In the communications related to UNFPA, posts were actively shared to increase awareness among the general public and decision-makers about UNFPA's work and Finland's support for the organization. Also, youth was 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 cooperation with UN Youth of Finland. Cooperation with youth organizations is a key to reach the youth.

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 fewer engagements with the posts, despite receiving a significant number of impressions. However, the situation is constantly analyzed and utilized replies to reinforce our message, reframing the arguments from different perspectives and providing various examples.

The output *Number and types of development communication and global education activities implemented* states that in total 326 development communication activities were implemented in 2023. This included different social media posts and campaigns, blog series, events like the launch of the SWOP (State of World Population) report and Helsinki Pride event at Korjaamo, cooperation with UN Youth of Finland, and posts on current issues related to the program themes and program itself and its results.

The large number of communication activities and the scale of the activities contributed to the achievement of outcomes. When using different channels and ways to communicate programme's topics, it increases the chances that the messages reach the target groups. This allowed the target groups to learn about SRHR and related topics in different ways and repeatedly, thus increasing their knowledge.

3.8. Contribution to the aggregate indicators of the MFA

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

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

Output	Indicator	Väestöliitto's data 2023
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	370 total 10 (AFG) 106 (MW) 252 (NP) 2 (TJ)
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	32 602 total 13 140 (AFG) 9574 (MW) 125 (ZAM) 25 (ZIM) 9 618 (NP) 120 (TJ)
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	4715 total 3176 (MW) 1498 (NEP) 41 (TJ)

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 2023
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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	60 total 61 (MW) 1 (TAJ)
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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 2023
Output 4.1. Strengthened public and political participation and decision-making power of women and those in vulnerable positions (SDG5, T5; SDG16, T7)	Number of people who have taken part in decision-making	no data in 2023
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	20 total 7 (all programme partners) 1 OPD and 2 CSOs (AFG) 8 OPDs (NEP) 3 OPDs (TAJ)
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.	16 total 16 (journalists, NP)

3.9. Analysis of the results

As the programme was designed to incorporate Väestöliitto's already ongoing projects to the new elements with new partners, it had an effect on the consistency of the performance and the achievement of the outcomes still during the second programme year. Two of the thematic projects were already in full implementation at the onset of the programme and the third thematic project was properly kicked-off very late in 2022. Therefore, most of the achievement of the outcomes can be attributed to the pre-existing projects although some positive steps were made also within the LGBTIQ+ project.

All the partner organizations have good mechanisms and capacity in reaching out to the rights-holders either through their own members or through their partners or other stakeholders. Proving capacity building and social support, empowering rights-holders in making informed decisions and strengthening their tools to live lives of their own choosing, as well as being more aware of the rights that belong to them are approaches that all partners are already strong at. This outcome of building the capacities of rights-holders is the only outcome the achievement of which was most consistent among all partners also in 2023 as it is least likely to be affected by those external factors that make the other outcomes more challenging to be achieved in more fragile or suppressing contexts.

Raising awareness in the societies to decrease the harmful conceptions around SRHR of vulnerable groups is an outcome which is more challenging to achieve in a consistent way among all partners. In order to be successful, the outcome is reliant on the possibility to talk relatively openly about the SRHR of the most vulnerable groups. However, the LGBTIQ+ partners continued to be obstructed to conduct large-scale campaigns or awareness raising actions with clear LGBTIQ+ messages. In 2023 the Zimbabwean elections forced the partner to be even more careful with public messages than before, and Zambian partner continued to be alert on the rise of possible hate campaigns.

Capacity building in communities so that the SRHR issues and needs of vulnerable groups are met with quality and care among service providers and civil society structures is an outcome which contains a broad variety of

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

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

Learning and capacity building of programme partners is an outcome that is tied with strengthening the expertise of all programme partners in SRHR issues of vulnerable groups as well as having strong capacities in managing the projects so that the outcomes are achieved. During the first year of the programme a lot of efforts went into establishing the RBM structures and initiating the new partnerships with LGBTIQ+ partners which left less space for joint capacity building among all partners. Therefore, the contributions to achieve this outcome were not uniform and consistent and a lot of identified gaps will need strong focus during the following years.

3.10 Analysis of the Advancing SRHR of person with disabilities project

The SRHR of PwD thematic work in Väestöliitto's programme is continuation from the project that was piloted and implemented with the MFA project funding in 2019-2022. Therefore 2023 was the first year of the "second programme cycle", meaning that the work was in full implementation and two of the partners extended their work into new operational areas.

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

The project successfully implemented measures to enhance the physical and informational accessibility of SRHR services for people with disabilities. This includes the establishment of accessible facilities, the implementation of assistive technologies to awareness raising, and the provision of materials in formats suitable for diverse abilities. It also delivered comprehensive training programs for healthcare providers to ensure they are equipped with the necessary skills and sensitivity to cater to the unique needs of individuals with disabilities. It facilitated community engagement initiatives to reduce stigma and promote inclusivity. Additionally, advocacy efforts were undertaken to influence policies and practices at both the community and institutional levels, and sustainable partnerships were established with organisations of person with disabilities, other CSOs, healthcare institutions and government bodies. These partnerships serve as a foundation for continued collaboration, ensuring the long-term impact and scalability of the programme's outcomes.

Afghanistan

Väestöliitto's partner has been able to continue its operations despite the Taliban regime and its multiple restrictions directed to women. Health sector has been an exempt from the ban on women's participation in work life, and most of the staff members are still women. Of course, the regime rules are followed carefully: men and women work in different spaces in the office; female staff members wear hijabs, and they have male accompany when they travel to make home visits.

The project worked to enhance accessibility and inclusivity in SRHR services for individuals with disabilities, particularly female clients with disabilities. At the rights-holder level, 2023 saw improved knowledge and awareness among PwD regarding their sexual and reproductive health rights. A total of 78 PwD were trained as community health workers (CHW) which allowed them to conduct face-to-face meetings in their communities and inform people on misconceptions and social norms limiting PwD's access to SRH and FP services. This also contributed to informing the communities and wider public on PwD rights to access SRH and FP services. The growing number, increased advocacy and representation of CHWs, as members of their communities and actively addressing SRHR issues within their communities, contributes to a more comprehensive and inclusive approach to addressing the specific needs of vulnerable groups

Based on the increased number of clients, experience working with CHW, and discussion with the Ministry of Public Health -led task force, it seems that community involvement and collaboration with local leaders and organizations has and will continue to be crucial to successfully reducing stigma and cultural barriers, making SRHR services more acceptable and accessible. The project has led to increased participation of rights-holders in decision-making and achieved a notable increase in the involvement of vulnerable persons in decisions related to their SRHR, empowered individuals to have agency over their reproductive health choices and contributed to a more supportive and inclusive community environment.

Media campaigns together with engagement of CHWs provided wide-ranging awareness of SRHR of PwD in communities. Engagement of religious leaders to provide awareness during prayers is seen to have heightened awareness among vulnerable populations regarding their SRHR. Our partner provided orientation to religious leaders and community elders to identify, address, and remove barriers to contraception, information, and SRH services, particularly for vulnerable groups. Religious leaders were sensitized about PwD SRH and FP, which improved their awareness and changed their attitudes positively, thereby increasing access and referral to SRH and FP services.

Due to the capacity building of service providers, they now possess new and improved technical skills, enabling them to offer higher quality care to vulnerable groups. This has resulted in better health outcomes and increased satisfaction among the targeted communities. Progress is also being achieved in transforming the attitudes and perceptions of service providers towards gender norms and SRHR of vulnerable groups.

The approach of the project to collaborate with other civil society actors, health sector and duty-bearers proved to be successful. Väestöliitto's partner firmly believes that the success is tied to collaboration between health sectors, educational institutions, and community organizations to address SRHR comprehensively and this type of collaboration should continue in other projects as well.

Nepal

In Nepal, the project extended into a new area in south-west Nepal, Banke. The area was selected after consultations with Abilis Foundation and other OPDs, based on the needs in the area, community acceptance and population statistics, such as the percentage of PwD in the local population. 4 new partner OPDs that represent different groups of PwD were selected in the area: Disable Empowerment and Communication Center (DEC) Nepal, Kohalpur; Parent Association Person with Intellectual Disability (PAPID); National Disable Albino Nepal, Kohalpur; Banke Association of Blind. The local partners organizations are now integrating SRHR in their programs and activities. Also 7 new peer educators were trained.

The achievements in 2023 have contributed to the achievements of the programme's objective. At the rights-holder level, it has proved that the peer educators, who are from the PwD communities, have continued building others' capacity as well as decision making power after engagement with the project. They have also fulfilled multiple roles within their communities, acting as counselors, motivators, and influential figures. It has proved that the different activities, such as CSE sessions, peer educator mobilization, and awareness raising in communities have contributed to PwD now making more decisions about their own SRHR. Also, the utilisation of SRH services and commodities has been increased and PwD are empowered to select the family planning method of their choice. 73% of FPAN clients with disabilities who received services in the clinical outreach camps now report making decisions about the use of contraceptives.

Capacity building to PwD have also supported them in building networks and some of them are supporting their local governments in developing and designing disability related programs in their own areas. The social inclusion and community participation of persons with disabilities has increased as they are contributing and advocating regarding the needs and gaps of the disability sector with their local governments.

The orientation programme to journalists and media persons has supported the awareness of the broad public as they have developed news about the importance of SRHR for persons with disabilities. Similarly, trainings and capacity building to service providers have enabled them to deliver disabled friendly services and decreased stigma on PwD SRHR among them: 100% of the service providers who were interviewed reported that they don't have any problems with delivering services to persons with disabilities. In 2023, especially the sign language training organised to service providers has increased their skills to deliver services to all.

The orientation sessions towards local governments on the newly released Disability-Friendly Reproductive Health & Safe Motherhood Service Guidelines have supported the implementation of the guidelines, and has already led to budget allocation for SRHR for PwD work in the respective municipalities.

Tajikistan

Also in Tajikistan, the project extended its geographical area in 2023: three new OPDs were selected as partners from Istaravshan, Rudaki and Buston regions. Tajikistan partner opened a call for application to facilitate the selection process, and used criteria such as motivation, needs and commitment. The new OPD partners started to conduct peer support groups, and trainings for trainers for PwD in their local communities on the SRHR issues. They also included activities such as participating in round tables, meetings, forums, making home visits in communities, and giving consultations in their offices.

Tajik partner worked in the rights-holder level with several activities, such as "Summer school", "Peer Support Groups" and "Victorinas" Quiz workshop to PwD. All of the above-mentioned activities were aimed at improving PwD's life skills, raising their awareness and building their capacity on SRHR issues. Many PwD in Tajikistan have low self-esteem, and many of them do not receive information about SRHR, and many do not even have access to formal education and training. After participating in partner's activities, their awareness, self-esteem and knowledge in the field of SRHR have been increased.

Although Tajik partner successfully achieved the adoption of the Accessible Environment Program 2022-2025, progress in improving SRHR services has been limited. Most of these services are housed in older buildings, and the country's challenging economic situation, coupled with a low understanding of accessibility standards and the needs of persons with disabilities (especially wheelchair users), further hinders progress. The costs associated with removing barriers and creating an accessible environment have not been included in our project budget, despite receiving numerous recommendations from stakeholders.

To address these challenges, Tajik partner has recommended that duty-bearers include SRHR issues in national strategies and policies. For example, during discussions on the draft of the new law on persons with disabilities, partner repeatedly emphasized the importance of including a separate chapter on women with disabilities, but this has yet to be adopted. Additionally, partner leverages international mechanisms to advocate for the SRHR of women with disabilities. The CEDAW Committee, for instance, expressed concern about the lack of accessible support services for victims of gender-based violence and recommended that the State provide services that are both accessible and tailored to the needs of women with disabilities.

3.11 Analysis of the Prevention of SGBV in Malawi project

The SGBV project had already commenced as stand-alone project in 2021 and was in full implementation in 2023. Due to strong existing partnership between Västoliitto, Finnish partners, and the Malawian partner, and well-established PMEL structures the project contributed fully to the performance of the programme.

