



VÄESTÖLIITTO'S  
DEVELOPMENT COOPERATION  
PROGRAMME FOR  
ADVANCING SEXUAL AND  
REPRODUCTIVE HEALTH  
AND RIGHTS  
2022–2025

**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   |
| CPI      | Corruption Perception Index  |
| CSE      | Comprehensive Sexuality Education  |
| DHS      | Demographic and Health Surveys   |
| DPO      | Disabled Persons Organization  |
| 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, Intersexual, Queer  |
| MFA      | Ministry for Foreign Affairs of Finland  |
| OECD/DAC | Development Assistance Committee (DAC) under Organisation for Economic Co-operation and Development (OECD) |
| PAI      | Population Action International  |
| 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                                |
| VSL      | Village Savings and Loans  |

## Tables and pictures

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## Summary

Väestöliitto's programme aims at advancing sexual and reproductive health and rights (**SRHR**) so that everyone would be empowered and free to make their own informed and responsible choices over their bodies, sexuality, and relationships without discrimination.

The programme is based on Väestöliitto's Development Cooperation Policy 2021-2024 which sets guidelines to focus on those groups that are particularly vulnerable and easily marginalized when advancing SRHR. Therefore, this programme targets especially girls and women, persons with disabilities, and LGBTIQ+ persons. There is also a strong focus on increasing boys' and men's role as champions in promoting gender equality and sexual rights.

The programme's expected **impact** is that it **aims at contributing to the realization of SRHR of the most vulnerable groups, also contributing to the realization of Sustainable Development Goals (SDGs) 3.7 and 5.6.**

The programme's goals are achieved by implementing **thematic projects in the global south, conducting development communication and global education**, and doing **advocacy**. The programme is implemented in seven programme countries together with Finnish and local civil society partners through three thematical projects: preventing sexual and gender-based violence, advancing sexual rights of persons with disabilities, and strengthening advocacy capacities of LGBTIQ+ organizations.

Main elements of the thematic projects are capacity building of beneficiaries and stakeholders, raising awareness in societies on SRHR of vulnerable groups, conducting advocacy, and the capacity building and mutual learning among all programme partners.

Direct beneficiaries and rights-holders of the programme are girls, women, persons with disabilities and LGBTIQ+ persons in targeted countries and communities. They will benefit directly from increased capacities and empowerment to make decisions regarding their SRHR, and to actively make a positive change for the realization of SRHR. Direct beneficiaries include the duty-bearers whose role is elemental in making sure that governments' SRHR policies are implemented effectively at local and national levels. Also, other responsible actors such as community leaders, traditional and religious leaders, other NGOs, health service personnel, and teachers are direct beneficiaries as they have a big role in facilitating change in the communities, transforming the harmful stereotypes and attitudes, and in making sure that the SRHR of vulnerable groups are addressed.

The programme's development communication and global education raise the knowledge and awareness of broad public on SRHR and comprehensive sexuality education as elemental global questions with direct linkages to the SDGs. The advocacy in Finland focuses on increasing civil servants' and decision makers' understanding and capacities on SRHR related barriers on education in Finnish development policy and CSE as an effective method in crossing those barriers.

The programme complements the Finnish Development Policy and its main goals to eradicate poverty, reduce inequalities, and to achieve sustainable development through advancing SRHR. It contributes especially to the realization of Sustainable Development Goals (SDGs) 3.7 and 5.6.

Väestöliitto's development programme is based on results-oriented approach that includes local ownership and strong partnerships, ensuring reliable information and learning and adaptive management, transparency, efficiency, and human rights-based approach. The programme's sustainability is ensured by reliable partner organizations, participatory planning, high quality monitoring system, sustainable exit strategy and risk management system.

# 1. Introduction

## 1.1 Väestöliitto's vision, mission, and values

Väestöliitto is a Finnish NGO that works towards improving well-being and equality and reaching sustainable demographic growth. Väestöliitto is the only NGO in Finland that explicitly advances sexual rights in Finland and globally as one of its main approaches. The values that drive Väestöliitto's work are diversity and equality of people which means that there is special focus on the equality of all genders, different kinds of families, people's backgrounds, and sexual orientations in all Väestöliitto's work. Väestöliitto's work is based on its values, research, and experience from the field.

Väestöliitto's strategy defines the core approaches, vision, values, and strategic choices. Based on the strategy, Väestöliitto's global work focuses on advancing the realization of sexual rights globally. **Väestöliitto's Development Policy 2021-2024** supports and supplements Väestöliitto's strategy from the global viewpoint and defines the focus and provides guidelines for Väestöliitto's global work.

As the leading expert on sexual and reproductive health and rights in Finland, Väestöliitto's strategic goal in its Development Policy is to ensure that the right for bodily autonomy is fulfilled for all. This means that Väestöliitto works to advance comprehensively SRHR which have been at the core of Väestöliitto's development cooperation since 1985. The Development Policy emphasizes intersectional approach as well as life cycle approach to SRHR and development and working against discrimination in all its forms. In addition, it emphasizes comprehensive understanding of sexuality.

Strategic goals of the Development Policy are 1) right to enjoy sexuality and right to equality 2) right to comprehensive sexuality education, 3) right to safe abortion, 4) right to modern family planning, and 5) right to advocacy through empowering people to take part in decision making. SRHR and gender equality are central in achieving sustainable development that leaves no one behind. Those are essential for the realization of human rights for all, including women and young people of diverse backgrounds and identities. Strategic goals are chosen to emphasize the need for actions in these areas in which there are severe challenges globally.

The greatest challenges in the realization of sexual rights are faced by people who, in one way or another, are the most invisible in the societies. That is why Väestöliitto focuses in its programme on meeting the needs of the most vulnerable persons and working to make everyone's voice heard in the decision making. Väestöliitto works to ensure that the sexual rights of all people, especially rights of women and girls, persons with disabilities and people belonging to LGTBQ+ community, are realized.

## 1.2 Concept of Sexual and Reproductive Health and Rights (SRHR)

Väestöliitto's programme advances SRHR as crucial elements in reducing poverty and inequalities. They encompass complex and multidimensional components of human's sexuality, reproduction and the rights related to them. Sexual and reproductive health and rights are part of human rights.<sup>1</sup> By definition "*Sexual and reproductive health is a state of physical, emotional, mental and social well-*

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

*being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity<sup>2</sup>.*” Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust, and communication in promoting self-esteem and overall well-being. All individuals have a right to make decisions regarding their bodies and to access services that support that right.

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

There are many complementing definitions to SRHR and specifically to sexual rights. Väestöliitto sees that sexual rights is the main concept which encompasses all the dimensions and components of sexual and reproductive health and rights, such as sexual and gender-based violence (**SGBV**), access to family planning, and comprehensive sexuality education. However, as sexual rights are contested and debated in the global fora, Väestöliitto utilizes the internationally established concept of SRHR in this programme. Väestöliitto’s definition of sexual rights is nevertheless the basis of this programme:

### **Väestöliitto’s definition of Sexual Rights:**

1. Right to sexuality
2. Right to information on sexuality
3. Right to self-protection and to be protected
4. Right to sexual health services
5. Right to equality
6. Right to privacy
7. Right to advocacy

**Picture 4: Väestöliitto’s definition of sexual rights**

There are severe challenges in realizing universal access SRHR for all. Especially women and girls, persons with disabilities, or LGTBIQ+ persons are denied these basic human rights around the world. Restrictive policies, insufficient funding, systematic discrimination and stigmatization, harmful traditional practices, and outright violence have led to devastating health consequences and human rights violations. For example, tens of thousands of women and girls die each year from unsafe abortions, hundreds of millions have an unmet need for family planning, hundreds of thousands die from pregnancy-related causes, and women account for more than half of the world’s population living with HIV. Persons with disabilities have in many cases no access at all to SRHR information or services and LGTBIQ+ persons are facing life threatening discrimination around the world.

### **1.3 Väestöliitto’s expertise**

Väestöliitto’s worldwide networks ensure that Väestöliitto is well connected with relevant SRHR stakeholders globally and has access to up to date and relevant data and knowledge on SRHR issues. One of the most important networks is the International Planned Parenthood Federation

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<sup>2</sup> Guttmacher- Lancet Commission 2019



(**IPPF**) which is a globally connected civil society movement of national member associations. Väestöliitto is the Finnish member association of IPPF and is connected with sister organizations in 129 countries around the world. All member associations commit to common values and approaches such as safe abortion, advocacy, and access to SRHR.

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

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

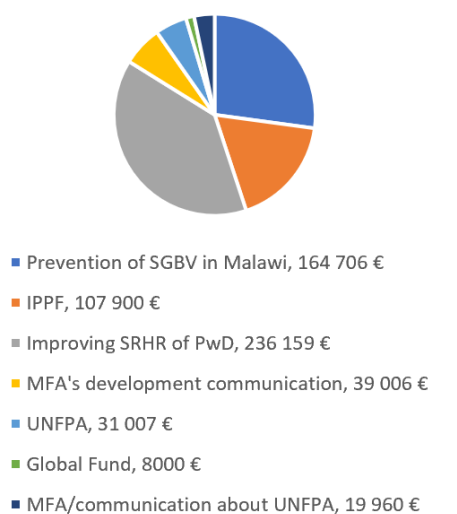
Väestöliitto is also a member of **Countdown 2030 Europe Consortium** whose members are 15 leading European NGOs working to ensure advancement of human rights and investment in family planning. Consortium collects data and creates resources for policymakers, donors, and civil society organizations to advocate more effectively for reproductive health and family planning in national, European, and international fora. The Consortium has established itself as Europe’s leading collective voice on the importance of addressing the global unmet need for family planning.

Väestöliitto is also a founding member of **Sexual Right Network for Finnish NGOs**, a chair of **Women, Peace and Security -Network** in Finland, a member of the **Development Policy Committee**, a member of the **International Working Group of Seta** (LGTBIQ Rights Association in Finland) and a chair of **Gender Working Group of Fingo**.

## 1.4 Overview of global work

Väestöliitto’s global work receives funding various donors such as the Ministry for Foreign Affairs of Finland, IPPF, UNFPA, and Global Fund as pictured below.

Väestöliitto's global work 2021



Picture 2: Väestöliitto’s global work in 2021

This programme combines four individual projects which are supported by the MFA: SGBV prevention project in Malawi; advancing SRHR of PwD in Afghanistan, Tajikistan and Nepal; MFA's global education and development communication project; and MFA's communication project about the work of UNFPA.

### **1.5 Main achievements and lessons learned from previous projects**

While preparing this programme document Väestöliitto is implementing four ongoing projects funded by the MFA. Two of them were being implemented in 2020. In addition, the project *Advancing SRHR and education of girls in rural Malawi* ended in 2020. The best practices, lessons learned, recommendations, and results from these projects have guided the planning of new interventions as well as this programme's approaches and strategies.

**Lessons learned from the "Promotion of SRHR and education of girls in rural Malawi"** project is that to change attitudes related to sensitive topics such as SRHR and harmful cultural practices, the engagement of wider community, especially the gate keepers such as traditional and religious leaders, parents, and service providers is elemental. Continued engagement and empowerment of community leaders is the key to ensure sustainable change in attitudes, behavior, and practices. In addition, it was learned that there is a need for greater engagement of boys in the future.

Secondly, empowering girls with relevant information and skills to challenge harmful cultural practices that negatively affect their education, as well as giving them the platforms to voice their concerns enabled them to take the initiative of making a change in the communities. Empowerment of women translated to the empowerment of the family and is expected to translate in the long run to the empowerment of the whole community.

An important achievement was the successful piloting and rooting of the "safe school and SRHR friendly environment" model in 14 project schools. The success of the model is demonstrated by its replication and spread to the schools outside of the project area. This was achieved by strongly engaging the government officials from the onset of the project.

There is positive evidence from the ongoing project "**Improving sexual rights of persons with disabilities in Afghanistan, Nepal, and Tajikistan**" that capacity building and awareness raising on basic SRHR among key actors is an effective way to include SRHR in government policies. One of the main achievements thus far is that only during the second year of implementation, one of the key disability policies of the Afghanistan government was revised with support from the project to include the SRHR issues of PwD.

Throughout the years when Väestöliitto has been active in **development policy advocacy** in Finland, systematic and solid advocacy methods have been created. Lesson learned from that work is that through different kinds of networks and close collaboration with relevant stakeholders it is possible to achieve results and share Väestöliitto's expertise more efficiently so that decision makers are keen on advancing SRHR in Finland's development policy.

One of main achievements is that Väestöliitto is seen as the leading SHRH expert in Finland. This is demonstrated by the yearly opportunity to be a member of the Finnish delegation in the UN Commission on Population and Development, being a member of the Development Policy Committee, and that Väestöliitto is seen as a trusted partner and an advisor among Parliamentarians through its role as a secretariat of the Finnish All-Party-Parliamentary-Group on Sexual Rights and Development. This role creates many advocacy and capacity building opportunities with the decision makers.

In **development communication and global education** Väestöliitto was able to identify boys and young men as the most in need for information on global development issues. Väestöliitto's previous

development communication project developed new ways to communicate and raise awareness of this target group for example by animated video series on sexual rights and sustainable development. Väestöliitto's numbers of social media followers have increased evenly and by consolidating the position as the leading SRHR expert in Finland Väestöliitto's communication has an impact on political and personal level. Lesson learned includes also that Väestöliitto needs to focus more on breaking stereotypes in its communication.

## 1.6 Human rights-based approach of the programme

Advancing human rights is an inbuilt element of the programme and it supports directly the Finnish human rights policy as it addresses intersectional discrimination, promotes women's rights, rights of persons with disabilities, improves access to SRHR, and increases full and equal enjoyment of human rights by LGBTIQ+ persons. Access to health, gender equality, and promoting the rights of minorities are major elements of sexual rights.