As a result of the various capacity building activities targeting girls, boys, men, peer educators, women's income generating (VSL) groups as well as community structures, knowledge and awareness of SRHR and SGBV of vulnerable groups further strengthened. Also, the knowledge of the reporting mechanism to follow in cases of SGBV was on the increase. There have been further positive changes in attitudes in the communities, as the community members were speaking more openly about the sensitive issues related to SRHR, but also denounced more explicitly the norms that are harmful and fuel SGBV. It was also reported in 2023 that women and girls have gained more autonomy through increased negotiating power within their intimate relationships, increased access to SRHR services and through that also more control over their fertility choices. Additionally, the capacity buildings have also contributed to the economic empowerment of women which has given them the voice to speak against SGBV and make decisions not only about their SRHR and but also on their households.

Through the approaches of the project, there have been visible successes to clear many misconceptions about SRHR and SGBV. Especially the dialogue sessions in the schools' human rights clubs and with the parents have proved efficient in clearing some of the most blatant misconceptions around SRHR. One of them regarded family planning services as it was commonly thought that using family planning methods before giving birth will lead to infertility. This has scared a lot of girls and women from using available methods. After receiving appropriate information these misconceptions were cleared, and more understanding was gained on the rights of girls and young women, and the importance of knowing basic SRHR facts as a basis to make informed decisions.

The men engagement contributed to more men advocating for the SRHR of women and girls but also contributed to the changes in mindset influencing positive masculinities. The capacity building of community structures working on SGBV contributed to their increased collaboration, increased quality in case management and reporting, and referral pathways of SGBV related cases.

Despite these positive outcomes, there is a need to intensify SRHR sessions with the peer educators, use more male engagement strategies and build new skills among the service providers on case management, Psychological First Aid (PFA) and also formal Psychosocial Services (PSS) to heighten the benefits.

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

The LGBTIQ+ project was initiated at the beginning of the programme as the new element in Västoliitto's development cooperation. The project was commenced very late in 2022, and still a lot of focus needed to be placed in 2023 in further strengthening the joint project management and planning the concrete strategies for the project. There were two partnership meetings held in 2023, but neither could convene all three partners together which affected joint planning and sharing.

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

Zimbabwe

Amid growing tensions in Zimbabwe, the partner organization was able to implement much of the work with rights-holders. The Human Rights Literacy, and Safety and Security trainings ensured that there is a clear

understanding of communities' safety-nets as well as awareness on the harsh realities of the inaccessibility of justice for LBQT+ communities in most SRHR violations against them. These spaces highlighted the misinformation that Lesbian, Bisexual and Queer womxn, Trans* and gender diverse LBQT+ persons have particularly regarding their SRHR issues. Social media presence and activity also meant that in the harsher times when it was not safe to meet physically, more people were reached and informed.

There has been an increase in the presence and influence of anti-rights/anti-gender movement actors across the African continent and in the SADC region particularly and has been quite visible in Zimbabwe. Where previously the region was seen as hanging in limbo, with nearly half the region initiating legal and social changes for the inclusion, decriminalization, and respect for LGBTQI+ persons, there are a series of concerted efforts to rollback, reverse and block some of the progress; and potential or otherwise. These factors mean that in challenging the anti-gender/anti-rights movement and cis-hetero-patriarchal systems, who are more resourced both in financial and human resources, the work the Zimbabwean partner engages in could have very little effect. It must be emphasized that this work is not meaningless as the knowledge and skills offered go a long way in giving support to LBQT+ persons as well as increasing alliance-building across different interconnected pockets of society.

The achievement of the outcomes plays a pivotal role in making an impact in Zimbabwe. The project implementation of the year showed the communities' resilience in times of adversity and increased knowledge on avenues to use in accessing justice for the violation of LBQT+ persons' SRHR. This will go a long way in ensuring that LBQT+ persons do not face injustice without redress. This is a crucial step towards ensuring the realization of SRHR for LBQT+ persons. The signs of achievement are the feedback from workshops participants around knowledge shared and enlightenment. The willingness to partner and engage on SRHR as broader LGBTQI+ organizations is also of notable impact.

Zambia

The Zambian partner conducted several SRHR sessions with especially adolescent girls and young women among their LGBTIQ+ members to increase their knowledge and awareness on their individual SRHR needs, access and referral points, identify violations on their rights, and increase participation in Mental Health & Well-being activities. The partner created an approach to have a safe space where healthcare professionals can interact with the LGBTIQ+ community along with the partner's staff and volunteers. This approach had a significant change in the uptake and reach of services and is expected to further aid in the identification of gaps among care givers and healthcare providers on whether the services are gender affirming/sensitive, considerate of the needs of the young adults and the contexts in which the services are being provided.

In 2023 it was seen that there was an impact on individual health seeking behavior, grown rapport with certain healthcare facilities and individuals, and package of services offered. Information packs could enhance this process further, by considerations of age, context, and diverse needs of individuals. The engagement with the LGBTIQ+ persons and linkage to care services was also a success through the referral mechanism. For the partner organization it was quite exciting engaging with vulnerable groups in diverse contexts and issues and observing their interest in health issues.

The partner organization organized for the first time in 2023 a peer education training to that magnitude. The partner also successfully trained peer leads in microplanning, reporting, SRHR, human rights, and community mobilization and engagement. These trainings aided in the identification of trans-diverse and intersex communities in the Western Province, and reached out to peer leads in all of the partner's catchment areas (Lusaka, Kitwe, Ndola, Chililabombwe, Livingstone, and Mongu). The trainings allowed the peer leads to conduct their own peer-led online sessions with individuals in their respective districts, and report using the methods taught.

There has been an increase in the number of projects addressing key population needs in Zambia, which is encouraging. However, in order to harvest the biggest impact and sustainability of that development, trainings for healthcare providers need to be amplified, and identification of duty bearers to support the capacity building of healthcare providers need to be ramped up. Stronger laws and policies for a more comprehensive minimum package of services provided to vulnerable groups will be a focus in the future.

South Africa

As the role of the South African partner is to support the capacity building of its member associations, the role of the partner Pan Africa ILGA (PAI) during the project is to strengthen the capacities and broaden the opportunities of the Zambian and Zimbabwean partners to do advocacy on SRHR issues. The analysis of the most necessary advocacy tool to serve not only the Zambian and Zimbabwean partners but the LGBTIQ+ organizations and activists around the African continent was done during the partnership meeting in Helsinki in 2023. During an advocacy workshop it was analyzed that there is currently no regional level advocacy for the inclusion of LGBTIQ+ persons in advancing SRHR on the continent, and therefore there is a need to create a strategy that will start the conversation and the work on this issue. It was decided that in order to start the development of the strategy, a workshop with various LGBTIQ+ organizations in addition to the Zambian and Zimbabwean partners would be held.

The first workshop was held in December 2023, and the work on refining and launching the strategy will continue in 2024. The strategy will enable the partner to engage duty bearers and stakeholders and address the SRHR issues of LGBTIQ+ persons on the continent so that they are not left out of the conversations moving forward. The development of the strategy will contribute to the overall goal of the project and help to ensure that the SRHR programme of PAI is guided and measured.

4. Transparency and accountability of the programme

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

In the advocacy work in Finland this is a challenge as it has no direct contact with the rights-holders Väestöliitto advocates for. This is considered an aspect that must be developed for the following programme cycle. The ongoing inner process of analyzing Väestöliitto's work from decolonization's perspective will provide tools for this critical development work.

The partners in the programme countries ensure transparency and accountability in various ways. In Malawi the partner brought together relevant government officials and the rights-holders in the project area. The project team and duty-bearers are accountable to these groups through regular updates and reports regarding the progress. The government officials that are responsible for advancing the rights, economic empowerment and health of the communities are linked through the project to the existing community structures to ensure that the rights-holders know who are accountable to them, and the duty-bearers know who they are accountable for. Malawian partner CYECE facilitated joint planning and review meetings with rights-holders, and furthermore involved district stakeholders in joint monitoring.

In Afghanistan the project interventions were based on the needs of PwD. Rights-holders were involved in the project design and planning phases, ensuring their perspectives were central to decision-making: Väestöliitto's partner facilitated participatory workshops and focus group discussions with rights-holders to identify their specific needs and preferences in terms of SRHR services, and also collaborated with local OPDs. Also, the healthcare providers and professional associations were involved in co-designing the training programs, by incorporating their expertise and insights. The partner organization established regular communication channels, such as community meetings, to update rights-holders and stakeholders on project progress; it has also asked its provincial coordinators to include PwD in their health committees, where rights-holders discuss the health needs of the local community. Moreover, reliable information and adequate data were produced for each outcome, and specific attention was given to the project monitoring. The project reports and evaluations

were also published, highlighting the impact and lessons learned, and feedback from rights-holders was sought through surveys or community meetings.

In Nepal the inclusion and coordinating partnership between organizations of PwD and FPAN has been instrumental in ensuring the ownership of PwD. FPAN is currently conducting the project along with 8 partners from two project areas and the ownership is shared among all. A partner's meeting among all organizations is organized regularly to share the progress of the project and all partners share their ideas and opinions regarding the upcoming plans and the results of the project. When organizing the outreach clinical sessions or other activities the partners are consulted for better planning and to disseminate the information about upcoming activities. The District Health Office which is under the Family Welfare Division at the Ministry of Health has also supported in the activities conducted by FPAN Valley Branch including outreach clinical sessions in the PwD community. They have also provided technical support and feedback to the peer educators, managers, and service providers.

In Tajikistan, all activities were planned together with rights-holders, partners and peer trainers and convenient dates and time were chosen by them. Financial manager made any payments based on reports, photos and lists of participants from the activities.

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

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

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

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

The programme is centered around very sensitive issues and the risk of sexual exploitation, abuse and harassment is present, a special focus was placed in ensuring that the partners have robust PSEAH mechanisms in place to prevent any harm to anyone involved in the programme. This is a process that will nevertheless continue throughout the entire programme. Also, special attention was paid to ensuring that especially the new partners have robust financial management tools and sufficient capacity to prevent the risks of mismanagement of funds.

Various risks at institutional, project and programme, and operational environment level were systematically assessed jointly with partners during the partnership meetings as well as online. During those assessments both the risk matrix was screened and updated, and the realization and mitigation strategies of individual risks were discussed.

During 2023 no incidents of SEAH or mismanagement of funds were reported. During the year Väestöliitto was working on its internal safeguarding policies and by the end of the year released its Principles for a Safer Space, which consider accessibility and inclusivity. The intention is for Väestöliitto to be a safe workplace and for everyone to feel safe participating in Väestöliitto's activities and events. Alongside, a web-based form was released to report any incidents of harassment, discrimination, bullying, or other forms of unequal treatment that occur within Väestöliitto or at events organized by Väestöliitto; in addition, two harassment contact persons were appointed.

In Afghanistan the national context remains extremely fragile due to insecurity, poverty, and cultural restrictions, leading to some risks materializing during the reporting period. Firstly, our partner needed to adapt its reproductive health services to meet the evolving needs of communities, considering the impact of security concerns, the pandemic, and humanitarian crises which has driven up demand for SRH and healthcare in general. Also, restrictions on women's mobility continued to hinder women's and girls' access to SRH and FP services. The restrictions also led to increased need of male accompaniers for female staff while travelling long distances. External factors like natural disasters (the Herat earthquake) and political instability (such as the Ministry of Economy issuing NGO guidelines that i.e. banned the operation of mobile health teams and tightened the regime-led monitoring of CSOs) and general security challenges required much staff time to manage and mitigate. However, this did not significantly impact project progress; although the ban on mobile health teams caused delays as teams transitioned to fixed sites and ultimately limited PwD's access to SHR and FP services in rural areas. The programme partner is focusing on risk management and updating the risk register to ensure that strategic risks are identified and monitored, allowing informed decision-making and timely action. Partner especially seeks to reduce risks that are a threat to the staff and to delivering objectives, and put in place actions that address the likelihood and impact of each risk to an acceptable level. Each quarter, the security and senior management teams review the risk register.