The programme **is human rights progressive** in the sense that it adheres to human rights principles, addresses the needs and capacities of especially vulnerable groups, and uses disaggregated data in the monitoring of the results when it is possible without compromising people's right to privacy. However, for the most part the programme **can be defined as human rights transformative** as it has a very explicit focus in the active transformation of societies by addressing the root causes of discrimination and obstacles to the fulfillment of SRHR, and deep-rooted negative misconceptions, attitudes, and perceptions towards SRHR of vulnerable persons such as LGBTIQ+ persons. Main methods are capacity building on beneficiaries' rights-literacy, capacity building of duty-bearers to implement their obligations, and active advocacy directed at changing discriminatory policies.

In addition to Finnish human rights policy, the programme supports *Universal Declaration of Human Rights* and especially its articles 1, 2, 3, 5, 6, 7, 9, 12, 19, 20, and 26 that guarantee human rights to all without discrimination of any kind, freedom from degrading treatment, the right to privacy and freedom of expression, even though they do not explicitly mention sexual orientation or gender expressions. The premise is also in the *EU's Charter of Fundamental Rights* that states that any discrimination based on sex or sexual orientation shall be prohibited. Programme also supports 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 PwD.

The programme supports the realization of the *Declaration of Sexual Rights* by the International Planned Parenthood Federation's (IPPF), which are human rights related to sexuality. They underscore that everyone has a right to their own sexuality and to decide freely and responsibly on matters regarding their sexuality, right to equality and non-discrimination, right to bodily integrity, right to satisfying and safe sexual lives, right to protection from sexual violence and coercion, right to be seen, and right to non-discriminatory SRHR services. Without the realization of sexual rights, the Agenda2030 cannot be achieved.

The programme will focus on capacity building of rights-holders (girls, women, boys, men, persons with disabilities, LGBTIQ+ persons) to understand different dimension of SRHR, what are the obligations of duty-bearers and other responsible actors to address them, and how to advocate for a more rigorous implementation of existing policies in local and national level. Empowerment of individuals is elemental in inclusive and rights-based approach which is why the programme places strong value to rights-literacy among beneficiaries. The capacity building of duty-bearers (government officials, decision makers) will focus on SRHR as a human rights issue, what are the barriers that prevent these rights from realizing, and what are their obligations to ensure that these barriers are broken. This will be done through dialogue between rights-holders and duty-bearers. Awareness raising towards the broad audience and advocacy towards the decision-makers are

elemental approaches in breaking the unequal structures of the society. Even though negative manifestations regarding SRHR, such as SGBV and discrimination of LGBTIQ+ persons, have strong roots in the cultural norms and customs, the basis for the programme's interventions is the universality of sexual rights: they are indivisible and belong to everyone. Cultural harmful traditions cannot be exempted based on religion if they violate everyone's right to bodily integrity and right to be protected from violence.

Planning, implementation, monitoring and evaluation will be done in an inclusive and participatory manner with rights-holders and duty-bearers, placing also high attention to ensuring that these processes are non-discriminatory towards e.g. persons with disabilities. Analysis of the barriers to inclusiveness will be done in the baseline study.

## 2. Programme alignment with development policies

### 2.1 Alignment with Finnish development policy

Väestöliitto's programme complements the Finnish Development Policy and its main goals to eradicate poverty, reduce inequalities, and to achieve sustainable development through advancing SRHR. They play an important role in achieving these goals as their fulfillment is essential in reducing poverty and inequalities and in achieving a society where everyone's potential is fulfilled. Realization of SRHR has direct links to individuals' access to education and means of income as well as economic growth and social development.

The programme supports and complements also the four priority areas of the Development Policy, but most directly **the priority area of strengthening the status and rights of girls and women**.

Gender equality, empowerment of girls and women and strengthening their status and rights are not possible to achieve without the realization of everyone's sexual and reproductive health and rights. Emphasis on SRHR has positive impacts on achieving gender equality. Traditional gender norms and expectations society sets for women and girls as well as other vulnerable groups, power structures, social norms and taboos maintain inequalities and limit their opportunities. Across the globe women and girls have lower status, less opportunities and control over their own body, and less power than men and boys. They are also more often victims of gender-based violence, and more often married under the age of 18 than boys.

By addressing these obstacles, the programme contributes directly to people's abilities to exercise their sexual and reproductive rights to make free and informed choices about their sexual and reproductive life. Access to SRHR empowers especially those who usually have limited opportunities across social, economic, and political life such as women and girls, adolescents, PwD and LGBTIQ+ persons.

The programme contributes to the priority area of **strengthening the economic base of developing countries and creating jobs** by supporting the economic empowerment of women through the Village Savings and Loans (VSL) model. This model is highly sustainable after the groups are appropriately established and their capacity has been increased. In addition, poverty reduction strategies at large also require strong focus towards increasing everyone's access to their SRHR and especially towards the eradication of SGBV. The realization of SRHR plays a crucial role in empowering women's economic status as they remain more affected by poverty, unpaid care burden and insecure work than men.

By strengthening the advocacy capacities of direct beneficiaries, strengthening the partner organizations' capacities in advocacy and results-based management, and increasing the capacities of schools to provide better comprehensive sexuality education, the programme contributes to the

priority area of **education, well-functioning societies, and democracy**. Social norms, limited knowledge and power structures leave vulnerable groups outside of decision-making processes. They may face serious stigma, discrimination, or violence if they seek to advocate for their SRHR. Therefore, it is important to challenge the existing legal, policy and social environments to create an enabling environment. By capacity building and advocacy, the programme strengthens vulnerable groups' involvement in ensuring that their SRHR issues are included in government plans and policies.

## **2.2 Alignment with MFA's country strategies and programmes**

Väestöliitto's programme supports and complements Finland's Country Programmes and strategies in Afghanistan, Nepal, and Tajikistan.

**In Afghanistan** Väestöliitto works together with the local partner. The Taliban takeover has naturally shifted the priorities and strategies of the Finnish development funding in Afghanistan. Prior to the Taliban takeover in August 2021 the programme intended to support Finland's Country Programme in Afghanistan to 1) enhance sustainable development through improved provision of basic services and strengthened institutions, and 2) to improve the realization of human rights, including the rights of women and girls with enhancing SRHR as a strong priority. This also included reducing maternal mortality and child mortality, gender-based violence, harmful practices, and social norms, improving knowledge and access to SRH services among men and women, and addressing the scarcity of qualified female health providers.

In 2022 Finland will focus on humanitarian aid as well as limited and targeted development cooperation operations that are based on Finnish development policy priorities. The programme will support the two priority areas of Finnish support in Afghanistan: 1) survival and securing basic needs in the middle of the crisis through providing basic and reproductive health care especially to the most vulnerable populations, and 2) defending human rights, and especially girls' and women's rights, through strengthening the disability inclusion throughout partner's operations.

**In Nepal** Väestöliitto works together with the local partner FPAN to improve SRHR of PwD. Väestöliitto's programme supports Finland's Country Programme, especially the following outcomes 3.1: economic and political empowerment of women including those with disabilities and those in vulnerable positions enhanced and outcome 3.2. violence and cultural discriminatory against women including those with disabilities those in vulnerable position in the public and private spheres is decreased. In addition, the programme is supporting outputs: 1.1.2: Improved sanitation and hygiene services and capacity of people to adopt good sanitation and hygiene practices including dignified menstruation management; output 3.1.1 women's political participation, gender sensitivity and non-discriminatory policy implementation is increased; output 3.2.2 discriminatory social norms, harmful practices and stigma reduced which are set under these outcomes mentioned above.

**In Tajikistan** Väestöliitto works together with local partner to support SRHR of PwD. Väestöliitto's programme advocates for policy changes and changing the discriminatory attitudes regarding SRHR of PwD so that they would be widely accepted and supported. SRHR are human rights and need to be included in government policies and laws on national and community level laws special attention given to marginalized groups such as women and girls and PwD. Väestöliitto's programme supports and contributes to Finland's Country Programme, especially the impact 1: more equal society and strengthened realization of human rights and rule of law.

## 2.3 Alignment with Agenda2030

While the realization of SRHR is critical to many of the SDGs, **Väestöliitto's development policy and this programme concentrate specifically to three**: health (Goal 3), education (Goal 4) and gender equality (Goal 5). In addition, the programme contributes to Goal 10 “reducing inequalities” and Goal 16 “building peaceful and inclusive societies”. Also, the principle of the SDGs – Leave No One Behind – is at the heart of the programme.

More specifically, the programme contributes to the targets **3.7, 4.7** and **5.6** which call for universal access to SRHR, and to the SDGs **5.1, 5.2, 5.3** and **5.6** which call for ending all forms of discrimination against all women and girls everywhere, eliminating all forms of violence against all women and girls, eliminating all harmful practices, and ensuring universal access to SRHR. The latter is also called for in SDG 3.7.

The programme contributes directly also to SDG **16.1** which calls for reducing all forms all violence and **16.2** which calls for ending abuse and exploitation of children. In addition, the programme contributes to 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.

As the accredited member association of the International Planned Parenthood Federation (**IPPF**), the programme is strongly guided by its Declaration of sexual rights which are human rights related to sexuality and which highlight everyone's right to make informed decisions regarding their sexuality<sup>3</sup>. The declaration sets the framework and outlines the sexual rights that are implied in throughout this document. In addition, the project is influenced by the International Conference on Population and Development Programme of Action (ICPD PoA) which calls for governments to eliminate discrimination of PwD regarding their reproductive rights.

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.

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<sup>3</sup> [https://www.ippf.org/sites/default/files/sexualrightsippfdeclaration\\_1.pdf](https://www.ippf.org/sites/default/files/sexualrightsippfdeclaration_1.pdf)

| Program target \ SDG#   | SDG# |     |     |     |     |     |     |     |     |     |      |      |      |      |     |      |  |
|---|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|-----|------|--|
|   | 1.4  | 1.5 | 3.7 | 4.1 | 4.5 | 4.7 | 5.1 | 5.2 | 5.3 | 5.6 | 10.2 | 10.3 | 16.1 | 16.2 | 16b | 17.9 |  |
| Preventing SGBV in Malawi   | x    | x   | x   |     |     | x   | x   | x   | x   | x   | x    | x    | x    | x    |     | x    |  |
| Improving SRHR for PwD in Afghanistan, Nepal and Tajikistan         |      |     | x   |     |     |     | x   | x   | x   | x   | x    | x    |      |      | x   | x    |  |
| Capacity building in advocacy for LGBTIQ+                           |      |     | x   |     |     |     |     |     |     | x   | x    | x    | x    |      |     | x    |  |
| Development communication, global education and Advocacy in Finland |      |     | x   | x   | x   | x   |     |     |     | x   |      |      |      |      |     |      |  |

Table 6: Programme target contribution to SDGs

## 2.4 Alignment with Paris Agreement and SRHR

The Paris Agreement calls for gender equality and women’s empowerment, and its provisions on adaptation and capacity-building efforts urge member states to adopt gender-responsive approaches. Further, many Intended Nationally Determined Contributions (INDCs) submitted to the United Nations Framework Convention on Climate Change (UNFCCC) as part of the implementation regime of the Paris Agreement reflect gender priorities in their pledges for climate action.

Gender equality is a fundamental human right, but there are economic imperatives for promoting equality in climate-development policy. Women play a pivotal role in natural resources management as well as in other activities at the household and community levels. This puts them in a position to contribute to livelihood strategies adapted to changing environmental conditions. Such knowledge and capabilities can and should be deployed for/in climate change mitigation, disaster reduction and adaptation strategies. If a woman or a girl is lacking an access to SRHR information and services or is suffering from sexual violence or harmful practices such as child marriage, she is not able to take part in developing her community to the fullest.

The core approach of the programme, protecting and promoting sexual and reproductive rights, including the right to decide the number and spacing of one’s children, is essential in ensuring the freedom to participate more fully and equitably in society and the economy – and to have resilience against climate change.

Also, Paris Agreement calls parties to “*promote human rights, the right to health, the rights of indigenous peoples, local communities, migrants, children, persons with disabilities and people in vulnerable situations.*” This is important because persons who are socially, economically, culturally, politically, institutionally, or otherwise marginalized are especially vulnerable to climate change and many times excluded from mitigation processes. The heightened vulnerability is rarely due to a single cause. Rather, it is the product of intersecting social processes that result in inequalities in socioeconomic status and income, as well as in exposure. Such social processes include, for example, discrimination on the basis of gender, age, and disability or belonging to the LGTBIQ+ community.

Väestöliitto’s work advances gender equality and human rights of those in vulnerable situations. This contributes to a more inclusive participation to the climate actions possible and is also increases the resilience of the societies when they are facing the effects of the climate change.

## 2.5 Alignment with national policies and other programmes in programme countries

Prior to the Taliban takeover in August 2021 in **Afghanistan** the programme intended to support the *Constitution of Afghanistan* which promoted the integration of PwD into public and social life and prohibited any discrimination. The programme was also in line with other legislation such as the *Law on Rights and Privileges of Persons with Disabilities* which also prohibited discrimination, as well as the *Afghanistan National Peace and Development Framework (ANPDF II) 2021-2025* which stated several health-related goals such as increasing access to health and reproductive services and improving the quality of services and sets goals for gender equality. The programme fully supported the Ministry of Health and Populations' *Strategy for Disability and Rehabilitation 4 Year Strategy* **which was revised in 2020 with the support of Väestöliitto's project** to include SRHR issues of PwD. The policy set out the vision of enabling greater access to health services, improving the health and quality of life for PwD while also preventing disabilities.

However, due to the Taliban takeover the status of the Constitution and other core legislation, programmes and strategies is unclear as the Taliban have established interim leadership and reinstated a strict interpretation of the Islamic Law. It is still unclear in which ways the Taliban plan to govern. It is nevertheless evident that the forms of previous cooperation with government stakeholders cannot take place in any near future.

Afghanistan was the biggest recipient of Finnish development cooperation funding, and the funding was mainly channeled through multilateral organizations. Funding was focused on justice and security, education sector, and supporting sources of livelihood in rural areas. Finland also supported the work of MSI Reproductive Choices in reducing maternal mortality directly, and the advancement of SRHR of PwD through Väestöliitto's project. Other Finnish NGOs working in Afghanistan were the dental development programme of Fida, and the community-based health work of the Red Cross. Other donors working in the SRHR field included NORAD, SIDA, and USAID who focused on improving access to services such as developing health centers for disabled people, special schools, and vocational training centers. However, there were no other projects that focused specifically to the SRHR of PwD. Currently major donors have either halted their programmes, diverted funds from development cooperation to humanitarian support, or realigned the priorities of their development cooperation.

In **Malawi** the programme supports several policy guidelines relevant to SRHR and especially SGBV, and it will address the gaps identified in the National Plan of Action to combat GBV. The programme supports the *Malawi growth and Development strategy III* which has critical priority development areas as it recognizes the role of women in development and has women's empowerment and SRH as sub themes. The *National Plan of Action against Gender Based Violence (GBV)* lines priority actions to address GBV and addresses the root causes of GBV, harmful social norms and empowerment of women and girls, promotes early referral system that identifies violence and reduces its impact and continuation, and also creates an effective response mechanism supporting the survivors of GBV and the rehabilitation of perpetrators.

*Marriage, Divorce and Family relations Act* (2015) has outlawed marriages of people under 18 and has protected women from domestic violence and has given women more power to own and have a share in family property. *The National Health Policy of 2012* serves as a point of reference in the provision of comprehensive range of health services which include the SRH services. *The Malawi sexual and reproductive health and rights policy* provides the framework and institutional arrangements for implementation, monitoring and evaluation of SRHR programs in the country. *Malawi Gender Policy* addresses the issues of gender equality and equity. The gender policy focuses on women's empowerment and gender mainstreaming in all development programs.

There are several Finnish NGOs who are active in Malawi. A newly formed Malawi network in Finland shares information, raises capacity, and identifies avenues for cooperation for the Finnish NGOs.



In **Nepal** the programme supports the Constitution 2072 (September 2015) which in its Article 35 states that “every citizen shall have the right to basic health services from the state free of cost as provided in the law”. In line with this constitutional provision, PwD are entitled to free medical examination and treatment. Nepal is the signatory of International Convention on Rights of Persons with Disability, which is supported by ensuring an enabling environment for accessing, up-taking and utilizing health care services by PwD. In this context, the programme complements the Ministry of Health for implementing the National Health Care Policy and strategies as it relates to PwD. The programme also supports the National Health Sector Strategy which guides the overall health plans for Nepal. The Policy puts Universal Health Coverage at the center and stresses the need for quality equitable access to health care.

Nepal is one of the biggest recipients of Finnish development cooperation funding. Bilateral funding is directed at WASH sector, education, and improving the status of women. Finnish NGOs are active in Nepal and there are several Finnish funded projects. According to Finland’s Nepal Country Strategy for Development Cooperation there are altogether approximately 20 Finnish-funded NGOs in Nepal.

There are several NGO’s that work for the similar goals in Nepal. For example, Felm focuses on increasing access to maternal and child health services, increasing the awareness and advocacy skills of DPOs, and working towards ending gender-based discrimination. Finn Church Aid focuses on strengthening the rights of poor and socially excluded women and children, improving their opportunities for earning a livelihood, and ensuring the realization of human rights through e.g., education. Fida’s projects are aligned with Väestöliitto’s programme by focusing on women’s rights, educating about menstrual hygiene, and taking accessibility into account in schools. Finnish Red Cross and Plan International Finland’s programmes focus on SRH.

The programme cooperates with Abilis country office that provides expertise and trainings for FPAN in disability issues. Apart from Finnish organizations, there are a number of organizations working with disability issues including the rights to education. However, prior to Väestöliitto’s project there were no SRHR programs especially targeted for PwD, but now FPAN’s SRHR work for PwD has expanded through a Japanese organization JOICFP. Their approaches differ and actions do not overlap. In addition, Youth Peer Education Network Y-PEER Nepal has begun very active work targeting PwD. As Y-PEER is coordinated by UNFPA and FPAN, it’s ensured that the actions do not overlap but complement each other.

In **South Africa** the programme supports several policies that are relevant to LGBTIQ+ rights, which are legally well protected in South Africa. Stated at the National Constitution (1996) discrimination based on sex, gender and sexual orientation is illegal. This includes wide range of human rights such as right to health care, including SRHR, freedom of assembly and association, right to equality etc. Right to change sex description in the birth register in terms of the Alteration of Sex Description and Sex Status Act 49 of 2003. In addition, the programme supports the Civil Union act that legalized same-sex marriage in 2006. In addition, programme supports South Africa’s Strategic Plan for HIV, TB and STIs 2017-2022 by focusing on advocacy and capacity building related. LGBTIQ+ rights. While the Constitution guarantees LGBTIQ+ people the right to equality and the right not to be discriminated against on the basis of their sexual orientation and gender, the reality is that LGBTIQ+ people face violence and harassment from officials and private citizens. South Africa has been identified as a “hot spot” for hate crimes against LGBTIQ+ people.

The programme supports the **African Charter on Human and People’s Rights** that takes progressive and liberal measures to protect LGBTIQ+ rights among African Union member states. The charter will be used to leverage advocacy efforts.

Bilateral development cooperation between Finland and South Africa has ended, but development cooperation funding is channeled through other development instruments such as BEAM and

Finnpartnership. Due to South Africa's relatively high OECD-DAC category, development cooperation by Finnish NGOs is nonexistent.

It is important to note that while South Africa is among the three countries where the programme's LGBTIQ+ project is implemented, the majority of activities are implemented in Zambia and Zimbabwe with the coordinating and supporting role of the programme partner PAI in South Africa. As LGBTIQ+ issues are extremely volatile in these two other countries, it's imperative that the coordination takes place in a relatively more accepting and enabling operational environment. It is planned that for security reasons e.g. partnership and joint capacity building meetings with Zambian and Zimbabwean partners would take place in South Africa.

In **Tajikistan** the National Development Strategy of the Republic of Tajikistan for the Period up to 2030 is the most relevant policy document guiding the programme. It mentions PwD issues from many viewpoints, and e.g. highlights the need to increase integration of PwD into the society, develop target programs and broadcasting in the media to promote tolerance and respect for PwD in the society, provide better access and quality of education for children with disabilities and support the establishment of specialized centers for health rehabilitation. Also, the National Program on Rehabilitation of PwD Tajikistan guides the implementation through its indications of SRHR of PwD. Most of the rights of PwD are represented in the Law of Social Protection of PwD.

Finnish bilateral development cooperation funding is channeled through UN organizations. Current funding supports trade sector and the strengthening of the rule of law and human rights through UNDP, and meteorological cooperation by the Finnish Meteorological Institute. In addition to Väestöliitto three other Finnish NGOs work in Tajikistan. Väestöliitto already cooperates and complements the projects run by Abilis and Kynnys and makes strides in avoiding any overlapping of activities. The maternal health programme of Fida is implemented in the Khatlon area with potential for cooperation during the programme period. UNFPA's Tajikistan Country Office implements activities targeted at gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents, and youth, and is a potential stakeholder of the project. Currently there are no other projects that focus on SRHR of PwD.

In **Zambia** there are many laws that do not recognize the rights of LGBTIQ+ people such as the "same-sex sexuality act" which deems it and same-sex marriages illegal. LGBTIQ+ people face discrimination in daily life. The programme supports the affirmation by the courts that grant freedom of expression. Weak legal and social status of LGBTIQ+ people set them in a vulnerable situation and violates their human rights despite the Article 23(1) in Zambian Constitutions of 1991 that states that "no law shall make any provision that is discriminatory either of itself or in its effect". Article 23(2) further prohibits discrimination "by any person acting by virtue of any written law or in the performance of the functions of any public office or any public authority", and Article 23(3) defines discrimination as extending to differential treatment of persons on the basis of "race, tribe, sex, place of origin, marital status, political opinions, color or creed".

The programme supports the **African Charter on Human and People's Rights** that takes progressive and liberal measures to protect LGBTIQ+ rights among African Union member states. The charter will be used to leverage advocacy efforts.

The programme is not aligned with many national policies, due to the weak legal status of LGBTIQ+ persons and challenging operating environment for LGBTIQ+ organizations. Therefore, the aim of the programme is to build the advocacy capacity and tools of the programme partner and facilitate national networking for joint advocacy to increase efforts to influence discriminatory policies.

Currently the projects that focus directly on capacity building and awareness raising on LGBTIQ+ rights are scarce. Nonetheless, there are several other Finnish NGO's working in Zambia which might be potential partners for cooperation. Green Living Movement is increasing awareness on HIV

and AIDS in its partner communities and promotes gender equality. Operation A Day's Work Finland is focusing on improving the self-esteem of children and young people and providing them with training in life management and citizenship skills including topics e.g., gender equality and sexuality education focusing on most vulnerable young people.

In **Zimbabwe** the programme supports the realization of LGBTIQ+ rights and strengthens the capacity of local organization to support and advance LGBTIQ+ rights in the society as many national laws discriminate against LGBTIQ+ people. In Zimbabwe same-sex marriages are illegal. Section 73 of the Criminal Law (Codification and Reform) Act, 2004 punishes consensual same-sex conduct between men with up to one year in prison or a fine or both. This restrictive legislation contributes to stigma and discrimination against LGBTIQ+ persons. The Zimbabwe Constitution adopted in 2013 under section 76 guarantees the Right to Health to its citizens and states "right to have access to basic health-care services, including reproductive health care services". However, existing legal and policy guidelines and attitudes limit LGBTIQ+ people access to health services including sexual and reproductive health services. Zimbabwe National AIDS Strategic Plan III ended in 2020 and the country reached the UNAIDS' 90-90-90 target<sup>4</sup>. Currently Zimbabwe is working on the 95-95-95 target for 2025. However, this is not considering LGBTIQ+ people because state health policies do not recognize and support the diversity of sexualities and genders.

The programme supports the **African Charter on Human and People's Rights** that takes progressive and liberal measures to protect LGBTIQ+ rights among African Union member states. The charter will be used to leverage advocacy efforts.

Currently there are no other Finnish NGOs working directly with SRHR and LGBTIQ+ rights but Finnish Red Cross has global health projects with cooperation possibilities during the programme period that would combine resilience, global health and SRHR. FELM's PwD project is improving access to health and educational services for persons with disabilities by identification and assessment of their needs and increasing awareness of the rights of persons with disabilities. Zimbabwe AIDS Orphans Society is advancing children's rights by providing education and health care.

## 2.6 The cross-cutting objectives

The cross-cutting objectives of the Finnish Development Policy are addressed in the programme in several intersecting ways:

### a) Gender equality

The programme reduces gender inequalities through addressing their root causes in the communities. Recognizing that the status of women is lower than men in the general population as well as among PwD, advancing gender equality is an inbuilt component of empowerment process. Addressing the rights of women and girls with disabilities, recognizing the multiple forms of discrimination and mainstreaming gender considerations in programming are key priorities for the programme.

To enable women and girls to lead healthy lives, and to be able to participate in the social, economic, and political spheres, they need universal access to SRHR. The programme supports this priority area in practice through:

*Education:* The programme supports schools and teachers to strengthen their capacities on child

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<sup>4</sup> The 90-90-90 is a concept introduced by the United Nations Programme on HIV/AIDS in 2013 as an idea that by 2020, 90 per cent of people who are HIV infected will be diagnosed, 90 per cent of people who are diagnosed will be on antiretroviral treatment and 90 per cent of those who receive antiretrovirals will be virally suppressed.

rights, and especially on **comprehensive sexuality education** which is an effective method and a key strategy to reach beneficiaries with correct information about SGBV and SRHR, and to have a direct dialogue with them regarding normative change to address gender inequalities. This will also increase teachers' capacities to provide more gender sensitive education.

*Decision-making:* The capacity of women, girls and LGBTIQ+ persons to influence decision-making through advocacy skills is increased. They will be trained to identify the obligations of duty-bearers to advocate for stronger implementation of SRHR policies and their rights, and to keep them safe from SGBV. Women will be empowered economically through income generating groups which increases women's bargaining power, their status within their families and communities, increases the income level of the entire family, and prevents SGBV in the long term.

*SRHR and basic health services:* The ability to make decisions regarding one's own sexuality, such as reproductive choices, partnerships, and sexual activity is an elemental right and a premise of the programme. Everyone has the right to bodily autonomy and own choices about their bodies. The programme supports this core goal in many ways. Capacity building and awareness raising approaches of the programme always include promotion of vulnerable groups', and especially girls' and women's rights to have full control over their bodies and to make their own decisions about their sexuality and intimate relations, of better access to quality sexual health services (including SGBV prevention and care for those who have experienced violence) and family planning methods, and of access to comprehensive sexuality education. Men and boys are not incorporated in the programme as only supporters of women's rights, but as active agents of change to transform gender norms.

Working alongside with immediate beneficiaries and stakeholders the programme makes gender analysis of its actions on a continuous basis. One of the approaches of the programme is addressing sexual and gender-based violence (SGBV). Intimate partner violence (in particular men's violence against women), sexual violence, harmful practices and child marriage are different and complex manifestations of SGBV. Although their patterns and expressions are quite different, they are all rooted in discriminating gender norms and gender-based inequalities that underline the lower status of girls and women. The programme will work in coordination with relevant stakeholders for addressing the immediate needs of those persons who have experienced violence. In this context, the programme will be vigilant of any infringement of sexual rights of PwD, particularly against women, such as coerced abortion or coerced sterilization.