In Nepal in 2023, no major risks materialized that would have had an impact on the project. In 2022, there were clear consequences of the pandemic, elections of all three tiers of government in Nepal were held and some direct/indirect disturbance from Russia-Ukraine war was visible. In 2023, no major changes in the project operational environment were monitored, mainly positive recovery from the economic crisis. Some risks in organizational level were realized, due to the overall trend of the past 5 years: Nepal has recently become a lower-middle-income country and is aiming to become middle-income country by 2030, and the funding dynamics for civil society have changed. IPPF core funding for FPAN is decreasing annually, and several donors have ended their partnership with FPAN; these have led to dismissals of dozens of staff members, also in 2023, and decreases in the coverage of services.

In Tajikistan one risk related to human resources materialized in 2023: the project coordinator resigned, and a new one needed to be recruited, which caused delays in the implementation of project activities and in the development and submission of the project reports. Also, the training and capacity building (for example on RBM) of the new employee took considerable amount of time and resources. No unpredicted risk factors were encountered in 2023.

In Malawi the programme partner continues using the risk management register which is updated monthly through staff assessment. Cyclone Freddy affected some of the project implementation areas as some project beneficiaries' crops and houses washed away due to the impact. CYECE worked in collaboration with the district disaster management team, MLL and other relief organizations to support the affected people, as MLL provided additional disaster support outside of the programme. Additionally, staff turnover, during the reporting period, 2 important staff to the project resigned, but were shortly replaced by equally qualified staff. CYECE has managed to introduce the employee of the month award that will help to motivate staff to work hard and deliver quality results, additionally the on-the-job training and mentorship helps staff to stay motivated. Lastly inflation due to the devaluation of Malawian kwacha currency by 44% affected the project as well as its beneficiaries. CYECE managed to adjust project budgets and strategize to best implement activities to achieve the same outcomes with the existing budgets. Use of community-based volunteers as a strategy to minimize cost. CYECE shall continue to assess and manage risks on a quarterly basis to ensure that risks are mitigated, and that project implementation is not affected. Devaluation resulted in the rising cost of goods including the scarcity of fuel in the country during the year under review resulting in buying fuel off black market which is usually more expensive than the normal price. Waiting for the availability of fuel would mean delaying implementation which would affect the impact of the project due to inconsistency of implementation.

In Zimbabwe the election period was tense with challenges during and post-elections. Measures were put in place to work remotely, and online activity and presence were scaled up which garnered positive outcomes. The risks of the PVO Bill and electoral proceedings were not as severe as anticipated, although not totally subverted, and this allowed implementation quite safely in otherwise challenging times. Amplifying the work online was one of the risk management mechanisms used. All other risk factors were pre-assessed and mitigated apart from the extensive work of the anti-gender/anti-rights movement in Zimbabwe which continues to show up in different spheres of influence.

In addition to the programme level risk matrix that categorizes various risks at institutional, programme, and operational environment level, all programme partners have their organizational risk management systems that are in day-to-day use in implementation. The need to completely revise and restructure the risk matrix was also identified so that it is more in line with the MFA's new guidelines. This work will be finalized in 2024.

6. What was learned

Commencing the programme required heavy focus to develop the programmatic approach which continued in 2023, and it is recognized that this is an ongoing process that will be carried out throughout the entire programme period. As the programme is an entity of new programme elements and projects that were already strongly ongoing at the beginning of the programme, streamlining the different elements continued to be a focus in 2023.

Analyzing the challenges in building a robust PMEL mechanism to ensure that the programme can deliver and monitor the expected results was of heavy concern over the course of 2023 as the different projects and programme partners were at different stages of progress and organizational resources and capacities. During 2023 indicator workshops were held partly with the support of Kynnys ry with all partners to go through the streamlined results framework so that everyone would have the same understanding of the outcomes, outputs, and their indicators. In the workshops also the data needed to verify the indicators were discussed so that the target groups and necessary sample sizes for each indicator would be clear.

In 2023 only minor changes to the results framework were done after the heavier streamlining done in 2022, so that the logic behind each expected outcome would be clearer. Most evident change regarded the role of the peer educators, as although they belong to the vulnerable groups themselves, the training that they receive and how they are supported belong more logically under outcome 3: capacity building of civil society. Also, as a technical revision the outputs were attached to their associated outcomes. Also, indicators regarding advocacy needed special clarification and some modification, as measuring advocacy related work has differed quite a lot among the project partners.

Reporting tools developed in 2022 were used by all partners in 2023, but providing uniform and consistent data through them was not yet fully steady among all partners. More efforts need to be made in 2024 to make sure that all partners have the same level of quality when it comes to their M&E resources and timely reporting. During 2023 all partners either used modern bookkeeping systems or were in the process of acquiring them. Financial monitoring tools in Väestöliitto remained the same, but technical assistance from WWF Finland and Siemenpuusäätiö was gratefully received to update the excel monitoring documents.

Väestöliitto's learning from other Finnish NGOs continued in 2023 through the peer-learning group on disability inclusion, which is coordinated by the Disability Partnership, Fingo's "Laatu ja vaikuttavuus" group and Väestöliitto's direct contacts to other development cooperation organizations. Abilis, Väestöliitto and Kynnys also continued quarterly calls regarding their joint partner in Tajikistan to update and share information on activities, budgeting, evaluations etc.

6.1 Central successes

In Malawi in 2023, there has been increased awareness among peer educators on body autonomy, different forms of SGBV and the referral pathways available at school level. Female champions are being recognized in their communities as one of the community structures that is dealing with issues of SGBV. The champions have also learnt how to prepare nutritious meals value addition for improved businesses using locally available food items to improve businesses and prepare nutritious meals for their home. Male champions are working hand in hand with community leaders in identifying SGBV cases, spreading awareness messages on SGBV

and are also facilitating and engaging other men in SGBV discussions. With the knowledge that the community acquired through awareness raising on SGBV, there is an increase in the number of people reporting cases but also an increase in the number of people receiving SGBV services e.g. survivors acquiring counseling sessions with counseling professionals.

In Finland in 2023 after the parliamentary elections and drafting of the governmental programme Västoliitto was very actively involved in advocating for the inclusion of SRHR. The Director of the International Affairs was called in as an expert to provide their expertise during the governmental programme negotiations. This influenced the visibility of SRHR in the programme. Also, LGBTIQ+ advocacy took a major leap forward as the coordination with other relevant NGOs (Seta, Kios, Plan, Amnesty) was conducted on a regular basis, and a joint background paper was drafted. This has led to a more active and systematic joint advocacy work with other NGOs who are working on LGBTIQ+ issues. Raising the profile of LGBTIQ+ issues among the SRHR advocacy will continue in 2024. Long-term commitment in building Västoliitto's expertise in the Human Rights Council's functioning resulted in fruitful dialogue with Finnish government officials responsible of the negotiations on SRHR and gender issues.

In addition, one of the key communication achievements of the year was the documentary and discussion event organized together with KIOS and Martha Association during Helsinki Pride week at Korjaamo, which was attended by a total of 120 people, filling the hall. The event reached a significant number of people who are not usually reached only through Västoliitto channels. The partners from South Africa and Zambia participated in a panel discussion after the documentary, where they talked about the situation in their countries and their work. It was also discussed how Finns could support the realization of LGBTIQ+ people's rights in Southern Africa. Västoliitto's work, supported by the Ministry of Foreign Affairs, was also given high visibility when Västoliitto participated with the LGBTIQ+ partners in the Helsinki Pride Park Festival with an own Västoliitto tent. An estimated 100 000 people attended Helsinki Pride. In the tent, people had the opportunity to talk to the programme partners about their work and the situation of LGBTIQ+ people in Southern Africa. To support the encounters, posts related to the theme were shared on social media.

In Afghanistan the programme has supported the launch of standard SRHR services for women with disabilities for the first time in Afghanistan since 2019. Central successes in 2023 include enhanced access to SRHR services for vulnerable groups through effective collaboration with partners such as the Afghan National Blind Association and Ministry of Public Health Disabilities Directorate. Awareness campaigns have led to increased understanding and proactive use of SRHR services, while community involvement, including engagement with Community Health Workers (CHWs) and religious leaders, has reduced stigma and cultural barriers. Successful advocacy efforts resulted in a major policy related achievement as the updated Health Management Information System guideline and reporting formats were revised to include new indicators for collecting disability disaggregated data. The HMIS includes the national health indicators and guides the collection of national data on the health needs (of persons with disabilities and others) in public health facilities.

In Nepal there the major achievement in 2023 was the successful scaling-up of the project in a new operational area, Banke. This included signing a contract with 4 new OPD partners, renovating Banke clinic to become an accessible environment and the recruitment of new peer educators and their active mobilization in the area. FPAN's advocacy and the acceptance of Banke local government of the program has also led into positive allocation of local funds: Banke Municipality has allocated NPR 1 million for persons with disabilities related programs, such as identifying and distributing disability ID cards, providing social benefits, SRHR related and other health services, and organizing events for persons with disabilities.

In Tajikistan, Västoliitto's partner started working in three new areas in 2023: Rudaki region, Buston and Istaravshan city. Local OPDs were successfully trained by partner and started conducting peer support groups. Tajik partner also piloted two new types of activities that received very good feedback and will be continued in the remaining programme period: 1) "Academy", which is a training for trainers for the senior local OPD volunteer partners who have participated in partner's activities in previous years and are actively contributing in their communities. It serves as a platform for peer learning and refresher training; 2) "Victorinas", an activity reaching to schools aiming to equip learners with disabilities with information on disability and the barriers PwD face, prevention of STDs/HIV, what is violence and how to address it. In 2023 the workshop was organized in a boarding school with children with hearing impairment. The students participated actively in the session, and in the end gave positive feedback: they noted that such event was the first time in their life when they discussed and were informed about such "taboo" issues and that they would like to have more such trainings.

In Zambia there were significant successes that the project brought about. Equipping rights holders with knowledge and skills to better claim their SRHR was one as rights holders expressed interest and gratitude in

knowing their various rights linked directly and indirectly to SRHR. The consolidation of efforts to bring about SRHR realisation and affirmation, through the SRHR Think Tank is a central success of the project. The space allowed organisations to track and link work being done and identify gaps to collectively bridge. Consistent online activity also assisted in reaching a larger group of rights holders in a relatively safer way as the consultant has digital security expertise and put in relevant measures in place for digital safety.

6.2 Assessment and evaluations

Final evaluation of the programme will be conducted externally in 2025 and therefore no external evaluations were done during 2023. As the programme was midway through implementation, facilitated self-assessments were done together with partners. The Mid-Term Review (MTR) concentrated on relevance, efficiency, sustainability, and coherence of the interventions and chosen strategies. All partners were guided to assess each method chosen to contribute to each outcome, and to justify the relevance and how can it be stated if the method is relevant or not. They were also guided to consider the relevance of the geographical coverage and whether all necessary target groups were reached. For efficiency, they were guided to consider the cost-effectiveness of each chosen method from the perspective of time, personnel and financial resources, and which methods yield best results for each outcome. Under sustainability, partners assessed to what extent it can be expected that the activities and outcomes will be sustained, and for coherence the partners assessed how well the project fits into the working environment. The full mid-term reviews of each partner are enclosed as attachment to the annual report. A summary and analysis of the MTR results will be submitted later in autumn 2024, as one partner's report is incomplete, and its content will be the focus of a partnership meeting that will end only after the submission of this annual report.

In 2023 the Zambian partner continued a baseline assessment commenced in 2022, which contributed to most of the formative knowledge on the project. Engagement with young people from Mulauli FC made it apparent that young people, in rural areas case in point, Western Province, have limited access to spaces and platforms on SRHR due to most of the information being available in English and not the local languages. LGBTIQ communities also participated in the baseline assessment. This was an opportunity for the Zambian partner to assess knowledge levels among the group on SRHR, the types of services, commodities, and access points. It was learnt that although information dissemination on SRHR has been on-going over the years, there are individuals who have not heard about SRHR, or have limited information about it. This supports the need to have consistent and sustainable interventions that continue to produce knowledge on age-appropriate, context-specific, Gender-Affirming/ Sensitive unique and diverse SRHR concerns among vulnerable groups.