## **b) Non-discrimination**

One of the core objectives of the programme is to ensure that the root causes for non-realization of human rights – in this case sexual rights – are eradicated. The lack of access to instrumental SRH services and the societal stigma faced by vulnerable groups are major inequalities targeted by the programme. The concrete approaches that the programme takes to ensure non-discrimination are described more at length at HRBA section below. In addition, the baseline studies include assessment of the nodes where discrimination of any kind (as per also MFA's Ethical Code of Conduct) might occur, but especially regarding discrimination towards PwD.

The programme advocates for systems, structures and services that are inclusive and accessible to **persons with disabilities**. Programme partners are already partnering with disability organizations to ensure that the needs and priorities of PwD recognized and addressed, project staff, volunteers and stakeholders are trained in disability inclusion to ensure mainstreaming in all approaches, PwD will be empowered with information about SRHR and SGBV, and that any obstacles for disability inclusion in project's implementation and monitoring are analyzed and eradicated.

**Lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ+)** persons face high levels of discrimination and SGBV worldwide. Discrimination, SGBV and exclusion based on being an LGBTIQ+ person are experienced by all genders, and the negative ramifications can be even more serious to openly gay men and women. More than 80 countries in the world deem

homosexuality as illegal. The programme takes the promotion of equality between all genders as its approach and underscores the intersectionality of discrimination based on being an LGBTIQ+ person.

Especially in the African continent where the programme will be implementing its LGBTIQ+ work, the anti-LGBTIQ+ movement has grown stronger which is witnessed by harsher homophobic and rights-violating legislation. Many African states uphold anti-sodomy laws, LGBTIQ+ persons are further criminalized, and the widespread stance in many countries is that non-conforming sexual orientations and gender expressions are against “African values”.

The programme supports LGBTIQ+ organizations in their advocacy towards policy dialogue and measures ongoing initiatives and dialogues. The capacity of all genders to influence decision-making through advocacy skills is increased. LGBTIQ+ organizations will be trained to identify the obligations of duty-bearers to implement human rights commitments regarding LGBTIQ+ questions, and special measures are made to eradicate effects of multiple discrimination by designing the activities to be fully accessible. LGBTIQ+ advocacy in the African continent is very demanding due to elevated risks and limited space to maneuver in the local civil societies. All measures will be done to ensure the safety of the actors.

### **c) Climate resilience**

Programme partner countries have witnessed changes in their weather patterns due to climate change. Unpredictable droughts, floods and storms affect the safety of people as well as agricultural production and food security due to heightened risk of destroyed harvests.

SRHR has linkages to climate change through various factors and it is critical to climate change adaptation and resilience. Climate change has vast impacts on the advancement of gender equality and many of them impacts the most vulnerable persons' SRHR. Extreme weather conditions caused by climate change may damage the infrastructure like roads and clinics which impedes the access to SRH services. This has vast impacts on maternal morbidity and mortality. Also, the increased risk of air pollution and heat exposure has impacts on maternal health, including preterm birth, low birth weight, and stillbirth. The climate change can increase the occurrence of SGBV as climate change increases the risk of humanitarian crises, displacement and poverty which are strongly linked with increased levels of SGBV. The same effect increases the risk of early, forced and child marriages. The climate crisis may further pose risks for the rights and health of people with diverse sexual orientations, gender identities and expressions, and sex characteristics. Due to intersectional marginalization of sexual and gender minorities they are often more severely affected by disasters associated with natural and other hazards.

Promotion of SRHR strengthens the resilience and adaptation capabilities of the most vulnerable persons who face the biggest impacts caused by climate change. SRHR are critical for advancing gender equality, health, and well-being and for overcoming marginalization and thus for strengthening individuals' and communities' resilience and capacity to adapt to the climate crisis. SRHR allow most vulnerable persons access to opportunities across social, economic, and political life.

Advancement of gender equality and SRHR further strengthens the capacity of the most vulnerable persons, women, and young people to participate in the development and implementation of the fight against climate change and build mechanisms for climate change adaptation.

The effects of climate change are mitigated by close monitoring of the climate trends and adjusting activities accordingly. Especially the women's IGA activities have an important role in climate mitigation as part of their capacity building program contains elements of adapting to changing climate and how to ensure food security under uncertain circumstances. Different methods of climate change adaptation, such as learning about resilient crops, water harvesting methods, water saving irrigation methods and biological pest control, will be part of their capacity building program.

#### **d) Low emission development and ecological sustainability:**

As the programme is centered around capacity building in SRHR, it does not involve any remarkable physical constructions, nor produces any notable pollution in the programme countries. Therefore, it can be assumed that its negative impacts on environment are minimal. In addition, the programme ensures that the health service centers involved in the implementation will adhere to appropriate methods for medical waste disposal.

Implementing this programme will have, however, direct effects to the climate through global air travel which is the biggest source of greenhouse gas emissions of the programme. Participation to programme partners' meetings and conducting monitoring visits will produce approximately 12-18 tonnes of carbon dioxide emissions per year. The Covid-19 pandemic has shown that despite capacity building and monitoring can be conducted easily online, live meetings with partners and beneficiaries cannot be fully replaced and are necessary for quality implementation and mutual learning.

Väestöliitto will continue modifying its employee travel policy and identifying ways to mitigate the carbon emissions. During the programme period Väestöliitto will also screen its entire operations through Sitra's carbon footprint calculator tailored for NGOs. Local travel will also produce carbon emissions which cannot be mitigated due to the lack of carbon free traveling methods.

### **3. Operating environments**

#### **3.1 The global environment on SRHR**

Even though it is widely recognized that fulfillment of sexual rights is at the very core in achieving the goals of Agenda 2030, vast numbers of people around the world are not empowered, informed or have access to services so that they could make the fundamental decisions about their own bodies. Persons in vulnerable positions such as young persons, unmarried persons, lesbian, gay, bisexual and transgender persons, persons with disabilities, and those living in poverty, face some of the highest unmet need for SRHR services. Data from 51 countries show that only 57% of women who are married or in a relationship can make their own choices over sexual intercourse with their partner, contraception use, and health care.

One in three women experience physical or sexual violence in their lifetime. Every minute, 23 girls aged under 18 years are married, many of them being forced or coerced. Every year, three million girls are at risk of female genital mutilation, 232 million women in developing countries who want to plan their families do not use modern contraceptives, and despite a significant 40% decline in maternal mortality since 1990, more than 800 women die every day from complications of pregnancy and childbirth – 500 of them are in humanitarian settings.

Promoting and investing in SRHR saves lives and improve health. It will also contribute to realizing human rights, reducing poverty and discrimination, and achieving gender equality, women's and girls' empowerment and sustainable development.

Even though Finnish policies have supported SRHR and understood its importance for years, globally there is a political, fundamentalist backlash that targets gender equality and especially SRHR. That has a great effect on international agreements and policies also in the EU.

Also, outbreak of COVID-19 pandemic has significantly impacted SRHR, especially in low- and middle-income countries. This is due to the de-prioritization and disruption in the provision of SRHR services as well as mobility restrictions and changes in health-seeking behaviors. This has direct and indirect impacts on lives and health on millions of people, since SRHR services are essential,

time-sensitive and often lifesaving. Sexual health clinics have been closed, there have been huge shortages of modern contraception, and violence against women, girls and LGBTIQ+ persons has increased during pandemic. Also, many conservative states and NGOs have been trying to undermine multilateralism and even agreed resolutions that deal with SRHR agenda.

### **3.2 Operating environment in Afghanistan**

After decades of war, conflict, and instability, Afghanistan has remained as one of the most fragile countries in the world. Stalled peace negotiations between Afghan government and the Taliban forces exacerbated the difficult security situation and continued to cause civilian casualties prior to the withdrawal of US and allied armed forces. Coinciding with the withdrawal of the troops, the Taliban launched a military offensive that culminated in the fall of Kabul in August 2021. Since then, the Taliban have established interim leadership, removed all women and minorities from parliament, and reinstated a strict interpretation of the Islamic law.

Prior to the Taliban takeover, the overall human rights situation was already poor, with limited access to education and clean water, limited freedom of movement, and widespread unemployment. Marginalized groups, including women and girls, displacement-affected populations, and ethnic minorities, suffer the consequences more severely. The takeover has heightened attacks by rival insurgencies such as Islamic State, sparked protests against the new regime, and increased the fear of repercussions for those who worked for or with the allied forces.

Severe drought has led to widespread food shortages with one in three people experiencing 'emergency' or 'crisis' levels of food insecurity. The economic stability of the country has also been dramatically impacted and many face unemployment or economic hardship.

Covid-19 also continues to have a devastating impact on the economy of the country: the World Bank estimates that overall poverty has increased from 55% pre-pandemic to 72% in 2020 due to the economic contraction. Constrained humanitarian access hinders capacity to fully assess needs and provide an adequate aid response, and many displacement-affected populations have limited access to basic services such as healthcare, including SRH.

Access to healthcare remains challenging due to long distances to service delivery points, high costs, low awareness, uncertainty around new rules and restrictions for women, and shortages of female healthcare providers. The takeover has exacerbated the weak healthcare infrastructure through the loss of experienced health sector personnel, and the United Nations estimates that as of September 2021, less than a fifth of public health facilities are functional.

Even before the takeover by the Taliban, Afghanistan was one of the most difficult places in the world to be a woman or girl. Deeply entrenched patriarchal norms that limit the freedoms of women have proven hard to shift and have far-reaching consequences for women and girls in both urban and rural areas. An estimated two-thirds of Afghan girls do not attend school, and 87% of Afghan women and girls are illiterate. The re-establishment of the Taliban regime is further decreasing gender equality, with a strict Islamic dress code for women and girls, segregated education, and the need for a male chaperone to go out in public already being enforced by the Taliban. Early marriage, early pregnancy, and high fertility rates remain common in Afghanistan: 45% of women are married and 42% of women have had their sexual debut by age 18. Maternal mortality remains high – 638 deaths per 100,000 live births – and over 60% of births take place without the attendance of skilled health personnel. 26.4% of married women and 73% of adolescents already have an unmet need for modern contraception.

Married adolescent girls in Afghanistan have the lowest contraceptive prevalence rate (7.7%) of all women of reproductive age and a fifth have unmet family planning needs, leading to high unintended pregnancy and unsafe abortion rates. There are increased reports of women in more rural areas

seeking services from unqualified traditional healers, due to limitations on their freedom of movement.

Despite current reassurances from Taliban leaders that the rights of women will be respected, it is anticipated that access to FP and SRH will be uneven across the country due to differences in understanding and acceptance of women's health services by local Taliban leadership. Further reduced access to comprehensive FP and SRH will lead to an increase in maternal and child mortality rates.

From the SRHR of PwD perspective the situation is dire. Disability prevalence is 3,2 % which translates into approximately 1,2 million Afghans living with a disability. At least 20 % of households includes a family member with a disability. PwD face serious obstacles to civil rights, education, employment, and health care, and especially women and girls with disabilities face multiple forms of discrimination, violence, and violations of their sexual rights. Disability in Afghanistan is a complex issue with limited funding, a lack of trained providers, physical barriers such as remoteness and cultural barriers such as a lack of understanding and acceptance increasing the complexity of the issue. For example, the National Disability Survey identified that over 72% of PwD (over six years of age) had not received any education.

### **3.3 Operating environment in Malawi**

Malawi is a landlocked country in sub-Saharan Africa with a population of 21 million which of 66 % of the population is below the age of 24. It is one of the least developed countries of the world although it has made progress in improving the living conditions in recent years. The economy is heavily dependent on agriculture, employing nearly 80% of the population, and it is vulnerable to external shocks, particularly climatic shocks. Poverty and inequalities have remained high and are generally driven by low productivity in the agriculture sector, limited employment opportunities, volatile economic growth, and rapid population growth among others. On climate sustainability and other environmental factors, Malawi faces enormous challenges due to both climate change and human factors. Globally, Malawi is ranked among the most vulnerable and at-risk countries, highly susceptible to climate hazard, and low coping capacity.

Malawi's society reflects high levels of inequality in reproductive health, women's empowerment, and economic activity. Women continue to be marginalized from constructively participating in the governance of their country. In the political arena, Malawi lacks behind with low representation of women in leadership and decision-making positions. Social cultural norms influence leadership decisions. These norms are mainly exacerbated by patriarchy and cultural attitudes towards females.

Additionally, violence against women and girls (VAWG) and harmful practices remain serious issues. The percentage of women who have experienced violence since age 15 has risen from 28% in 2004 to 35% in 2016. 21% of women have experienced sexual violence at some point of their life. Overall, 41% of women age 15-49 have experienced either physical or sexual violence, in most cases by their spouses. Covid-19 has worsened the situation even more and the country has registered increase in GBV, teenage pregnancies and child marriages.

Health inequalities are vast in Malawi, where the richest quintile can access high-quality private clinics that are out of reach for the poor. Primary health facilities in Malawi are free at the point of use, however, persistent shortages of medicines and staff mean these facilities often provide a very poor-quality service, despite the best efforts of their health workers. Access and uptake of Covid-19 vaccinations remain low with widespread misconceptions and myths surrounding the safety of the vaccine. This will slow down the efforts to control the spread of the virus and ease the current restrictions in place.

Malawi faces a wide range of human rights challenges such as extrajudicial killings; torture, arbitrary detention (the preceding abuses all committed by official security forces), harsh and life-threatening prison and detention center conditions, corruption, lack of investigation and enforcement involving



cases of violence against women, including rape and domestic violence partly due to weak enforcement, criminalization of same-sex sexual conduct, and child labor, including worst forms. In some cases, the government took steps to prosecute officials who committed abuses, but impunity remained a problem.