6.3 Audits in 2023

The MFA commissioned an audit for all programme support organizations, and Väestöliitto was audited during the fall 2023. The auditors assessed Väestöliitto's organizational and programme documentation extensively, inspected bookkeeping and financial reporting, and interviewed relevant staff members who are responsible for Väestöliitto's overall management as well as management of the programme. Findings and recommendations ranged from minor to significant, and immediate action was done to respond to many of them. Even though the final report was received in 2024, many observations of the draft report as well as observations done already during the interviews were taken into action in 2023.

For instance, the financial reporting processes and documents were revised to accommodate the recommendations, a plan to update the partnership agreements was made, and several programme management documents and processes were developed to ensure more robust management. The KPMG audit process was very useful in identifying areas where more attention is needed. The detailed management response and action plan for the observations and recommendations is attached to the annual report.

Each partner conducts a yearly project audit, and they are included in the overall programme audit. In 2023 most of the partners' audit reports did not have either any findings, or the findings were not significant. The management response and an action plan for the observations and recommendations is attached to the annual report.

6.4 Challenges, lessons learnt and way forward

During 2023, several significant challenges emerged that impacted both the implementation of the programme and the strategies needed for long-term sustainability. Rising costs put pressure on budgets, leading to necessary adjustments in plans. Additionally, the lack of a human rights-based approach in governmental programs, particularly regarding sexual and reproductive health, highlighted the need for advocacy and fact-based communication to emphasize the importance of sexual rights from a human rights perspective.

Moreover, the anticipated cuts to development cooperation funding in Finland drove more active advocacy efforts, with organizations networking to protect Official Development Assistance. Fundraising has also become increasingly difficult due to overlapping crises and heightened competition among organizations. Communicating about SRHR faced challenges due to the sensitive nature of the topics, which sometimes resulted in resistance and the postponement of planned influencer partnerships.

In various countries, deep-rooted cultural and religious norms and beliefs posed additional obstacles, particularly regarding sensitive issues such as sexual orientation, gender identity, and SRHR; hindering the realization of SRHR and utilization of SRH services among vulnerable groups. For instance, in Malawi, resistance to discussing these topics in some communities and schools remains strong although at the same time the openness has increased notably. The post-election environment in Zimbabwe also limited engagement with civil society partners, particularly in LGBTQI+ advocacy. Also, healthcare systems provide little opportunity for capacity and knowledge production among healthcare personnel on LGBTQI+ specific issues. These barriers range from structural to administrative barriers in which healthcare providers live and operate in. Laws and policies are stringently heteronormative and criminalize autonomy and freedoms of persons on the basis of age, sexual orientation and/or gender identity, use of narcotic drugs and sex work.

In Tajikistan, staff turnover and challenges in engaging communities with patriarchal norms affected the continuity and effectiveness of programs: in one of the new project areas, Rudaki, there is a lack of activists among youth with disabilities. This area has stricter patriarchal norms, and they have traditional attitudes such as that women can be housekeepers only and they should not get an education or a job. This attitude is even stronger towards women with disabilities as they face multi-discrimination for being woman and having a disability. Our partner is continuing to identify and involve more WwD from Rudaki area to find new leaders. Staff turnover was a challenge also in Nepal.

The major challenge in Afghanistan remains the security situation: ongoing security challenges in certain regions impact the safety of the project implementation and outreach. As a response, our partner has implemented security protocols and risk assessments to ensure the safety of staff and beneficiaries. It also collaborates closely with local authorities and community leaders to enhance security measures. It also utilizes alternative service delivery methods, such as mobile clinics and community health workers, in high-risk areas. Another challenge is posed by resource constraints. To see long term sustainable change, long-term systematic engagement is required. This is shown through feedback from service providers and the higher level of engagement, and resources required when working with PwD. Therefore, our partner has conducted resource mobilization efforts to seek for additional funding from diverse sources. However, this has not materialized into new donor agreements on SRHR for PwD projects yet. They have also explored partnerships and collaborations to share resources and expertise with local stakeholders, including CSOs. Moreover, directive from the Ministry of Health to transition Mobile Health Teams (MHTs) to fixed sites caused a long pause due to administrative procedures associated with the transition, which resulted in interrupted services to PwD. The mandated transition from MHTs to fixed sites has and will continue to reduce the ability to reach some rural communities previously reached by the project.

Lessons learned during this period emphasized the importance of context-appropriate language, continued stakeholder engagement, and adapting narratives to resonate with hostile political environments. The necessity of engaging men in SRHR initiatives, especially in addressing Sexual and Gender-Based Violence (SGBV), was underscored as a key strategy for broader outreach. Furthermore, innovative approaches, such as peer education and targeted social media campaigns, proved effective in enhancing understanding and engagement on sensitive issues. The learning has been to engage communities, to increase their awareness of the social problems affecting the most vulnerable groups, and communities to allow them for agency to demand rights and accountability from duty bearers. Moreover, the necessity of stronger tailoring of interventions to specific disability types was recognized; generic strategies may not address the diverse needs of different vulnerable populations. In addition, documentation of experiences to be used as evidence are to

be used to engage duty bearers on specific social, legal and political concerns that present as barriers to equitable access.

Moving forward, the plan involves intensifying advocacy efforts to secure increased budget allocations for family planning and STI medications, while continuing capacity-building initiatives in collaboration with communities. Expanding partnerships with religious leaders, integrating community-led approaches, and increasing engagement with local committees are critical for overcoming cultural barriers and enhancing service uptake. Sustainability remains a concern, particularly in outreach clinics and social accountability monitoring, necessitating long-term engagement and resource mobilization.

Overall, the analysis of challenges and the lessons learned in 2023 provide a clear path for future efforts. By adapting strategies to the social and political contexts, fostering collaboration among stakeholders, and remaining vigilant in advocacy, the programs can continue to advance their goals despite the complexities encountered.

7. Contribution of the programme into SDGs and other policies

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

The programme contributes directly also to SDG targets and the SDG targets **5.1**, **5.2**, and **5.3** which call for ending all forms of discrimination against all women and girls everywhere, eliminating all forms of violence against all women and girls and eliminating all harmful practices and targets **16.1** which calls for reducing all forms of violence and **16.2** which calls for ending abuse and exploitation of children; which especially the programme's thematic work on eliminating SGBV has contributed to.

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

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

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

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

As Väestöliitto is the accredited member association of the International Planned Parenthood Federation (**IPPF**), the programme is strongly guided by its Declaration of sexual rights which are human rights related to

sexuality and which highlight everyone's right to make informed decisions regarding their sexuality⁴. The declaration sets the framework and outlines the sexual rights that are implied in throughout this document.

7.1 Contribution to National policies

The programme also contributes to different strategies and policies in the national level in each partner country. The SGBV project responds to Malawi's long-term strategy "Malawi 2063" which mirrors the SDGs as some of the goals directly relate them. Especially it responded to Goal number 3 which is promoting good health and well-being and Goal 5 promoting Gender Equality. In addition, the project contributed to Malawi's District Development Planning issue number 4; high vulnerability of marginalized population (MHG DDP 2017-2022) through its interventions in ensuring that vulnerable groups are empowered to make informed decisions on their SRHR and to address SRHR issues in their communities, for example by building capacity of the vulnerable groups in understanding their rights and raising awareness on SRHR to support them in making informed choices.

In promotion of Malawi's SRHR Policy, the project has reached out to service providers and capacitated them to create a safe environment and platforms for vulnerable groups to freely participate and access the required services. In contribution to Malawi's Gender Equality Policy the project empowered women economically to ensure that they can speak out against any abuses they may face, as women who are economically vulnerable are at a greater risk of being abused or forcing their child into child prostitution, marriage or defilement so as to secure their families from hunger. The project continued to align its work with existing national policies and strategies related to gender equality, public health, and human rights by collaborating with government agencies, like-minded NGOs, and other relevant stakeholders and community structures in order to remain a catalyst for achieving multiple SDGs and aligning with national plans and policies, creating an integrated approach towards enhancing the project's impact and sustainability. The project contributed to the achievement of SDG number 5 on Gender Equality through addressing the root causes of SGBV and promoting gender equality. Through awareness campaigns conducted in communities and peer educational activities in schools, it attempted to challenge gender norms, stereotypes, and promoted equal rights and opportunities for all genders.

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

Additionally, through supporting female champions' groups with capital run individual and group businesses as well as linking them to ongoing coaching and mentorship by government extension workers, it contributed to addressing economic inequalities and promoting economic empowerment for women who often face limitations to access economic opportunities and own assets.

Through the Social Accountability Monitoring exercises such as the scorecard process, the project contributed in strengthening the role of civil society structures in ensuring prevention and response to SGBV thereby enhancing collaboration among the structures and strengthening the referral mechanism for effective enforcement of laws and promoting accountability.

In Afghanistan, the programme contributed to the achievement of the national SDG plans and strategies and relevant national policies by increasing access to SRH services for persons with disabilities: To the National Reproductive Health Strategy, which ensures that all Afghan citizens have access to standard SRH services by implementing the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS). The Reproductive Health Strategy also takes into account the Averting Maternal Death and Disability Program (AMDD). It also contributed to the implementation of the Disability Strategic plan for the rehabilitation department of MoPH, in which SRH and FP indicators have been included for PwD. These strategies and

⁴ https://www.ippf.org/sites/default/files/sexualrightsippfdeclaration_1.pdf

national policies intend to advance women's well-being, decrease morbidity and mortality, and accomplish universal access to SRH services.

In Nepal, the programme responds well to the national policy on Accessible physical structures and communication services as the project has supported the conversion of the existing FPAN clinics into disability-friendly clinics. Similarly, through delivering SRH services to person with disabilities, FPAN has been directly contributing to the National Guidelines for Disability Inclusive Health Service and the disability-friendly SRHR guidelines developed by the Government of Nepal, Ministry of Health and Population in 2022. Overall, the Government of Nepal has committed to Agenda 2030 and universal access to sexual and reproductive health care services, in which the project contributes by providing SRH services to the most vulnerable communities/ who are usually left behind due to multiple determinants.

The project also contributed to the achievement of the national SDG plans in Tajikistan, as the national SDG commitment included SRHR and accessibility for persons with disabilities. Also, partner's work in this project is aligned with the National Plan for Accessible Environment.

7.2 Promotion of Human Rights

The programme advances human rights and is based on human rights-based approach. The programme has for example strengthened and established human rights clubs in schools that promote the rights of girls and use peer education and support system to support each other and create more awareness on SRHR rights of girls in school. The programme has created awareness on the rights of girls and women as an entry point for preventing SGBV targeted at girls and women in the community. The programme is also working with various district and community structures in each country to protect the rights of vulnerable groups in general. The participatory monitoring of vulnerable populations as well as enhanced coordination advancing SRHR of vulnerable groups is enhancing community's understanding of the rights of women, girls, PwD and LGBTIQ+ persons and is also giving the different structures capabilities to assume active roles in promoting the rights of all.

For example, in Malawi, the partner organization has implemented weekly capacity-building activities to ensure that vulnerable groups and other community structures are well-informed about human rights and their corresponding responsibilities. Efforts have also been made to ensure that duty bearers understand their roles in protecting the rights of adolescent girls and young women, and that they develop plans aimed at achieving these goals. On the other hand, the girls were made aware of their responsibilities, such as attending school and classes regularly, which resulted in an increase in the number of learners returning to school. Furthermore, service providers were supported in sharing sexual and reproductive health and rights (SRHR) information in schools to ensure that adolescent girls and young women, as well as boys and young men, receive accurate information on SRH. The project has significantly contributed to the advancement and protection of human rights, promoting a more just and equitable society through ongoing awareness campaigns facilitated by various civil society structures the project partnered. These efforts have been effective in preventing and protecting more women and girls from sexual and gender-based violence (SGBV), as evidenced by the reduction in reported cases at the T/A Liwonde Community Victim Support Unit during the review period. CYECE believes that these positive outcomes will be sustained, as the fight against SGBV is increasingly being embraced by members of the targeted communities. Furthermore, the project continued to support human rights clubs in school that are promoting the rights of girls. These clubs use peer education and existing support systems to assist one another, seek external support, and raise awareness of SRHR among girls in schools. This has contributed to realization of the Right to Education in an environment that is free from any form of violence as enshrined in Article 26 of the Universal Declaration of Human Rights.