The constitution and law provide for freedom of expression, including for the press, and the government generally respected this right. The constitution and law provide for the freedom of association, and the government generally respect this right. Government has tried to increase its control over civil society, but restrictive legislation has not proceeded. The law provides criminal penalties for conviction of corruption by officials, but the government has not implemented the law effectively. A variety of domestic and international human rights groups generally can operate without government restriction, train civic educators, advocate changes to existing laws and cultural practices, and investigate and publish their findings on human rights cases.<sup>5</sup>

### 3.4 Operating environment in Nepal

Nepal is a landlocked country in South-East Asia with a population of 28,5 million. The GDP was 3417 USD per capita in 2019<sup>6</sup>. Agriculture is the main source of income for two thirds of the population<sup>7</sup>. Politically the situation has been stabilized after the constitution of Nepal came into effect after long period of political instability following a decade long civil which ended in 2006.

Legal age limit for marriage is 18, but early marriage is often the optimal choice especially among poor families. Investing in the education of daughters is not considered beneficial, as they will settle in their husband's family. Suicide was found to be the leading single cause of death among women in age group 15-49, and 21 % of suicides were committed by girls under 18.

Few people have access to quality health services. The public health infrastructure is wide but due to inadequate human resources, poor infrastructure, and poor management, the quality of public health services is not sufficient. In addition, low status, and low education and literacy levels of women have negative influence on access to health information and services. It is also customary that women lack voice in reproductive health matters, and any decision related to her life and health will be taken by her husband and his family.

Nepal was close to meeting the targets of reducing the maternal mortality ratio (MMR) and increasing the proportion of births attended by skilled birth attendants (SBAs). However, these improvements have not been uniform and major disparities exist between rural and urban areas and among eco-geographical regions and social groups. The large reduction in the MMR is associated with the fall in the total fertility rate (TFR) from 5.3 in 1996 to 2.3 in 2014. The latter was largely due to married couples 'increased use of contraceptives from 24 percent in 1990 to 49.6 percent in 2014.<sup>8</sup>

The National Population Census 2011 states that the overall prevalence of disability was 1.94 % in Nepal, with 2.2% prevalence of male disability and 1.7% prevalence for females. Whereas the National living standard survey report 2011 has claimed it to be 3.6%. However, both figures are quite low as compared to the 15% disability prevalence rate claimed by WHO and World Bank in the World Report on Disability<sup>9</sup>. These figures are in sharp contrast to studies carried out by specific impairment groups - for example a survey carried out in five districts in 1991 stated that 16.6% of children aged over five were deaf.

According to the National Population Census 2011 physical disability was the most common type of disability, which accounted for more than one third of total disabilities. Disability in rural residents

<sup>5</sup> <https://www.state.gov/wp-content/uploads/2019/03/Malawi-2018.pdf>

<sup>6</sup> <http://www.hdr.undp.org/en/indicators/194906>

<sup>7</sup> [http://www.np.undp.org/content/nepal/en/home/library/human\\_development/human-development-report-2014/](http://www.np.undp.org/content/nepal/en/home/library/human_development/human-development-report-2014/)

<sup>8</sup> MDG Status Report 2016

<sup>9</sup> 2011

was more prevalent (2.1%) compared to disability in their urban counterparts (1.2%). More than one third of the disabled are less than 30 years old and only one-fourth of disabled persons are aged 60 years or more.

Studies addressing the SRH needs of persons with disabilities are not available in Nepal. However, a survey on Living conditions among persons with disability in Nepal showed that most of the health posts/health clinics are not accessible and do not accept the presence of persons with severe disability, although attempts have been made to make newly established hospitals in national as well as district level accessible, at least having ramps. Despite the adoption of the provision of free health care for persons with disability, the survey further claimed that many of persons with disability are either unknown to the services or do not access granted facilities and services, consequently, resulting in the extreme poor health condition of persons with disabilities. The survey also pinpointed even service providing health facilities are not aware of the legislations and policies regarding inclusive health treatment of persons with disabilities.<sup>10</sup>

COVID-19 has seriously affected the most vulnerable persons through increased poverty and limitations in access to health care through overcrowded health facilities. Long school closures have prevented students from accessing education and full closures have stopped people from accessing their livelihoods. However, nearly 60 % of the population is currently fully vaccinated which will control the spread of the epidemic.

### 3.5 Operating environment in South Africa

South Africa is the southernmost country in Africa with a population of 60 million people<sup>11</sup>. The GDP was 6001,4 USD per capita in 2019<sup>12</sup>. Unemployment rate was 36.69 % in 2020<sup>13</sup>. 46.75 % of parliamentary seats are held by women, and 65 % of women age 15-49 are making their own informed decision regarding sexual relations, contraceptive use and reproductive health care. The total fertility rate is 2.4. Life expectancy at birth is 61 (male) and 68 (female). Total net education enrolment rate is 89 % primary education and 79 upper secondary education<sup>14</sup>.

LGBTIQ+ rights in South Africa are legally and socially well protected - such persons are still far from fully enjoying the same rights as other citizens. Discrimination based on sexual orientation and gender is illegal. In 1996 South Africa was the first country in the world to protect against discrimination based on sexual orientation in its Constitutions and the fifth to legalize same-sex marriage in 2006. In fact, South Africa is the only sub-Saharan African country that permits same-sex relationship and adoption open to same-sex couples (either jointly or via second parent adoption). It is also legal to change gender, based on the Alteration of Sex Description and Sex Status Act 49 of 2003. Act does not make it compulsory that an applicant had to have undergone gender reassignment surgery. However, officials at the Department of Home Affairs sometimes apply the Act incorrectly and turn away applicants who have not had surgery<sup>15</sup>

While Institutional support for LGBTIQ+ persons is very robust, attitudes, stigma and social acceptance still lags. In particularly, religion and traditional leaders remain homophobic, and attitudes are negative. For example, religious leaders are blaming LGBTIQ+ persons for Covid-19. In addition, many LGBTIQ+ persons report social unacceptance<sup>16</sup>. Nevertheless, South Africa has made significant progress even though there are social challenges on the ground. According to the survey made in 2016 half of the people believe that gay people should have the same human rights,

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<sup>10</sup> Report: Feasibility Study on CBID in Nepal, 2015, RCRD-Nepal.

<sup>11</sup> [UNFPA - United Nations Population Fund](#)

<sup>12</sup> <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=ZA>

<sup>13</sup> <https://tradingeconomics.com/zimbabwe/unemployment-rate>

<sup>14</sup> [UNFPA - United Nations Population Fund](#)

<sup>15</sup> [Transgender-rights-in-South-Africa.pdf \(southernafricalitigationcentre.org\)](#)

<sup>16</sup> [LGBTI in Africa \(europa.eu\)](#)

although 72 % feel that same-sex activity is morally wrong<sup>17</sup>. In addition, LGBTIQ+ persons face verbal, physical and/or sexual discrimination in their everyday lives due to their sexual orientation. Four out of ten LGBTIQ+ persons report knowing someone who has been killed for their sexual orientation or gender identity.

An estimated 7.7 million people living with HIV in 2018. In 2017, 26% of women were estimated to be living with HIV, compared to around 15% of men. Among females aged 15 to 24, HIV incidence is more than four times higher than the incidence of males in the same group. Poverty, the low status of women and gender-based violence have all been cited as reasons for this disparity in HIV prevalence.

Despite a constitution that protects the rights of LGBTIQ+ communities, many men who have sex with men face high levels of social stigma and homophobic violence because of traditional and conservative attitudes, which affects their access to SRH services. Also, a lack of knowledge around the issues faced by men who have sex with men makes it difficult for these men to disclose their sexuality to healthcare workers and get the healthcare they need. Another barrier to receive care is stigma that LGBTIQ people and especially transgender individuals face. The role healthcare provider stigma can play in putting trans women off accessing HIV prevention services.<sup>18</sup>

South Africa's Strategic Plan for HIV, TB and STIs 2017-2022 address key issues and challenges and call for law reform, building the capacity of healthcare workers to respond to needs of sex workers, addressing stigma and discrimination and building the capacities of key populations to advocate for equality in access to health.<sup>19</sup> South Africa has balanced between level 1-3 lockdowns depending on the number of cases. Currently nearly 30 % of the population is fully vaccinated, whereas less than 10 % of the population has received two doses in the African continent.

### 3.6 Operating environment in Tajikistan

Tajikistan is a Central Asian state with a population of 9,7 million people. Almost 65 per cent of the population is below the age of 24.<sup>20</sup> Tajikistan has a GDP of 874 USD per capita in 2019<sup>21</sup> and remains one of the least developed countries of the region.

Tajikistan's health-care system almost collapsed during the civil war 1992-1997. Since the 1990s, the country has faced a significant decline in fertility: the total fertility rate decreased from 6.3 in the 1990s to 3.5 at present<sup>22</sup>. A specialized study on unmet needs for contraceptives revealed marked declines in contraceptive use, mainly for women aged 15-24 years. Unmet need for family planning rate for women aged 15-49 is 16 % in 2020. These women and their partners have limited knowledge of reproductive health and rights and are subject to family pressures.<sup>23</sup> The use of modern contraceptives among married women aged 15-49 years in 2017 was 29.3% which remains stable and is lower than neighbouring countries. Lack of CSE, unmet need for family planning and tradition might explain the rising trend of adolescent birth rate 27.5 2019. Despite improved maternal and child health services, neonatal disorders are still the second most common cause of premature death. It is, therefore, critical that infant, child and maternal care is strengthened further so that the mortality rates can be reduced. Currently, the maternal mortality ratio is reported by the Ministry of Health as 32 per 100 000 live births.<sup>24</sup>

Situation of PwD in Tajikistan is under-researched and very little accurate data is available. According to WHO more than 148 000 people suffer from various forms and levels of disability, of

<sup>17</sup> <https://theotherfoundation.org/progressive-prudes/>

<sup>18</sup> [HIV and AIDS in South Africa | Avert](https://www.aidsmap.org/HIV-and-AIDS-in-South-Africa-Avert)

<sup>19</sup> [NSP\\_FullDocument\\_FINAL.pdf \(sanac.org.za\)](https://www.sanac.org.za/wp-content/uploads/2017/07/NSP-FullDocument-FINAL.pdf)

<sup>20</sup> <https://www.unfpa.org/data/world-population/TJ#>

<sup>21</sup> <https://www.worldbank.org/en/country/tajikistan/overview>

<sup>22</sup> <https://www.unfpa.org/data/world-population/TJ>

<sup>23</sup> [https://www.unfpa.org/sites/default/files/portal-document/Tajikistan%20CPD%20-%20ODS\\_0.pdf](https://www.unfpa.org/sites/default/files/portal-document/Tajikistan%20CPD%20-%20ODS_0.pdf)

<sup>24</sup> [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/459946/Health-related-SDG-targets-in-Tajikistan-eng.pdf](https://www.euro.who.int/__data/assets/pdf_file/0010/459946/Health-related-SDG-targets-in-Tajikistan-eng.pdf)

which only a minority benefit from support services.<sup>25</sup> WHO and World Bank estimate in the World Report on Disability (2011) that 15-20% of the global population 15 years and older have a disability, which is equivalent to 1.5 million PwD in Tajikistan.<sup>26</sup> The statistics do not provide any sex- or age-disaggregated data. According to the national statistics on the sex distribution, 51% of the Tajik population are women, therefore there are about 75 480 WwD in Tajikistan according to national statistics or 612 000 WwD according to WHO statistics.

Tajikistan has faced serious health issues. Approximately 1.6 million people do not have access to universal health coverage, and only a minority of PwD benefit from support services. Health care was declared free of charge for persons with disabilities in state facilities, but these are generally located in urban centers. The situation is especially challenging in rural areas where low-income families with persons with disabilities are particularly affected by the lack of access to universal health coverage.<sup>27</sup>

Data indicates that socio-economic status of PwD and their families is low and 39% of WwD live in households of other family members on a monthly income, which does not meet even the basic needs. The main income of PwD consists of only a pension and disability benefit. PwD have poor access to education and employment, and 82% of PwD and WwD are unemployed. 72% of PwD experience difficulties to move in the streets, 61% to access educational institutions due to inaccessibility. Currently, the government implements a policy of inclusive education when children with disabilities can be enrolled into any secondary school.

WwD experience double discrimination because of disability and gender: 48% of WwD are discriminated in getting education, 52% were not hired because of disability. There are also anecdotal evidence that WwD are subject to specific forms of violence against women. They are for example forced to leave their home to stay in institutions and are denied of their property and inheritance rights. Due to small pensions, they are forced to engage in prostitution. There is complete impunity of perpetrators due to the lack of capacity of WwD to report violence against them as 51% of WwD lack confidence to report crimes of violence against them.

Currently the workplace and school closures due to COVID-19 have been eased, and 46 % of the population is fully vaccinated. However, fully reliable official data on the severity of the pandemic in Tajikistan has been difficult to access.

### **3.7 Operating environment in Zambia**

Republic of Zambia is a landlocked country in Southern Africa with a population of 18.9 million people. 43.6 % of the population are aged 0-14. Zambia is experiencing a large demographic shift and is one of the world's youngest countries by median age. In 2020 the GDB per capita was 1572,3 USD. Life expectancy at birth year is 68 (female) and 61 (male).<sup>28</sup>

The total fertility rate has remained high, despite declining from 5.3 children per woman in 2014 to 4.4 in 2021<sup>29</sup>. Fertility in rural areas has persistently remained higher than in urban areas. Socio-cultural beliefs and practices that encourage women to have many children and large families as social insurance in old age largely influence the high fertility rate. Only 10 % of the population has been vaccinated against COVID-19, and the situation remains worrisome.