In the thematic work on advancing SRHR of PwD; the programme for example focused on changing stereotypes towards PwD; created modern understanding of disability and human rights-based approach, accessibility and universal design and the interlinkages of Gender and Disability. In Afghanistan the project is aligned with international human rights principles by ensuring equal access to essential healthcare services for persons with disabilities. The project advocated for the rights of individuals with disabilities, emphasizing their right to health and well-being. Additionally, the project contributed to the promotion of human rights by addressing SRHR and family planning needs, including through capacity-building efforts for persons with disabilities. In Nepal the partner organized activities including United Nations Convention on the rights of persons with disabilities (UNCRPD), SDGs and local laws on persons with disabilities. All of their main priorities

and goals are to advance human rights. Vulnerable communities' human rights violations have higher records in comparison with other communities. This project conducts capacity building activities, sensitization programs, and regular advocacy work to realize SRHR and human rights.

In the LGBTIQ+ work the focus in Zambia has been on information dissemination and trainings on sexual and reproductive rights as human rights. The partners have trained participants to enlighten them on human rights, giving rise to the opportunities for peer leads to report human rights violations. The AGYW Friday Fortnight Dialogues encouraged young girls to come forward on sexual harassment and abuse. Although individuals were afraid to share with their families and report to police, participants were encouraged to seek services. As a result of this process, there has been an increase in the number of young girls reporting coaches who have sought sexual favors from them. These reports are being managed by other coaches who directly supervise the accused individuals. The partner has made submissions to the National Human Rights Institution (Zambian Human Rights Commissions) on accounts of Human Rights violations experienced by individuals who have reported. In Zimbabwe the use of a justice-based approach, which is anchored on a rights-based approach, in implementation as well as how we work with rights holders ensured that human rights were advanced. Also, SRHR was introduced and interrogated as a fundamental aspect of human rights and not divorced from them.

7.3 Contribution towards Gender Equality

The programme promotes representation of all genders in project activities. There are also activities that specifically aim at empowering women and girls, including WwD, through information, skills and materials to enable them to speak out on their issues and priorities and seeking accountability from duty bearers. The project encourages women and girls' participation in most of the activities as they often lack confidence to participate and speak out in meetings. It also further encourages girls to take part in the activities and in leadership positions as a way of empowering them to speak out on issues affecting their lives. For example, the women's economic empowerment activities, peer support groups and SRHR and advocacy trainings have increased women, girls' and transgender persons' capacities in deciding on various aspects of their lives as they have reduced dependency on men and are now able to challenge men in various decision-making processes.

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

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

In Malawi, the programme mobilized women in groups to empower them economically. These women's capacity was strengthened in Village savings and loans and business management. The project supported these women with start-up capital for small scale business to uplift their economic status and be economically empowered and independent. Duty bearers; especially chiefs, councilors, police and education and health workers; were engaged to ensure that gender related policies and laws are implemented and that the rights of vulnerable groups especially girls and women are protected. Community by-laws have also mainstreamed girls and women's rights and are implemented accordingly in the communities. The project continued to target women in their organized groups that had been economically empowered through provision of start-up capital following their capacity strengthening in Village Savings and Loans and Business Management Trainings. These women have benefitted from ongoing coaching and mentorship by agricultural, community development and social welfare extension workers for them to sustain their individual and group businesses and enhance their empowerment and independence. This empowerment status continues to contribute to breaking the cycle of violence and elevating their social and economic status. Strategically, such women groups act as platforms for conducting awareness and peer education activities on gender equality that has resulted in more women and girls challenging harmful stereotypes and social norms fuelling SGBV.

In Zimbabwe it is seen that there is no gender equality discourse without a gender identity and expression discourse. This is something that has been sought to invoke in all the work the partner does. There is also something to be had in fostering an understanding that SRHR for womxn supersedes maternal health. These notions ensure that the work of improving the status of womxn is closer to being adequate. SRHR is the foundation upon which the emancipation of womxn is rooted.

In Afghanistan the project recognized the intersectionality of gender and disability, ensuring that women with disabilities have equal access to SRHR services. The project contributed to breaking gender-related barriers in healthcare by prioritizing inclusivity. Furthermore, the project contributed to gender equality by empowering PwD through awareness raising and training to realize their SRH rights. Women's status is also improved by increasing their knowledge of SRH and FP. Moreover, all community health workers involved in the project are women, and due to the training and knowledge they gained through this project and their voluntary work for persons with disabilities their status in their communities has changed. They are now considered role models for other women and women with disabilities.

Also in Nepal, the young women who have been trained as peer educators have become role models within their communities: they are empowering by their example persons with disabilities, especially young people and women, to speak out and also to make informed choices and decisions on SRHR. Many people now see them as experts and trusted persons on SRHR related issues, that traditionally only men have talked about. Out of twelve peer educators trained in the project, eleven are young females. Some peer educators are invited by local government for disability programs planning and budgeting, resulting in many young women with disabilities taking part in decision making, which remarkably contributes to gender equality. In addition, the clinical outreach camps are also planned in such a way that all genders can benefit from them, and they are easily accessible for women with disabilities.

Since the partner in Tajikistan is a women's rights organization, it always promotes gender equality in all project activities, as well as in its advocacy work towards national policies and laws. The women who have participated in the project activities are getting opportunities to strengthen their voices and their capacity in addressing SRHR. This includes empowerment of women with disabilities through ensuring access to health care, comprehensive sexuality education and making informed decisions about their health. The project promotes a comprehensive understanding of gender equality. It ensures the active involvement of women with disabilities in project activities and advocacy, which allows them to express their opinions more boldly, also publicly, and share their experiences with peers and the wider community. Through these efforts, the partner aims to create a more equitable society in which all women, regardless of disability status, will have the opportunity to enjoy equal rights.

7.4 Decreasing inequalities

The programme aims at addressing the root causes of inequality such societal and cultural norms, attitudes and practices. Lack of access to SRHR services and societal stigma towards vulnerable groups increases inequalities, and they have been targeted by the programme. In 2023, Väestöliitto's partners have for example offered spaces for mutual exchange of knowledge among stakeholders and representatives from civil society and academia, facilitating dialogue with them about their role in reducing inequalities. This in turn has increased knowledge on comprehensive policy-making approaches and therefore promoted the integration of the programme's best approaches and strategies into internal processes of the relevant sectorial ministries.

Moreover, the awareness-raising sessions and exchange of knowledge between the vulnerable groups, duty bearers, parents, and community structures has helped to increase knowledge on traditional gender norms and expectations society sets for vulnerable groups such as PwD because such social norms and taboos maintain inequalities and limit PwD's opportunities. Thus, increasing knowledge at the individual, family, and societal levels will increase vulnerable groups' access to SRH and FP services and reduce inequalities.

The project promoted fair representation of both men and women in project activities. To begin with, women were provided with support and empowerment in terms of economic opportunities through trainings, provision of start-up capital and access to resources. This has helped a lot in reducing economic inequalities between

men and women that are exacerbated by violence. The project further supported in-school human rights clubs activities that ensured creation of safe spaces in schools, and promoting awareness in order to eliminate SGBV that pose a barrier to education, particularly for girls and young women. This resulted in equal access to education for both boys and girls in the targeted schools. Furthermore, meaningful participation of vulnerable groups in the targeted communities has also played a crucial role as the project encourages such women groups as female champions and mother support groups alongside male champions in the implementation of prevention and response interventions that has contributed to a more inclusive and participatory approach.

In Zambia, gender as a social health determinant of health has been observed to present barriers for many, including sexual and gender minorities, adolescent girls, and young women in the partner's catchment areas. Through creating safe environments for dialogue, information dissemination using trainings, support groups and digital advocacy, access to gender-affirming healthcare, creation of referral networks and engaging with affected communities and healthcare providers, the partner has been able to significantly reduce inequalities in health information, commodities, and services. Age, gender, social status/ educational background, poor infrastructure, and drug stock-outs have been among the major challenges to equitable access. All these are backed by un-enabling policy environments, prejudice, criminalization, undomesticated policies and other structural barriers that require one-on-one interactions with duty bearers to hold them accountable to commitments to rights holders. In Zimbabwe historically Lesbian, Bisexual (LBQ) womxn have struggle with being under-resourced. By utilising the spaces for engagement, we ensured that more resources, including non-financial, are availed for LBQ womxn. Interventions were also delivered in a manner that allowed for marginalised groups to engage with each other and the content presented.

In Afghanistan the project targeted a vulnerable population to ensure they have equal access to SRHR services. It addressed disparities in healthcare access by promoting inclusive and tailored services. The project reduced inequalities by empowering persons with disabilities. Knowledge of SRHR and FP was shared with them which allowed them to make informed decisions about their SRHR and facilitated peer-to-peer learning and knowledge exchange on SRHR and FP. Moreover, during the reporting period, our partner in Afghanistan offered a space for mutual exchange of knowledge among stakeholders and representatives from civil society and academia, facilitating dialogue with them about their role in reducing inequalities. This in turn increased knowledge of comprehensive policy-making approaches and therefore promoted the integration of the approaches and strategies into internal processes of the relevant sectorial ministries. A good example is the revision of the strategic plan for the physical rehabilitation department of Ministry of Public Health in which the SRH and FP indicators were included for PwD. This helps in ensuring the provision of SRH and FP services for PwD and reduces inequalities.

In Nepal persons with disabilities, especially young girls and women, face multiple inequalities every day in comparison with persons who don't have disabilities. This project has enrolled youths with disabilities, trained them and has mobilized in their community as a role model to empower themselves as well as their communities. Besides, it has also supported strengthening the disability network by organizing different activities targeting persons with disabilities. The project has built the capacity of youth and now they are recognized and invited for many national and international programs; for example, last year one peer educator from Valley branch attended an International Family Planning Conference. In Tajikistan, our partner raises awareness on disability issues, barriers PwD face, and advocates for creation of equal rights and equal services and opportunities for PwD.

7.5 Contribution towards the Rights of Persons with Disabilities

The programme encourages inclusion and participation of persons with various disabilities. Disability inclusion is also encouraged and made visible through monitoring and evaluation; data is always disaggregated by disability when such data is possible to gather. The thematic work on advancing SRHR of PwD contributes specifically to realizing the rights of persons with disabilities, and each partner also collaborates with and supports the wider disability organization network in their country. All planning and implementation in the PwD project are done together with the disability community, and the PwD community's capacity is built through the collaboration. PwD are capacitated for example by training them as peer educators and community health workers.

In the SGBV work the project ensures that it sustainably creates a more accessible, supportive, and equitable environment for all individuals, including those with disabilities in several ways. Firstly, through conducting orientation and sensitization sessions for project staff, SGBV and SRHR service providers and members of civil society structures on the specific needs and challenges faced by persons with disabilities concerning SGBV in order to adopt inclusive implementation strategies and be able to effectively address their identified needs. Active participation of PwD was promoted and this included involving them in community activities and leadership roles. SRHR and SGBV outreach programs and community engagement activities had always been accessible to persons with disabilities whereby the project's Community Facilitators collaborated with service providers to select venues with proper accessibility features and using inclusive principles. Currently, CYECE is finalizing plans to move the Machinga Office to a structure that would address physical accessibility by persons with disabilities, thereby creating a more accessible and equitable environment for all individuals, including those with various forms of disabilities

In Zimbabwe the spaces used for the physical spaces were disability friendly. There were also functions activated for both hearing-impaired and visually impaired persons engaging with our online content.

The PwD themed project enhanced the knowledge of rights holders regarding their sexual and reproductive health and family planning. It also actively promoted the inclusion of persons with disabilities in healthcare decision-making processes, helping to create an environment that recognizes and accommodates diverse needs, thereby fostering a more inclusive healthcare system. For example, in Afghanistan, orientation sessions for civil society organizations and other stakeholders promoted the inclusion of persons with disabilities in the health system and society by addressing the root causes of misconceptions and limitations related to their SRHR and FP needs. CSOs and stakeholders, including community elders and schoolteachers, play a crucial role in driving change within communities, challenging harmful stereotypes and attitudes, and ensuring that the SRHR of vulnerable groups are addressed. To further advance the inclusion of persons with disabilities, the project has broadcasted radio spots, conducted awareness-raising campaigns, and distributed information, education, and communication (IEC) materials focused on their SRHR. In Nepal, persons with disabilities as the main target group of this project, FPAN has involved individuals and communities with disabilities in all project activities. Additionally, by orienting the local government on these issues, the project has encouraged the inclusion of persons with disabilities in program planning, budgeting, and the development of disability-friendly services. The project has also successfully mobilized 12 youths with disabilities in both project areas, who have reached thousands of PwD within their communities. In Tajikistan, attention is paid into inclusion and involvement of persons with various types of disabilities in all project activities and events.