Zambia got its independence from Britain in 1964 and chose to embrace colonial laws such as the Penal Code that criminalizes same-sex relationships, sexual conduct, and visibility of LGBTIQ+ people. Social attitudes and perceptions towards LGBTIQ+ people are mostly negative maintaining

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<sup>25</sup> <https://www.euro.who.int/en/countries/tajikistan/news/news/2019/11/dushanbe-forum-unites-against-disability-inequalities-in-tajikistan>

<sup>26</sup> [https://www.who.int/disabilities/world\\_report/2011/report.pdf](https://www.who.int/disabilities/world_report/2011/report.pdf)

<sup>27</sup> <https://www.euro.who.int/en/countries/tajikistan/news/news/2019/11/dushanbe-forum-unites-against-disability-inequalities-in-tajikistan>

<sup>28</sup> [UNFPA - United Nations Population Fund](https://www.unfpa.org/data/ZM)

<sup>29</sup> <https://www.unfpa.org/data/ZM>

assumptions that homosexuality is immoral and an insanity. Homosexuality is seen un-Christian and un-African, foreign, and 'western'. Same-sex marriage is illegal, and punishment is up from 10 years imprisonment.<sup>30</sup> LGBTIQ+ people continue to face street harassment and state-instigated homophobia. Harassment experienced by LGBTIQ+ people generally go unreported for fear of secondary abuse by law enforcement officers should incidents be reported to the police.<sup>31</sup>

Government continues to clamp down on independent media, ensuring that most voices and perspectives in mainstream media reflect the dominant views of the State. Therefore, mass media strongly maintain negative attitudes and shape public opinion on LGBTIQ+ human rights. Despite Zambia has ratified the international treaty on freedom of association and protection of the right to organize, the LGBTIQ+ rights organizations cannot legally register and openly organize to meet.

There is a strong will to improve national healthcare to ensure everyone's access to quality health services, including sexual and reproductive health services as stated in National Health Strategic Plan 2017-2021. However, currently Zambia's healthcare system suffers from inadequate funding and a lack of infrastructure and facilities, especially in rural areas. In addition there are still many challenges related to access on SRH information and services especially among adolescents, which contributes to the high rates on teenage pregnancy at 29%; high HIV prevalence rates where 8% of girls aged 15-19 are infected compared to 5% of boys; low contraceptive use among young people with only 28% of married adolescent girls using modern methods of contraception as well as low condom use where only 40% of girls and 49% of boys aged 15-24 used a condom at last high risk sex. Also, maternal mortality and access to maternal health services remain a challenge.

In addition, legislations and attitudes towards LGBTIQ+ people affect their access to sexual and reproductive health care services. LGBTIQ+ people cannot access services such as voluntary HIV counselling and testing as health professionals refuse to treat LGBTIQ+ people or they might be afraid of facing abuse or being arrested. In addition, existing laws and policies do not allow for officially changing one's gender identity.

### 3.8 Operating environment in Zimbabwe

Zimbabwe officially Republic of Zimbabwe is a landlocked country located in Southern Africa with population of 15.1 million people. 41,3 % of the population are aged 0-14. The GDP was 1683,8 USD per capita in 2020<sup>32</sup>. Unemployment rate was 4.9 % in 2019<sup>33</sup>. However, COVID-19 pandemic has impacted livelihoods, especially in urban areas and added 1.3 million to the extreme poor. Estimates suggest the number of extremely poor reached 7.9 million in 2020 - almost 49% of the population (in 2019 PPP was 39,5 %)<sup>34</sup>. In the 2019 34.6 percent of parliamentary seats were held by women, and 59.8 percent of adult women have reached at least a secondary level of education compared to 70.8 percent of their male counterparts.<sup>35</sup>

Human rights situation is worsening in Zimbabwe and human rights have continued to decline during Emmerson Mnangagwa's presidency. The Zimbabwe security forces have increasingly committed serious violations, including violent attacks, abductions, torture, arbitrary arrests and other abuses against the opposition, government critics, and activists. The upcoming parliamentary elections in 2023 are increasing the tensions in the country. The government is trying to pass a law that would severely restrict civil society organizations and narrow the space for civil society. Also, the aggressions and hate speech towards LGBTIQ+ movement online has increased significantly and is expected to further increase nearer the elections.

<sup>30</sup> [https://ilga.org/sites/default/files/downloads/ENG\\_ILGA\\_World\\_map\\_sexual\\_orientation\\_laws\\_dec2020.png](https://ilga.org/sites/default/files/downloads/ENG_ILGA_World_map_sexual_orientation_laws_dec2020.png)

<sup>31</sup> [http://theotherfoundation.org/wp-content/uploads/2017/02/Canaries\\_Zambia.pdf](http://theotherfoundation.org/wp-content/uploads/2017/02/Canaries_Zambia.pdf)

<sup>32</sup> <http://data.un.org/en/iso/zw.html>

<sup>33</sup> <https://tradingeconomics.com/zimbabwe/unemployment-rate>

<sup>34</sup> <https://data.worldbank.org/indicator/SI.POV.DDAY?end=2019&locations=ZW&start=2019&view=bar>

<sup>35</sup> [http://hdr.undp.org/sites/all/themes/hdr\\_theme/country-notes/ZWE.pdf](http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/ZWE.pdf)

Same-sex marriages are illegal. Section 73 of the Criminal Law (Codification and Reform) Act, 2004 punishes consensual same-sex conduct between men with up to one year in prison or a fine or both. This restrictive legislation contributes to stigma and discrimination against lesbian, gay, bisexual, and transgender (LGBT) people.<sup>36</sup>

Zimbabwe has one of the highest HIV prevalence in sub-Saharan Africa at 12.8%, with 1.4 million people living with HIV in 2019. Unprotected heterosexual sex is the main transmission route for new infections. Particularly women and adolescent girls are disproportionately affected. This is due to gender norms and gender inequalities. Secondly, growing numbers of HIV are seen among sex workers and homosexuals. The illegal nature of sex work and homosexuality sets barriers for sex workers and men who have sex with men from accessing HIV services. However, Zimbabwe has made a huge progress in reducing HIV infections and access to services. Zimbabwe National AIDS Strategic Plan III ended in 2020 and they reached UNAIDS 90-90-90 target<sup>37</sup> and now Zimbabwe is working on the 95-95-95 target for 2025.

Zimbabwe has the lowest reported unmet need for family planning among married women in sub-Saharan Africa (15.2%) and fertility rate is 3.7. The availability and distribution of condoms in Zimbabwe is good, with 120 million male condoms and 5.3 million female condoms distributed in 2017. This equates to 33 male condoms per man per year, making Zimbabwe one of only five countries to meet or exceed the UNFPA's regional benchmark of 30 male condoms per man per year. However, there are still stigmas and taboos related to use of condom.<sup>38</sup>

In recent years, economic decline and political instability have led to a reduction in health-care budgets, affecting provision at all levels. In the past five years, the country's poorest have suffered the most, with a 40 % drop in health care coverage. The Covid-19 pandemic worsened an already dire health crisis as the country has grappled with a shortage of skilled professionals and healthcare staff and an eroded infrastructure with ill-equipped hospitals and a lack of essential medicines and commodities. Approximately 23-28 % of the population is fully vaccinated with some restrictions on workplaces and local movement still in place.

In addition, existing legal and policy guidelines limit especially adolescent people's access to sexual and reproductive health services. Even though Constitution of Zimbabwe states "right to have access to basic health-care services, including reproductive health care services" access to these services is limited for people under 16, which would enable them to access prevention tools which protect them from new HIV infections, AIDS related deaths, unintended pregnancies and unsafe abortions.<sup>39</sup>

## 4. Väestöliitto's programme 2022–2025

### 4.1 Theory of change of the programme

Väestöliitto's programme is built on a theory of change which explains the changes the programme is expected to make and how it will contribute to these changes. The theory of change also clarifies the roles of each partner in contributing to the vision of the programme which to improve sexual and reproductive health and rights of especially vulnerable persons. In Väestöliitto's development policy and therefore in this programme, the **vulnerable groups are defined as girls, women, persons**

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<sup>36</sup> [https://ilga.org/downloads/ILGA\\_World\\_State\\_Sponsored\\_Homophobia\\_report\\_global\\_legislation\\_overview\\_update\\_December\\_2020.pdf](https://ilga.org/downloads/ILGA_World_State_Sponsored_Homophobia_report_global_legislation_overview_update_December_2020.pdf)

<sup>37</sup> The 90-90-90 is a concept introduced by the United Nations Programme on HIV/AIDS in 2013 as an idea that by 2020, 90 per cent of people who are HIV infected will be diagnosed, 90 per cent of people who are diagnosed will be on antiretroviral treatment and 90 per cent of those who receive antiretrovirals will be virally suppressed.

<sup>38</sup> <https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/zimbabwe#:~:text=%20HIV%20and%20AIDS%20in%20Zimbabwe%20%201.thanks%20to%20the%20success%20of%20PMTCT...%20More%20>

<sup>39</sup> <https://zimfact.org/factsheet-adolescent-sexual-and-reproductive-health-rights-in-zimbabwe/>

**with disabilities, and LGBTIQ+ persons.** However, it is assumed that despite focusing on especially vulnerable persons, this programme will have positive effects for the realization of SRHR in general.

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 will focus on increasing knowledge, awareness, and capacities on SRHR of its various target groups. Through managing the programme, Väestöliitto provides support and capacity building for its programme partners in the focus regions. This enables the programme partners to strengthen the life-skills and capacities of the most vulnerable persons and empower them, strengthen the capacities and understanding of the local communities, service providers and other responsible actors on SRHR issues, raise awareness on SRHR of especially vulnerable persons, and do advocacy.

Therefore, 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 which is one of the core aims of this programme and Finnish Development Policy. Mutual learning and sharing of best practices through programme-wide learning is one of the programme's critical actions. When best practices to improve the SRHR of especially vulnerable persons are shared among all project partners, and different capacities are systematically strengthened, Väestöliitto's programme partners will have new and innovative ways of making a change, their projects are more effective, and they are contributing to the development of pluralistic and versatile civil societies.

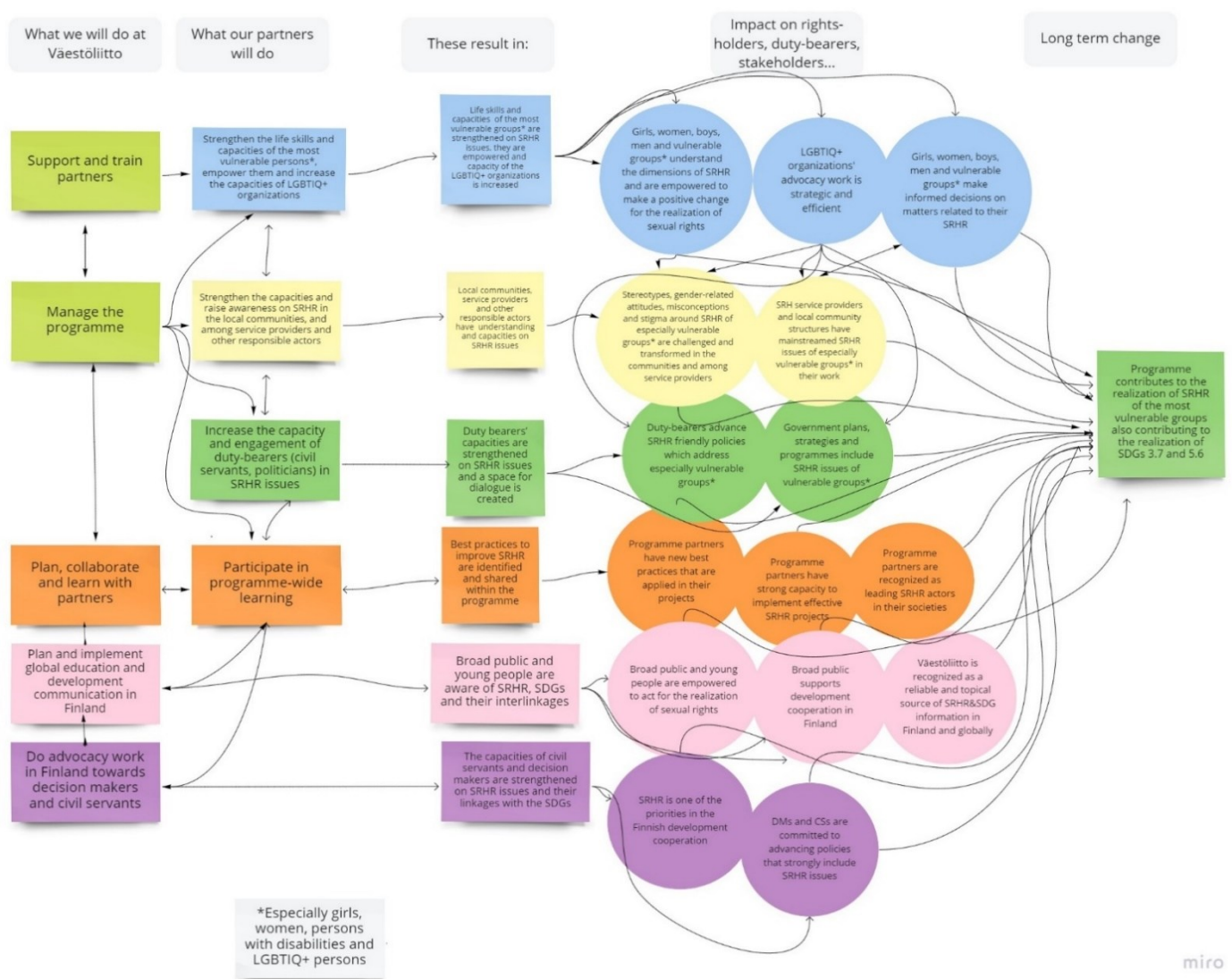
**In Finland** SRHR is one of the priorities of Finnish development policy and they are advanced broadly both financially and on a policy level. However, there is less focus on the more specific topics of SRHR related barriers to education (risk of school dropouts and deteriorating quality of education because SRHR hazards e.g. early marriage, teenage pregnancies, menstruation hygiene, SGBV) and comprehensive sexuality education (**CSE**). Removing barriers to attend school increases the outcome of the effort targeted to education in development cooperation and is a good investment when building more equal education systems. CSE is one of the most effective methods to improve SRHR and gender equality globally. There is clear and convincing evidence provided by extensive research that accurate, science-based, and age-appropriate CSE has very positive results. Finland has strong expertise in both quality education and providing good quality CSE in Finland. Therefore, Väestöliitto sees that removing the SRHR related barriers to education and increasing focus to CSE would bring substantial added value to Finnish development policy. By increasing civil servants' and decision makers' understanding and capacities on the topic, they will have stronger will to act on it.