7.6 Climate actions

Climate and environment aspect are taken into account in several ways in the programme. The programme promotes interventions that do not harm the natural environment. Väestöliitto's partners have reported for example using fabric bags instead of plastic bags at service delivery points, reducing the amount of printed paper, promoting preservation of the environment in the trainings, not using plastic utensils during activities, replacing water bottles with a cooler or carafe for water, cleaning up after activities and communicating with the health clinics via online communication. Moreover, during the project period, women and girls', including women with disabilities', access to SRHR information and services improved their health status and wellbeing; therefore, they were able to take an active part at the family and community level. A healthy woman plays an essential role in natural resource management as well as in other activities at the household and community levels. While more women are in good health, they could contribute to livelihood strategies adaptation to mitigating environmental risks.

For example, Väestöliitto's partner in Malawi is adopting climate smart livelihood interventions such as climate smart agriculture including proper waste management on project related activities. As part of Village Savings and Loan (VSL) and business management interventions, they are promoting the use of renewable energy and recycling of materials such as paper to assist women to cope with life in cases of eventualities due to climate change i.e. droughts. Small scale businesses are for example encouraged to use climate smart agriculture using drip irrigation which will provide households with vegetables throughout all seasons thus providing source of income through sales of vegetables to other households. The project promotes environmentally friendly interventions by integrating climate change education into programs. It connects gender issues with environmental challenges, enhancing the understanding of both. Women's involvement in diverse economic activities has strengthened community resilience to climate shocks, reducing dependence

on farming, which is vulnerable to environmental changes. Notably, women impacted by Cyclone Freddy did not require food aid due to their diversified incomes. The project also collaborates with stakeholders like agricultural extension workers to better equip communities for climate adaptation and mitigation in response to extreme weather and environmental changes.

The PwD project improved women's access to SRHR and FP services therefore improving their health and wellbeing which as mentioned above, supports the climate change mitigation in the communities. The partner in Afghanistan always includes a message about environmental safety in orientations for PwD, CSOs, and community elders throughout the project implementation. Other PwD project partners also take preservation of the environment into account in their activities, for example by promoting the use of water dispensers instead of one-time-use water bottles.

7.7 Strengthening the civil society

Supporting the advocacy, networking, and capacity building of civil society organizations are essential strategies for strengthening the civil societies in partner countries. Through the advocacy components and capacity building models embedded in the programme, all partners have strengthened their collaboration with various CSO networks and alliances at both national and regional levels but have also built the capacities and resilience of their own organizations.

The networks work both ways: Väestöliitto's programme partners learn from other actors, and they also build the capacities of other partners. These CSO partnerships have been essential as platforms to share information, identify and discuss critical issues affecting civil society, and planning joint advocacy to make impactful change.

More concretely, in Malawi joint monitoring visits with civil society networks were conducted in 2023 which resulted in strengthened coordination among CSOs. During monitoring partner CSOs provided technical support towards achieving project outcomes, and in coordination meetings there was active sharing of ideas on how partners can support government's development efforts. Additionally, civil society networks were active in advocacy in district and national level by jointly identifying and presenting advocacy issues for e.g. District Council.

Through the wider civil society collaboration programme partners have been able to influence the legal and policy environment in their respective countries and regions more effectively. The civil society collaboration has been also an instrument for identifying new advocacy interventions and getting the full picture and a broader support for the issues.

Among the LGBTIQ+ partners strengthening the civil society is especially critical as the space for their organizations is limited, and unfriendly policies and laws cause obstructions to their work. Therefore, the need to have a strong and unified civil society working towards LGBTIQ+ rights is essential. In Zambia there was a negative statement towards LGBTIQ+ rights by the Permanent Secretary which invoked dialogue among the LGBTIQ+ organizations to come up with joint messaging around the statement and how it was retrogressive to the work the movement has done over the past few years. This encouraged dialogue and planning among the CSOs, but also included talks with bilateral partners such as the Swedish, British, and American embassies.

The PwD project partners have significantly contributed to strengthening civil society by supporting different civil society structures working on sexual and reproductive health rights and family planning for persons with disabilities. In Afghanistan the project enhanced civil society by increasing SRHR knowledge among its members, advocating for rights of PwD, and fostering collaboration between diverse actors. It empowered PwD and supported local organizations of persons with disabilities through capacity building, advocacy, and networking. It also provided new opportunities for civil society to come together on inclusive SRHR by providing a space for information sharing, and mutual support among individuals with disabilities. For instance, the members of OPDs, SRH advocates, school and university teachers, CSO members, and community elders all participated in the orientation on SHR and FP of PwD. In Tajikistan the project strengthened civil society by expanding SRHR initiatives beyond the main partner organization inspiring other local OPDs and partners to promote SRHR for PwD through peer support groups. In Nepal the project expanded into new areas and supported civil society by partnering with diverse organizations, especially those led by PwD. FPAN's efforts

gained recognition from the government and stakeholders, promoting SRHR for PwD and solidifying its role as a key partner in disability advocacy.

Annex 1: Results 2023

OBJECTIVES	INDICATORS	BASELINE 2022	RESULT 2023	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
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Impact						
Programme contributes to the realization of sexual and reproductive health and rights (SRHR) of the most vulnerable groups also contributing to the realization of Sustainable Development Goals (SDGs) 3.7 and 5.6	Increased access and utilization of vulnerable groups to SRHR services, number	Service provider partners (AFG & NP): PwD access to SRHR services in 2021 14 826	Total PwD access to SRHR services: 14 176 AFG: 11 091 (all female) NEP: 3 085 (1669 F; 416 M)	52 079	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	1 AFG: In October 2023, the national HMIS guideline and reporting formats were revised to include new indicators for collecting disability disaggregated data. Implementation started from November 2023.	3	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 2023	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
Especially vulnerable groups are empowered to make informed decisions on their SRHR and address SRHR issues in their communities	Increased proportion of vulnerable persons who participate in making decisions about their own SRHR, types of decisions; disaggregated by gender	49 %	Average: 69,5 % AFG: 94% of respondents said they share the decision about whether to have children and/or use an FP method with their partner. Of them, 80% said they also feel they can make these decisions on their own. MW: 44% of women make decisions about their SRHR (number of children, child spacing; preference on the choice of contraceptive; access to SRHR information, cancer, HTC and STI screening and treatment; choice to be informed on one's health status and choice on self-protection and to be protected against STIs including HIV/AIDS). 63% of women responded having decision-making power over sexual relationships (consent, negotiation power on when to have sex and use of protection and ending of abusive relationships)	69,5%	At least 70% of rights-holders report participation in making decisions regarding their SRHR	Structured interview

			<p>NEP: 73% of clients with disabilities in the outreach camps have made decisions about the use of contraceptives. The most popular is condom followed by other short acting methods like pills and depo.</p> <p>TAJ: 67 % of the respondents who participated peer support groups reported that they take decisions on number of children they want to have.</p> <p>ZAM: No % data available, but only a few trans-diverse community members access relevant SRHR services.</p>			
	<p>Increased proportion of persons from vulnerable groups with new capacities (<i>increased knowledge on SRHR and/or SGBV, knowledge how to report SGBV, advocacy skills, self-esteem, economic empowerment, change in SRHR related attitudes</i>) disaggregated by gender, age, and disability</p>	52 %	<p>Average: 75,5 %</p> <p>AFG: 96% of the respondents demonstrated increased knowledge of SRHR and FP related issues.</p> <p>MW: 60% of the women and girls had gained knowledge on SGBV forms (e.g. marital rape, defilement, cases of incest, intimate partner violence, sexual harassment and child marriages). They also had knowledge on appropriate referral mechanisms depending on the nature of the case. 75% of women and girls recognized the importance of open dialogues on SRHR in order to prevent SGBV. Female champions who have participated in IGA have gained deeper understanding on mitigating SGBV risks, economic independence, and increased agency.</p> <p>NEP: 93% of the participants interviewed in the CSE outreach camps have gained knowledge about SRHR and FP and 100% of the participants said that partner is not justified to hit or force sexual acts on their partner; out of which 62% said that it will be called rape.</p> <p>TAJ: 53% of the respondents who participated peer support groups reported increased awareness on STI; 30.7% of the respondents reported increased knowledge on SRHR in general.</p> <p>ZIM: No % data available, but LGBTIQ+ community members have gained new knowledge on human rights literacy, access to justice, and safety&security.</p>	75,5 %	At least 80% of rights-holders report having new capacities	Structured interview
OUTPUT 1: Capacity building of rights-holders	INDICATORS	BASELINE 2022	RESULT 2023	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
Life skills, empowerment, awareness raising and capacity building activities on SRHR issues are organized	Number and types of trainings on different dimensions of SRHR, such as SGBV, sexual rights and sexual	0	<p>Total number of trainings: 333 Total participants: 21 303</p> <p>AFG: 2,409 women with disabilities received SRHR and FP information through face-to-face meetings by health educators in three provinces, Kabul, Herat, and Kandahar.</p> <p>MW: 160 peer education trainings in schools reached out to 4568 adolescent girls and 2937 adolescent boys; 9 SRHR trainings to</p>	484 trainings 24 142 participants	Various types of trainings (such as SRHR trainings, awareness	Annual reports

	health organized. Number and types of participants in the trainings disaggregated by gender and disability.		<p>women's groups reached out to 260 women, 3 men and 3 PwD; 20 business management trainings reached out to 363 women, 13 men, 5 PwD; 24 peer education sessions were held among the VSL groups which reached out to 522 women, 13 men, 7 PwD; Women's groups held CSE sessions that reached out to 513 adolescent girls and 525 adolescent girls on information about harmful practices during initiation ceremonies; 28 male champions reached out to 223 men.</p> <p>ZIM: 1 training on SRHR and the Zimbabwean law reached out to 40 women, 5 men; 1 training on safety and security reached out to 38 participants; 1 training on SRH reached out to 25 participants;</p> <p>NEP: 80 CSE session were provided to 2 223 youth with disabilities (1141 F;1082 M). 14 clinical outreach camps organised, reaching 1948 persons with disabilities. 4310 persons with disabilities reached by peer support outreach.</p> <p>TAJ: Altogether 24 trainings, 120 participants with disabilities (53 F; 41 M). 22 Peer Support Groups reached 52 persons with disabilities (31 F; 21 M) in Dushanbe, Rudaki, Ishtaravshan and Buston areas. Quiz workshop "Victorinas" was held for 50 youth with disabilities (22 F and 28M, all of them have hearing disability) who are pupils of the boarding school for children with disabilities of Dushanbe city. Summer School on SRHR was organised for 18 youth with disabilities (10 F; 8 M).</p> <p>ZAM: 9 group discussions in six towns reached out to 125 participants (binary gender data does not apply)</p>		raising, peer support groups) are organized. Proportion of PwD participants is increased by 2025.	
	Number and types of VSL groups disaggregated by gender and disability.	16	MW: 13 VSL groups that have 266 women members, 3 men and 3 PwD.	13 groups	Annual reports	
OUTCOME 2: Awareness raising	INDICATORS	BASELINE 2022	RESULT 2023	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
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	<p>Total reach: 10 863 422</p> <p>AFG: An estimated 10.8 million people reached through radio spots at Radio Ariana on SRHR and FP of persons with disabilities.</p> <p>MW: Socia media posts 200 and reach was total 54 000</p> <ol style="list-style-type: none"> 1. X (twitter) - 3K 2. Facebook - 34K - 35K 3. LinkedIn - 8K 4. Instagram: 2K 	Reach 11 108 022	150 000 persons reached yearly	Structured interview

			<p>In the reporting year, these 4 social media platforms were used to disseminate over 200 SGBV messages. Also 2 radio programs with YONECO Radio Station, which has a listenership of over 6,000 people. We also collaborated with other media houses such as National Publications Limited, which has a viewership of over 347k.</p> <p>NEP: 3000 copies of IEC (Facts and figures on PwD) were printed and distributed to OPDs, local governments, stakeholders and partners organizations.</p> <p>TAJ: Facebook reach on project related posts was 5,542 (225 likes, 136 reposts) and Instagram reach 880.</p>			
	Own perceptions of persons from vulnerable groups of a more inclusive society on their SRHR issues		<p>AFG: Women with disabilities see themselves as a potential partner in their society; they would feel welcome if they went to a health clinic to seek services; they feel safe to talk about and/or be open about SRHR issues.</p> <p>NEP: Peer educators perceive the society more inclusive as they are invited by the local government for disability related programs and activities. Similarly, OPDS said that they are invited for policy drafting, to take sessions on disability inclusion in local government offices and provide their expertise and guidance to other organizations and stakeholders.</p> <p>TAJ: PwD reported the following signs of a more inclusive society: PwD have become more active than ever, they are visible on the streets, at universities, schools, colleges and institutes, in shops and markets, buses, taxis, meetings, exhibitions and training centers; I see more women entrepreneurs with disabilities; there are a lot of children with disabilities in schools; many new buildings are accessible.</p> <p>ZAM: Trans-diverse persons reported being accepted to adolescent girls' football team.</p>		Various types of signs that tell the society has become more inclusive	
OUTPUT 2: Awareness raising	INDICATORS	BASELINE 2022	RESULT 2023	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
Broad public is reached through awareness raising activities, campaigns and events	Number and types of awareness raising activities organized.	0	<p>Total number of awareness raising activities: 232</p> <p>AFG: A total of 108 radio mass media campaigns in Dari and Pashto from Radio Ariana about the SRHR and FP of persons with disabilities were broadcast.</p> <p>MW: 27 awareness raising campaigns on SGBV and challenging negative masculinity; 1 school meeting to disseminate SGBV information; 1 radio program and 2 television program on SGBV to broad public; 10 media publications on 5 different platforms; 1 media tour for journalists; 4 anti-bullying campaigns (4236, 2005m,2241f).</p> <p>NEP: 1 orientation session to 16 (9F; 6M) Journalists & Human Right Activist about SRHR of persons with disabilities. 41 awareness raising sessions in communities of PwD.</p>	509 activities	Various types of awareness raising activities (such as campaigns, radio spots and social media posts)	Annual reports

			TAJ: 10 Facebook posts and 6 Instagram posts. ZIM: 24 blogs published; constant social media presence is upheld. 2 social media campaigns were held.		are organized.	
OUTCOME 3: Capacity building in civil society	INDICATORS	BASELINE 2022	RESULT 2023	CUMULA TIVE	TARGET 2025	SOURCES OF VERIFICATIO N
SRHR issues and needs of vulnerable groups are met with quality and care among service providers and civil society (e.g. schools, teachers, community leaders' forums, district councils, local development units, peer educators, parents, CSOs, organisations of persons with disabilities)	Positive change in attitudes and perceptions regarding gender norms or SRHR of vulnerable groups among service providers and civil society structures	65 %	Average: 100% AFG: 100% of service providers (all female) interviewed demonstrated positive changes in attitudes about serving clients with disabilities. This was supported by observations from project staff as providers were seen to actively anticipate and treat PwD with the same level of consideration as their other clients, recognizing that every individual, including PwD, possesses identical rights in SRHR. MW: No % data available. Relevant service providers, in-school governing bodies, and community-based structures have reported a significant change in their understanding of gender related concepts focusing on debunking stereotypes and promoting rights-based approaches. School and community structures are now more capacitated to understand the value of CSE and open communication as the earlier misconception was that they promote promiscuous behavior, are a taboo, and are too western. NEP: 100% of interviewed service providers (all female) reported that they don't have any problems with delivering services to persons with disabilities; whereas 44% of them told it takes longer time to deliver services to persons with disabilities in comparison with other. 100% of interviewed OPD participants said that sex is a basic need, and it is acceptable for everyone to have sexual relationships. 66% said if a person has healthy organs, then they can become pregnant. 75% of the interviewed parents of persons with disabilities reported that they want their children to get marriage. TAJ: Positive changes were observed in the attitudes of 100% of the interviewed OPD members who were involved in our partner's activities. ZAM: No % data available. Roundtable dialogues and one-on-one sensitivity dialogues have resulted in having some engaged and mobilized health care providers as contact points for referrals of LGBTIQ+ community members.	100%	At least 80% of respondents report positive changes by 2025	Structured interview/survey

	Service providers have new technical skills to provide quality care to vulnerable groups	0 %	<p>Average: 88,88 %</p> <p>AFG: 100% (8) service providers interviewed felt they have successfully acquired the necessary knowledge for SRH service provision through the project's trainings. They have undergone awareness sessions focusing on the unmet needs of PwD in SRH, enhancing their overall understanding. Additionally, providers have honed their counseling skills to better address the specific needs of PwD.</p> <p>MW: No % data available. Technical skills in SRHR/SGBV interventions was improved among service providers. E.g. Community Victim Support Unit (CVSU) gained more capacity to referral reporting and handling SGBV cases, but also shared their new knowledge to other community structures such as community policing and women's groups. New skills allowed them to engage in more efficient prevention strategies and awareness raising initiatives. CVSU was able to streamline their process which resulted in more efficient service delivery and more effective resource allocation.</p> <p>NEP: 77.77% of the service providers have learned new technical skills and some have added sign interpretation as their additional capacity with the existing SRHR skills.</p>	88,88%	At least 80% of respondents report having new technical skills by 2025	Structured interview/survey
	Number of community and civil society representatives addressing SRHR issues of vulnerable groups in their communities, types of ways of addressing SRHR issues	0	<p>Total representatives: 381</p> <p>AFG: 363 civil society representatives addressed SRHR issues of PwD in their communities. This is comprised of 224 women with disabilities who are members of the National Blind Association and 134 members of various CSO organisations and stakeholder groups (such as schoolteachers and university lecturers, community elders, representatives from Afghan midwifery associations, and the Afghan Society of Obstetricians and Gynecologists), and 5 community health workers as part of civil society in their communities, were actively involved in initiatives that focus on addressing the complex challenges related to SRHR among vulnerable groups within their communities. This involvement encompassed a range of strategies and approaches employed by these community health workers, including conducting educational campaigns, facilitating open discussions within the community, providing personalized counseling, and collaborating with local organizations to create a supportive environment for addressing SRHR concerns.</p> <p>MW: 10 community and civil society representatives from Patrons and Matrons in schools, School Human Rights Clubs, Mother groups, CVSU, Health Service providers, Female champions, Women's forums, Community policing forums and Youth networks. Awareness-raising campaigns on SRHR issues, distributing informational materials to raise awareness about SGBV-free schools and other related topics. Community mobilization of male</p>	N/A: This indicator was updated from 2022 (before asking number of structures)	600 and various types of ways by 2025.	Survey

			<p>champions: there have been 5 new male champion groups who address SGBV issues in their communities.</p> <p>NEP: 5 partner organizations from Kathmandu and Banke have incorporated SRHR issues in their work; (BAB) Banke Association of Blind, Disable Empowerment and Communication Center (DEC) and Community Based Rehabilitation (CBR) are distributing sanitary pads to persons with disabilities. Blind Youth Association of Nepal has implemented activities such as CSE sessions and parents' orientations. Nepal Disabled Women Association implemented women with disabilities' empowerment activities, including information on SRHR and distribution of sanitary pads.</p> <p>TAJ: 3 local OPDs in Tajikistan (in Rudaki region, Istaravshan and Buston cities) have included SRHR issues in their work. They conduct Peer support groups, hold trainings for trainers for youth with disabilities in their local communities on the SRHR issues, participate in round tables, meetings, forums with duty-bearers, and make home visits in communities and give consultations in their offices.</p>			
OUTPUT 3: Capacity building in civil society	INDICATORS	BASELINE 2022	RESULT 2023	CUMULA TIVE	TARGET 2025	SOURCES OF VERIFICATIO N
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	<p>Total number of trainings organized: 79 Total participants: 1 702</p> <p>AFG: 2 trainings for 43 community health workers, all female. 7 sessions on SRHR and FP for 163 Community mobilizers, all female, 41 persons with disabilities. 3 orientation session on SRHR and FP for 29 female health educators, all persons with disabilities. 10 sessions on SRHR and FP for 253 teachers, all female. 5 sessions on SRHR and FP for 111 Community elders, (17 F; 94 M; 21 PwD). 12 sessions on SRHR and FP for 262 (232 F; 30M; 3PwD) parents and 5 mothers in law of PwD. 10 sessions for 224 members of the National Blind Association, all female. 7 sessions about SRHR and FP for 134 CSOs members, all female.</p> <p>MW: 6 trainings on different male engagement models reached out to 105 men; 1 training on SGBV and case monitoring reached out to 22 female champions; 3 trainings on advocacy and accountability monitoring reached out to 66 women, 46 men; 2 SGBV trainings for schools reached out to 64 women, 33 men.</p> <p>NEP: 1 training for OPDs on sexual rights and advocacy for 30 (15F; 15M; all persons with disabilities) OPD members. 1 capacity building training on disability-friendly SRHR to 63 (30 F; 33 M) government health service providers (including the Municipality level health coordinator and Health post chief). 1 training to school teachers on disability and SRHR attended by 24 (16 F; 8 M) teachers and mentor students. 1 sign language training to 11 female service providers.</p>	134 trainings 2 314 participants	Various types of trainings (such as OPD trainings, health provider training, peer educator training) are organized. Proportion of PwD participants is increased by 2025.	Annual reports

			TAJ: 14 (10F; 4M) participants with disabilities from local OPDs participated a training for trainers "Academy".			
	Number and types of civil society structures reached.	0	<p>Total types of structures: 21</p> <p>AFG: 6 types: Schools and universities (teachers, students), community elders, OPDs, parents of PwD, community mobilizers and organizations working for FP and SRH of women and girls.</p> <p>MW: 12 types: 4 Government extension workers; 1 District Government Officer; 16 schools; 13 Women's groups, 13 Male groups; 13 Mother groups; Youth Network; 1 ADC committee; 1 Child Protection Committee; 5 Chiefs; 5 Initiators;</p> <p>NEP: 1 type: 9 local OPDs.</p> <p>TAJ: 2 types: Association of Crisis Centres of Tajikistan and 3 local OPDs.</p>	52 structures	Various types of civil society structures are reached.	Annual reports
	Number of trainers and peer educators trained disaggregated by gender and disability.	0	<p>Total peer educators trained: 2 667</p> <p>AFG: 1 431 PwD who are peer educators, all female, received SRHR and FP information through face-to-face meetings with health educators. 78 PwD were trained as community health workers.</p> <p>MW: 727 female and 378 male peer educators were trained out of which 2 were PwD;</p> <p>NEP: 14 peer educators trained (8 F; 6 M; all PwD)</p> <p>TAJ: 15 peer educators (9 F; 6M; 13 PwD) trained.</p> <p>ZAM: 13 peer educators were trained (binary gender data does not apply)</p>	2841 persons trained	Various types of trainings of trainers are organized. Proportion of PwD participants is increased by 2025.	Annual reports
OUTCOME 4: Advocacy of all partners	INDICATORS	BASELINE 2022	RESULT 2023	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
Duty-bearers (decision makers, civil servants, other responsible actors) advance SRHR issues of especially vulnerable groups	Number and types of new initiatives or other actions on SRHR of vulnerable groups carried out by duty-bearers	0	<p>New initiatives: 9</p> <p>AFG: 1 new initiative was carried out by duty-bearers, the Ministry of Public Health. The HMIS guideline and reporting formats were revised to include new indicators for collecting disability disaggregated data. We, along with other partners contributed with their inputs by raising awareness about the importance of collecting data on persons with disabilities across all health facilities in the country.</p>	16 initiatives	A significant increase in the number of new initiatives and other actions by 2025	Advocacy monitoring address vulnerable groups