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 and

global education will raise 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. Programme activities and outcomes formulates good starting point for impacting communication.

The underlying assumptions for the realization of the theory of change is that communities and societies are accepting to advancing SRHR and the interventions are welcomed in the communities. In addition, it is assumed that political environment is stable and the programme partners have sufficient operational space in the civil society to implement the projects. It is also assumed that programme partners are committed to the common goals.

All these actions both in Finland and in Väestöliitto's programme countries finally contribute to the realization of SRHR of the most vulnerable groups.



Picture 5: Väestöliitto's programme's Theory of Change

## 4.2 Planning process of the programme



Väestöliitto's programme is built on the principles set by Väestöliitto's Development Policy and on the ongoing projects funded by the MFA. Majority of strategies, approaches, and actions have been planned during the planning phase of these individual projects which continue during the programme period 2022-2024. New approaches included in the programme and the continuance of the ongoing work have been planned in several online planning meetings.

During the planning meetings the theory of change is jointly formulated and in the following discussions the results framework is created. In the initial phases of planning the focus is narrowed through assessing for instance the national statistics such as DHS, national surveys on persons with disabilities, country statistics of UNFPA and country reports of Human Rights Watch and Amnesty.

A critical step of the planning is also to make sure that all actions are in line with the relevant policies such as SRHR or health policies, national Poverty Reduction Strategy Papers, or national Development Plans. This programme is fully in line with the national policies that target SRHR of especially vulnerable persons, and specific recommendations of strategies and solutions in those policies are incorporated in the plans. During the planning phase it was taken strongly into account how the programme supports and supplements Finnish Development Policy and country strategies.

Risk analysis was conducted jointly with partners during the planning phase to understand the institutional, programme, and operating environment level risks that can hamper the achievement of the results, and risk matrix was updated to also detail responsibilities to mitigate and monitor each risk. Also, a comprehensive monitoring and evaluation plan is designed to receive accurate and timely data.

More detailed planning is done by partners within their organizations through several processes that ensure active participation and inputs from various stakeholders and representatives of beneficiaries. This also ensures that the priorities of the partners themselves are reflected in the plans, that the beneficiaries' needs are fully met in the projects, that the local communities' views on best approaches are incorporated in the plans, and that they are committed to the cooperation.

Väestöliitto has also had several discussions with Finnish NGOs who work in the same areas of focus or same geographical area to plan cooperation during the programme period. Cooperation will continue with Mannerheim League for Child Welfare, Marttaliitto and The Threshold Association, and new partnership will begin with Seta ry which will support the programme's LGBTIQ+ inclusion. Finnish NGOs who are active in Malawi have formed a network to share information, raise capacity, and identify avenues for cooperation. Väestöliitto will also strengthen the disability inclusion of the programme through the capacity building group coordinated by the Disability Partnership Finland. Abilis and Väestöliitto have initial plans to support and supplement their work in Tajikistan during the programme period.

### **4.3 Results framework of the programme**

The Results Framework is based on the Theory of Change, and it formulates the programme's concrete and measurable outcomes and outputs that can be monitored and evaluated. Impact, outcomes, and outputs with their indicators, sources of verification, baseline data 2022, target 2025, and main activities are detailed in the results framework of the programme (Annex 2). The outcomes and outputs of development communication, global education, and advocacy in Finland are detailed in chapter 8.

All the efforts of the programme aim at contributing to the **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.**

The impact is measured with the following indicators:

Changes in policies or laws to include SRHR issues of especially vulnerable groups

### **Expected outcomes**

In order to contribute to the impact, the programme has been designed around seven mutually supporting and reinforcing outcomes. Thematically they fall under the following entities: 1. *Capacity building of beneficiaries*; 2. *Awareness raising in societies*; 3. *Capacity building in communities*; 4. *Advocacy in programme countries*; 5. *Learning and capacity building of programme partners*; 6. *Development communication and global education in Finland*; 7. *Advocacy in Finland*.

**1. Especially vulnerable groups are empowered to make informed decisions on their SRHR and address SRHR issues in their communities.** To enable vulnerable groups to make informed decisions about their SRHR they will be empowered and strengthened through new knowledge and capacities on SRHR and tools to 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. Men and boys are empowered as active agents to make a positive and lasting change regarding SRHR and gender equality. Addressing SRHR issues in the communities can be challenging, and for this to be accomplished, the beneficiaries will need in-depth knowledge about SRHR, what are the root causes behind SRHR related challenges and how to make a change. They will gain knowledge of sexual rights and tools to demand for their realization. Although actions are targeted especially to vulnerable groups, new knowledge and understanding benefits also surrounding populations.

*Output: Life skills, empowerment, awareness raising and capacity building activities on SRHR issues are organized; and Vulnerable groups' knowledge on SRHR is increased*

**2. Harmful conceptions around SRHR of vulnerable groups are decreased in the targeted societies.** Vulnerable groups face discrimination and encounter stigma and stereotypes when it comes to their sexuality. The programme will influence those stereotypes and misconceptions as well as gender norms in the targeted societies and communities through a variety of awareness raising activities. This will not lead only to increased knowledge on SRHR of vulnerable groups but will lead to a more positive and accepting society towards vulnerable groups in general.

*Output: Broad public is reached through awareness raising activities, campaigns and events, and their awareness on SRHR of vulnerable persons is raised.*

**3. SRHR issues and needs of vulnerable groups are met with quality and care among service providers and community structures (e.g., schools, community leaders' forums, district councils, local development units).** Being able to access SRHR services without any discrimination is a basic sexual right. Therefore, the programme will increase the capacity of SRHR service providers and relevant community structures to provide sensitive services through technical knowledge and skills on e.g. disability or SGBV specific issues but also by fostering a positive attitude change among service providers and community structures. Mainstreaming SRHR issues of vulnerable groups in community policies and having functional measures to address SRHR issues require that the duty-bearers at community level have knowledge and awareness about various dimension of SRHR. Increase in the capacity and knowledge of community structures is achieved through rigorous capacity building on SRHR and CSE.

*Output: Local communities', service providers' and other responsible actors' (traditional and religious leaders, teachers, community volunteers, boys, and men) capacity is strengthened on SRHR issues of vulnerable groups*

**4. 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, religious and traditional leaders, and government officials oppose advancing SRHR of vulnerable groups due to lack of knowledge and awareness of sexual rights which belong to *everyone*. Also, policies targeting SRHR issues of vulnerable groups exist, but they lack sufficient attention in 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 will advocate for policy changes and changing the discriminatory attitudes regarding SRHR so that SRHR of vulnerable groups is widely accepted and supported.

*Output: New contacts with duty bearers are created and their capacities in SRHR of especially vulnerable groups is increased*

**5. Programme partners have strong expertise in SRHR issues of especially vulnerable groups, and SRHR of vulnerable groups is mainstreamed in partner organizations.** To achieve the abovementioned outcomes, it is necessary to have a highly functioning and learning-focused programme that aims at capacity building of its partners. The programme will focus 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.

*Output: Best practices to improve SRHR are identified and shared within the programme*

#### **MFA's aggregate indicators**

The programme will provide data for the Finnish government's results reporting through certain aggregate indicators. The programme's expected outcomes are in line with Finnish government's priority area 1, and therefore the programme's monitoring system gathers data which is compatible with Priority Area 1: Rights of women and girls; outcome 1; output 1.1, output 1.2 and output 1.3 as well as outcome 2; output 2.1, output 2.2 and output 2.3.

#### **4.4 Geographical areas**

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



**Picture 6: Map of programme countries**

The programme will be implemented in **seven programme countries** through three thematical projects: preventing SGBV, advancing sexual rights of persons with disabilities, and strengthening advocacy capacities of LGBTIQ+ organizations. The thematical projects that comprise of several countries include additional components of networking, sharing, and learning in addition to programme-wide learning encompassing all programme partners. An assessment tool will be developed during the programme period as part of developing Väestöliitto’s quality criteria system that will harmonize the programmatic practices in selecting and assessing new partners.

| Indicator<br>Program Country | OECD/DAC category | HDI (ranking) | CIVICUS civil society rating | GII (%/ranking) |
|------------------------------|-------------------|---------------|------------------------------|-----------------|
| Afghanistan                  | LDC               | 169           | Repressed                    | 0.655/157       |
| Malawi                       | LDC               | 174           | Obstructed                   | 0.565 /142      |
| Nepal                        | LDC               | 142           | Obstructed                   | 0.452 /110      |
| South Africa                 | UMIC              | 114           | Narrow                       | 0.406 /93       |
| Tajikistan                   | LMIC              | 125           | Repressed                    | 0.314/70        |
| Zambia                       | LDC               | 146           | Obstructed                   | 0.539/137       |
| Zimbabwe                     | OLIC              | 150           | Repressed                    | 0.527 / 129     |

**Table 7: Programme countries and their OECD/DAC, HDI, CIVICUS and GII ranking**

| Program<br>Country | Indicator | Maternal mortality ratio (deaths per 100 000 live births, 2017) | Adolescent birth ratio (births per 1,000 women ages 15–19, 2015-2020) | Unmet need for family planning % (all women age 15-49, 2021) | Number of new HIV infections (all ages, per 1,000 uninfected population, 2018) | Laws and regulations that guarantee access to sexual and reproductive health care, information and education, per cent 2019 |
|--------------------|-----------|---|---|--|--|---|
| Afghanistan        |           | 638   | 69,0  | 17   | 0,02   | 54  |
| Malawi             |           | 348   | 132,7   | 13   | 2,28   | 76  |
| Nepal              |           | 186   | 65,1  | 17   | 0,03   | 48  |
| South Africa       |           | 119   | 67,9  | 11   | 4,94   | 95  |
| Tajikistan         |           | 17  | 57,1  | 16   | 0,09   |   |
| Zambia             |           | 213   | 120,1   | 15   | 2,97   | 91  |
| Zimbabwe           |           | 458   | 86,1  | 8  | 2,79   |   |

Table 8: Programme countries and their SRHR indicators

#### 4.5 Supporting civil society

Competent and active NGOs have an important role to play in strengthening the pluralistic, democratic and gender-transformative society that respects human rights in Väestöliitto's partner countries. Programme is implemented in close coordination with local stakeholders such as CSOs - especially DPOs - and government officials. Several approaches are aimed at the civil society with the objective of strengthening them or building their capacity and is directly contributed to in three of the programme's expected outcomes. In each country, networks, alliances, and CSOs to cooperate with are identified, their capacities on SRHR of vulnerable persons are built, joint advocacy is conducted, and information and lessons learned are shared. These actions have a large multiplier effect at the level of civil society as a whole.

Programme will develop the institutional capacity of programme partners with the effect that they will be stronger civil society actors to advocate for the SRHR issues of vulnerable persons in their societies. SRHR issues are difficult to talk openly about in the programme countries, and many prevailing stereotypes and attitudes regarding especially the SRHR of persons with disabilities or LGBTIQ+ persons are strong and challenging to influence. Through the programme, the partners are better positioned to do advocacy on necessary legislative changes, specific SRHR policies or initiatives, or do actions to influence on the prevalent stereotypes.

This will not only benefit the vulnerable persons themselves but counteract the shrinking space of civil society actors to maneuver. Global opposition to SRHR has strengthened during many years, and active civil society actors joint together in alliances and networks have a stronger voice in advocating for the realization of sexual rights for all. This is especially critical for LGBTIQ+ organizations who have very limited space for vocal actions.

#### 4.6 Strengthening the capacity of the partner organization and learning

Advancing sexual rights is always at the core of Väestöliitto's global work. It is a highly sensitive and challenging theme and implementing projects that are of high quality and produce substantive results requires that the implementing partners have very specific expertise in the area. The quality of the programme relies on the capacity of the partners as well as seamless cooperation with Väestöliitto's

experts during all cycles of the projects. Each programme partner has their own strengths and capacity gaps. Therefore, **strengthening the capacity of partners** and **continuous and mutual learning** are essential modes of operation of the programme, and by doing so, the programme will facilitate more lasting and long-term change

Within the programme various capacity building and partnership meetings are held. The regular **capacity building meetings** held online for all programme partners focus on specific issues such as PSEAH, risks, disability inclusion, or similar. The yearly **thematic partnership meetings** for LGBTIQ+ and SRHR of PwD projects are broader and include issues such as joint planning and assessment, strengthening the RBM processes, or modifying the monitoring and evaluation plan. These meetings will take place live when the global Covid-19 situation allows but will be held online if the safety of the participants may be compromised.

Each partner will share their best practices in advancing SRHR of vulnerable groups in regular **programme-wide online partnership meetings**. During those meetings all programme partners participate in programme wide planning, assessment, and sharing of knowledge and new capacities.

This aims at facilitating a process where programme partners will identify new practices to apply in their other projects, have strong capacity to implement effective SRHR projects, and be recognized as leading SRHR organizations in their societies. Holding face-to-face partnership meetings is a best practice applied from Väestöliitto's ongoing project that improves SRHR of PwD. This practice is extended to the programme's LGBTIQ+ work which brings together South African, Zambian, and Zimbabwean partners. Valuable expertise and knowledge are shared in the meetings among partners which results in strengthened capacities.