			<p>MW: 3 new SRHR initiatives of vulnerable groups were carried out by duty-bearers. These included the passing of the Disability Amendment Act of 2023 in parliament, the reviewing of Ending Child Marriage Strategy and the launching of the Male Engagement Strategy.</p> <p>NEP: 2 new initiatives carried out by duty-bearers. Banke Sub-Metropolitan city has allocated NPR 1 million for ID card distribution to persons with disabilities; this will support them to easily seek SRH and other services in health centers. Lalitpur metropolitan city is developing guidelines for care takers of persons with disabilities including SRHR topics.</p> <p>FIN: 3 new policy documents emphasizing the importance of SRHR in Finland's development policy (1325 NAP, Governmental program and Statement to Parliament on promoting equality, gender equality and non-discrimination). 9 political statements, oral and written emphasizing the importance of SRHR in Finland's development policy.</p>			
	Number and types of ongoing dialogues between decision makers and project partners where SRHR issues are advanced	8	<p>Total dialogues: 20</p> <p>AFG: 2. 1 alliance through Ministry of Public Health Task Force. These meetings focus on the revision of HMIS guidelines and formats and the inclusion of indicators in the collection of data on persons with disabilities. Furthermore, partner highlighted the SRHR and FP needs of persons with disabilities when attending meetings with the reproductive health department of MoPH.</p> <p>MW: Partner participates in 5 Technical Working Groups (Child Protection; Gender; Health; Youth Friendly Health and Services; Education). CYECE provided their technical expertise on the drafting the Gender Equality Act, drafting of the Strategy on Ending Child Marriages, and developing the Youth Friendly Health and Services Strategy.</p> <p>NEP: 6 dialogues: participation on Disability Inclusion Network organized by Embassy of Finland; Disability Inclusive Program organized by UNFPA and attended by central level decisions makers; International Day of Persons with Disabilities program on United in action to rescue and achieve the SDGs for with and by PwD. Participation in central, provincial and local level review meetings on current existing disability programs and work organized by central, provincial and local governments.</p> <p>TAJ: 3 dialogues: Tajik partner participated in preparing of CEDAW shadow report by Tajikistan; partner is a member of the working group of the National Plans for the preparation of the Republic of Tajikistan for UNCRPD ratification, as well as the working group of the National Plan for Accessible Environment for 2020-2024.</p>	38 dialogues	Current dialogues sustained and new types of meaningful dialogues commenced	Advocacy monitoring

			FIN: 2 political processes with dialogue (governmental negotiations and 1325 NAP). 2 ongoing dialogues (Development policy committee, APPG) ongoing dialogue with civil servant responsible of Finland's Human Rights Council work in Geneva and especially themes related to gender and SRHR.			
OUTPUT 4: Advocacy of all partners	INDICATORS	BASELINE 2022	RESULT 2023	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
New contacts with duty-bearers are created and their capacities in SRHR of especially vulnerable groups is increased.	Number and types of capacity strengthening, and advocacy activities conducted.	0	<p>Total activities conducted: 89</p> <p>AFG: Partner participated 10 task force meetings.</p> <p>MW: 2 Protection cluster meetings; 7 Technical Working Group meetings (Gender; Child Protection; Youth); 2 District Executive Committee meetings; 3 meetings on community by-laws.</p> <p>NEP: Capacity strengthening session to newly elected government representatives on disability-friendly SRHR guidelines.</p> <p>TAJ: 1 presentation of CEDAW shadow report on behalf of the Coalition of civil society organizations of the Republic of Tajikistan.</p> <p>FIN: 24 shared materials with duty bearers (Statements, briefings, fact sheet); 16 Oral statements to duty bearers; 3 Seminars; 4 Requested expert statements and intelligence; 16 Network events with decision makers</p>	122 activities	Various types of capacity strengthening activities are organized.	Annual reports
	Number of contacts with different types of duty bearers at local, district and national level reached with capacity strengthening and advocacy activities	0	<p>Total number of contacts: 421</p> <p>MW: 106 government officials were reached through TWGs and other meetings; 10 community stakeholders include chiefs, Village Development Committee and Area Development Committee.</p> <p>NEP: 52 newly elected government representatives reached with the capacity strengthening session. 200 government officials and stakeholders reached with fact sheet on disability and SRHR in Nepal.</p> <p>TAJ: Participated in 1 roundtable on the implementation of the "National action plan for the preparation of the Republic of Tajikistan for the adoption and implementation of the Convention on the Rights of PwD" attended by government authorities (Ministry of health and social protection, Mayor, heads of regional authorities).</p> <p>FIN: 16 Pre planned meetings with political decision makers; 36 Pre planned meetings with civil servants and other similar duty bearers</p>	634 contacts	Various relevant duty bearers reached at different levels.	Annual reports

OUTCOME 5: Learning and capacity building of programme partners	INDICATORS	BASELINE 2022	RESULT 2023	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
Programme partners have strong expertise in SRHR issues of especially vulnerable groups, and SRHR of vulnerable groups is mainstreamed in partner organizations	Capacity and skills in SRHR of especially vulnerable groups and RBM are increased among programme partners	Average score 4.0 (by piloting PwD partners - to be updated after all partners undertake the assessment, ZIM missing)	Overall average: 4,06 AFG: Average score 4,7 MW: Average score 4,0 NEP: Average score 4,4 TAJ: Average score 3,5 ZAM: Average score 3,75 FIN: Average score 4,0	4,06	100% of programme partners assess having increased capacities and skills, average score increased by 2025	Annual self-assessments in partnership meetings
	SRHR of especially vulnerable groups are included in the strategies and other projects of programme partners	57 % of programme partners have included SRHR issues of vulnerable groups in their work	4/7 partners = 57% AFG: SRHR of persons with disabilities is included in the partner country strategy and all projects implemented in the country. In all service delivery points, partner provides orientation to health providers on the provision of services for PwD and ensures that the health facility environment is convenient for disabled persons. MW: New strategy is being developed, and it will continue to include the SRHR issues of vulnerable groups. CYECE has initiated collaboration with a Malawian LGBTIQ+ organization which will broaden the scope of vulnerable groups in the organization's work. NEP: The organizations' strategy for 2023-2028 mentions that FPAN shall make efforts not only to expand choices but also broaden access to RH services to poor and marginalized and socially excluded and under-served population including persons with disabilities. After governance reform at FPAN, representatives from vulnerable /key population are included in central and branch committees. In both project areas the branch committees have members from the communities of person with disabilities. TAJ: The organisation's strategy includes SRHR of persons with disabilities. Partner has also successfully advocated to add SRHR issues to Abilis foundation activities. SA: A process was started to draft a strategy for SRHR advocacy for all LGBTIQ+ organizations around the African continent.	57 %	100% of programme partners have included SRHR issues of vulnerable groups in their work by 2025	Annual self-assessments in partnership meetings Annual reports

	Number and types of CSO-led alliances, partnerships, networks, working groups or similar the partners are working with on SRHR	0	<p>Total number: 20</p> <p>AFG: Partner-led training created spaces to bring different types of Civil Society actors together on inclusive SRHR (teachers/university lecturers, representatives from the healthcare community, representatives from disability groups, community and religious leaders.)</p> <p>MW: National Taskforce on Ending Child Marriage is chaired by CYECE; CYECE is an active member of the Coalition on the Prevention on Unsafe Abortion COPUA which has done active advocacy on the "Termination of Pregnancy" bill; Men Engage Alliance Malawi focuses on preventing SGBV, enhancing the status of women and making changes to men's negative use of power; CYECE chairs the national SRHR Alliance.</p> <p>NEP: 9; 8 local OPD partners, 4 in both Kathmandu (Nepal Disabled Women Association (NDWA), Blind Youth Association of Nepal (BYAN), Action on Disability Rights and Development-Nepal (ADRAD-Nepal), Community Based Rehabilitation (CBR)) and in Banke (Disable Empowerment and Communication Center (DEC) Nepal, Kohalpur; Parent Association Person with Intellectual Disability (PAPID); National Disable Albino Nepal, Kohalpur; Banke Association of Blind). in addition, close collaboration with Abilis Foundation Nepal.</p> <p>TAJ: 3; Partner is the member of following: Central Asian Network of Women with Disabilities; Network of Women Leaders with Disabilities in Tajikistan; Association of crises centers of the Republic of Tajikistan.</p> <p>ZIM: Partner initiated an advocacy think tank which is comprised of 14 LGBTIQ+ organizations to map out and share data on SRHR programs targeted at LGBTIQ+ communities; A research task force comprises of 19 LBQT persons and collects data for knowledge-based advocacy.</p> <p>ZAM: Partner is a member of Zambian Key Populations Consortium</p>	N/A. The indicator was changed from 2022 from "new alliances" into "alliances"	15	Annual reports
OUTPUT 5: Learning and capacity building of programme partners	INDICATORS	BASELINE 2022	RESULT 2023	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
Best practices to improve SRHR are identified and	Regular partnership meetings and capacity building sessions are held.	0	<p>Total sessions: 7</p> <p>AFG&NEP&TAJ: 1 partnership meeting was held in Nepal, Kathmandu during which an advocacy training session was held, M&E session was held, and MTR was conducted. 1 online capacity building session on RBM, data and indicators.</p>	13 sessions	At least 20 partnership meetings (both live and	Annual reports

shared within the programme			<p>MW: 1 partnership meeting was held during which an advocacy training session was held, M&E session was held, and MTR was commenced.</p> <p>SA: 1 Advocacy strategy workshop was held which was attended by LGBTIQ+ organizations from 8 countries, including the partners of this project.</p> <p>ZAM&ZIM&SA: 1 partnership meeting was held live in Helsinki during Pride week; 2 online meetings were held.</p>		online) by 2025	
	An advocacy tool has been created for LGBTIQ+ organizations	An advocacy tool has not been created	SA: An advocacy tool is not yet created.		Advocacy tool is created, functional and in use among LGBTIQ+ organizations	Annual reports
OUTCOME 6: Global communications in Finland	INDICATORS	BASELINE 2022	RESULT 2023	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
The awareness on SRHR, comprehensive sexuality education (CSE), SDGs and their interlinkages is raised among broad public and young people	Persons reached through development communication and global education assess that they have good understanding of SRHR, CSE, SDGs and their interlinkages	Level of understanding is 4/5 on sexual rights, 4/5 on CSE, 3/5 on SDGs and 3/5 on their interlinkages.	The target groups' self-assessment of their grasp on program themes and interconnections are the following: 4 out of 5 on sexual rights, 4 out of 5 on CSE, 3 out of 5 on SDGs, and 3 out of 5 on their interlinkages.	4 out of 5 on sexual rights, 4 out of 5 on CSE, 3 out of 5 on SDGs, and 3 out of 5 on their interlinkages	Level of understanding is 4/5 on sexual rights, 4/5 on CSE, 4/5 on SDGs and 4/5 on their interlinkages.	Surveys for visitors in different channels
	Number of visits to website, reach of social media posts, number of shares and engagement rate in social media, video views,	Social media channels have 10,6 million reach. Väestöliitto's blog has	Social media channels have 10,3 million reach. Väestöliitto's blog has 87 423 impressions.	20,9 million reach 185 225 impressions	Numbers will increase by at least 10%	Website and social media analytics

	blog views, podcast reach	97 802 impressions				
	Number and types of direct target groups reached	3	Young people (+UN Youth) Decision makers	6	3 new target groups reached by 2025	Monitoring data, website and social media analytics
OUTPUT 6: Global communications in Finland	INDICATORS	BASELINE 2022	RESULT 2023	CUMULATIVE	TARGET 2025	SOURCES OF VERIFICATION
The broad public and young people are reached	Number and types of development communication and global education activities implemented	0	Total development communication activities: 326 This included different social media posts and campaigns, blog series, events like the launch of the SWOP (State of World Population) report and Pride related events such as panel discussion at Korjaamo, cooperation with UN Youth of Finland, and posts on current issues related to the program themes and program itself and its results.	644 activities	At least 200 development communication activities per year	