At the onset of the programme a capacity assessment will be conducted to understand in more detail the specific capacity gaps, and a **capacity building plan** will be developed for each partner based on the results. Partners expect to be trained in for instance the thematic areas of SGBV, sexuality education, advocacy, Human Rights Base Programming, RBM or how to strengthen disability inclusion. To ensure that programme partners both learn from other civil society actors, and also share their best practices among them, Väestöliitto encourages active networking and participation in relevant networks. Particular attention will be paid to ensure that all partners have the capacity to mainstream disability inclusion in all programme's activities and to collaborate with disability organizations.

Especially regarding the capacity building of LGBTIQ+ organizations, the programme will support their knowledge and capacities to engage in regional and international LGBTIQ+ networks and human rights mechanisms to bring light into human rights abuses in their national contexts.

#### **4.7 Beneficiaries and target groups**

Programme reaches out to several groups of direct beneficiaries. Firstly, direct beneficiaries and rights-holders of the programme are vulnerable groups which Väestöliitto has defined as girls, women, persons with disabilities and LGBTIQ+ persons. Intersecting forms of discrimination are analyzed to understand how the various forms of inequality and discrimination can intersect and exacerbate each other leaving beneficiaries more excluded, marginalized, and vulnerable.

They will benefit directly from their increased capacities and empowerment to make decisions regarding their SRHR, and to actively make a positive change for the realization of SRHR for instance as peer educators. Second group of direct beneficiaries are men and boys whose potential as active agents to challenge and transform harmful norms about gender relations, masculinity and femininity is strengthened.

Third group of direct beneficiaries are the duty-bearers such as politicians and government officials. Their role is elemental in making sure that government SRHR policies are implemented effectively

at local and national levels. Also, other responsible actors such as community leaders, traditional and religious leaders, other NGOs, health service personnel, and teachers are direct beneficiaries of the programme and they have a big role in facilitating change in the communities, transforming the harmful stereotypes and attitudes, and in making sure that the SRHR of vulnerable groups are addressed.

Even though programme partners implement the programme, they are also direct beneficiaries. One of the expected results of the programme is that their work is effective and influential through new skills and capacities in RBM and in targeting especially vulnerable groups and their SRHR.

Approximately 12 000 persons will benefit directly from their increased access to SRHR or strengthened capacities to act for their realization. Indirectly the programme will reach out to approximately 933 500 persons through awareness raising actions.

| Direct and indirect beneficiaries of Väestöliitto's programme              |                                 |                                 |                                   |              |   |   |
|--|---------------------------------|---------------------------------|-----------------------------------|--------------|---|---|
|  |                                 |                                 | Direct beneficiaries              |              |   | Indirect beneficiaries                        |
| Project  | Female                          | Male                            | PwD                               | Duty-bearers | Other responsible actors and stakeholders |   |
| Malawi: Prevention of SGBV   | 6000                            | 2000                            | To be specified in baseline       | 20           | 250                                       | 20 000 girls and women<br>12 500 boys and men |
| Afghanistan/ Tajikistan/Nepal: Improving SRHR of PwD                       | Direct beneficiaries mainly PwD | Direct beneficiaries mainly PwD | 230 female<br>100 male            | 80           | 450                                       | 900 000                                       |
| South Africa/ Zambia/ Zimbabwe: Building capacities in advocacy on LGBTIQ+ | 6000                            | 2000                            | To be specified in baseline       | 20           | 250                                       | 1000  |
| <b>Total</b>   | 12000                           | 4000                            | Total to be specified in baseline | 120          | 950                                       | 933500  |

**Table 9: Direct and indirect beneficiaries of Väestöliitto's programme**

The direct beneficiaries and other stakeholders are actively involved in all stages of implementation. In the planning phase they have provided their inputs through consultations and interviews, and DPOs and other relevant organizations have provided their views on the design of the approaches and implementation strategies.

The implementation of the programme relies on the interest, active involvement and participation of the direct beneficiaries and other stakeholders. Girls, women, boys, men, PwD, and LGBTIQ+ communities plan and implement various activities and form groups and clubs where they learn and share new capacities and support each other. The DPOs and other relevant organizations provide their views and expertise through trainings and reflection meetings throughout the implementation period and assist in reaching out and mobilizing especially PwD. Direct beneficiaries are directly

involved in the monitoring through providing reports and data on the activities they have planned and implemented. During evaluation they provide their opinions and observations on the successes and challenges through joint discussions.

#### 4.8 Programme partners and their roles

Main partners of Väestöliitto's programme are the seven civil society organizations in the partner countries. They are mainly the leading SRHR organizations in their countries, disability organizations specialized in the SRHR of PwD, or human rights organizations specialized in LGBTIQ+ work. Four of the programme partners are implementing Väestöliitto's ongoing projects and have been Väestöliitto's partners for several years. Two new partners have been 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.

In **Afghanistan**, the programme partner is working to improve access and availability of birth spacing options for PwD. Their expertise is in advocacy and providing reproductive health services in fragile and challenging environment through their network of clinics and service providers.

In **Malawi**, the programme partner Center for Youth Empowerment and Civic Education (CYECE) implements the *Prevention of SGBV in Malawi* project. Their expertise stems from a long experience in advancing SRHR in Malawi through community-based interventions, advocacy and strong SRHR networks.

In **Nepal**, the programme partner Family Planning Association of Nepal (FPAN) is part of *Improving sexual rights of PwD* project. Their expertise is in providing SRH services to marginalized and underserved populations through their network of clinics, as well as in mobilizing volunteers and supporting peer groups.

In **South Africa**, the programme partner Pan African ILGA (PAI) coordinates the thematic LGBTIQ+ advocacy project implemented in two neighboring countries. PAI is the federation for LGBTIQ+ organizations in the African continent and it coordinates and builds capacities of its 150 member associations.

In **Tajikistan**, the programme partner is part of *Improving sexual rights of PwD* project. Their expertise is in capacity building of PwD especially from the viewpoint of SRH as well as advocacy in the theme.

In **Zambia**, the programme partner is part of PAI's coordinated LGBTIQ+ advocacy project. Their expertise is especially in reaching out to transgender and intersex persons with support and capacity building and awareness raising about LGBTIQ+ issues.

In **Zimbabwe**, the programme partner is part of PAI's coordinated LGBTIQ+ advocacy project. Their expertise is in awareness raising and advocacy in increasing the visibility of LGBTIQ+ persons.

Programme partners are required to work in the field of SRHR, have capacities to implement challenging and complex processes, and have good financial monitoring and reporting systems in place. During the programme period Väestöliitto will develop selection criteria and assessment tool to assist in selecting new partners in the future.

Programme partners are responsible for the overall management of their projects, implementation of planned activities, efficient and transparent financial management and reporting, and monitoring and reporting the progress. Väestöliitto's global team will be monitor the programme level progress and provide the technical and substance support necessary for quality implementation.



In Finland the programme is supported by several expert organizations who are able to provide targeted expertise on specific components of the programme. These programme partnerships are invaluable in ensuring that the programme's approaches on which they have the most expertise on, are appropriately planned and implemented. Mannerheim League for Child Welfare provides expertise in child rights and organizing volunteer activities. Martha Association provides expertise in women's economic empowerment, income generating activities, home economics and nutrition components of the programme. The Threshold Association provides expertise in disability issues on the programme and supports the RBM of programme partners. Setä ry provides expertise on LGBTIQ+ issues and provides contacts and links to the LGBTIQ+ organizations of the programme.

## 5. Added value and innovations - Incorporating Artificial Intelligence into the programme

Comprehensive sexuality education is a crucial part of developing socially sustainable societies. It promotes health and well-being, respect for human rights and gender equality, and empowers children and young people as well as adults to lead healthy, safe, and productive lives. In most developing countries SRHR services such as information and advice are mostly provided only to married couples leaving behind adolescents, unmarried adults, persons with disabilities, widows and LGBTIQ+ persons. In addition, official sexuality education often concentrates on very narrow topics and does not relate to the real needs, questions, and concerns of the adolescents.

Sexuality is most often a taboo subject, and SRHR information and advice can be very difficult to access leaving people extremely vulnerable. Therefore, there is a vast and dire need for SRHR information, advice and guidance that would transcend the current obstacles and that would provide targeted information when people have the need for it. In addition, Covid-19 pandemic has shown the urgent need for easily accessible information that will not be affected by lockdowns or school closures.

Therefore, in 2021 Väestöliitto experiments a solution of using Artificial Intelligence (**AI**) on providing information and advice about SRHR with Neuvo Inc. Global, a Finnish start-up company, and the African Regional office of IPPF in Kenya. The experiment is funded by Fingo's Powerbank which funds testing technological innovations in development cooperation of NGOs. The experiment tests an SRHR SmartBot that will not only provide reliable, versatile, and fact-based SRHR *information* in smartphones or webpages but *gathers data* that can be used for adapting the provided SRHR contents more precisely to the needs and emerging trends.

The contents are automatically translated into over 100 languages which eliminates the barriers of creating manually multiple language versions. SmartBot works in any device that has access to the internet. It works closely like an application but can be integrated in various platforms and scaled much easier. The conversation in the SmartBot is guided by AI that is trained to understand the natural way how people communicate. The SmartBot has been created to function extremely lightly and does not expend often costly mobile internet hardly at all. The AI has been created with IBM.

Providing comprehensive sexuality education and advice on sexuality related matters is part and parcel of all Väestöliitto's projects, and if successful the experimentation will lead to integrating it to serve Väestöliitto's programme.

The information provided by the SmartBot will increase **gender equality** by empowering all genders with knowledge about SRHR. Especially girls and women will be empowered by increased access to information about e.g. contraception, gender-based violence, and sexual rights. **Persons with disability** are usually left behind SRHR service provision and sexuality education, and therefore they are a highly underserved population. The SmartBot can be accessed via internet and therefore transcends the physical barriers of accessing SHRH information. In addition, the Smartbot can be used with voice option which means that the SmartBot will speak back at you thus service persons

with visual impairments. Accessibility factors have been one major factor in the design process. The demand is huge and the SmartBot has been created to meet this demand at every level.

The SmartBot has a built-in analytics Dashboard. At the same time as the Smartbot discusses with the users it compiles highly encrypted and anonymized data on the needs, worries and state of mind of the users. This data is visualized in the Dashboard and can be easily interpreted, and it also shows e.g. trends and profiles locally and globally. The main goal of the Dashboard is to create a real time and short bridge between the end users and service providers/decision makers. Through this data it is possible to access real time data on the emerging needs, questions of the concerns of the people and to respond immediately.

## 6. Results-based management (RBM)

### 6.1 Introduction and guiding principles

The overall work of Väestöliitto is guided by its strategy that outlines the vision, values, and strategic choices. The strategy is approved by the governing council which is comprised of Väestöliitto's member associations. Managing Director and the governing board are responsible for the implementation of the strategy. Väestöliitto's Development Policy was drawn to support and supplement Väestöliitto's strategy especially from the viewpoint of providing further focus and guidelines to Väestöliitto's global work and decision-making regarding development cooperation and advocacy. Principles of the Development policy are achievement of the SDGs, human rights-based approach, and a comprehensive understanding of sexuality.

Väestöliitto's has three guiding principles for the results-based management of the programme adapted from the MFA's guiding principles. **Ownership** means that all programme interventions are based on national development priorities of each programme country and to the needs of the most vulnerable groups. Programme approaches are not merely directed at the most vulnerable groups, but they are actively involved in all phases of implementation. **Ensuring reliable information** means that adequate and reliable data on the results is available when needed in all phases of programme implementation. During the programme period specific attention will be placed on developing programme wide monitoring plan and tools that provide topical and reliable data of all levels of implementation. **Learning and adaptive management** means that Väestöliitto will foster a culture where results information is actively and systematically used for programme wide learning. What has been learnt is reflected on and used in improving performance of the programme.

### 6.2 Planning

The global team of Väestöliitto has the overall responsibility for the joint planning of the programme, and for facilitating programme partners' processes that enable them to fully involve all the beneficiaries and stakeholders in the planning which is elemental to ensure that the programme is based on the real needs of the target groups.

The main elements of the planning are joint formulation of the theory of change and the results framework with programme partners to accommodate the priorities and strategies of the partners. Planning the programme's strategies, approaches and results framework are guided by analysis on the operational environments which includes stakeholder analysis, gender analysis and human rights analysis.

In the planning phase also the baseline in the results framework is defined and targets are set. Also, planning involves designing the monitoring and evaluation plan as well as analyzing the risks of the programme and modifying the risk management system. The project teams of the programme partners are responsible for the more detailed project level planning conducted jointly with direct

beneficiaries and relevant stakeholders. The planning process is explained in more detail in chapter 4.2 “Planning process of the programme”.

### **6.3 Monitoring the programme**

The monitoring and evaluation system of the programme is comprehensive and covers all levels of implementation. Current programme partners apply harmonious practices in the monitoring and evaluation of their work. The global team of Väestöliitto is ultimately responsible for the quality of planning, monitoring, evaluation, and reporting of the programme, and therefore makes strong efforts in ensuring that the programme partners have the capacity and the tools to implement their projects according to the criteria set by Väestöliitto and the MFA.

The project teams of the programme partners are responsible for implementation and monitoring the projects at country level. Programme partners collect data systematically and continuously on the implementation of the projects based on the indicators set in the results framework. Data includes activity reports from the beneficiaries and other stakeholders. For this purpose, digital data collections tools, such as KoBo Toolbox, will be piloted and harmonized for programme wide use. In order to monitor and analyze the achievement of the outcomes, different methods such as contribution analysis, most significant change, and outcome harvesting are used.

The progress and achievement of the expected outcomes and outputs are monitored by the global team of Väestöliitto through frequent communication via emails and regular Teams meetings, during monitoring visits and through reporting mechanisms. With some programme partners Väestöliitto already has a WhatsApp group where regular updates on the implemented activities are shared. This will be introduced as a practice among all programme partners during the programme period. Programme partners implement the approved monitoring and evaluation plan and compile regular reports for Väestöliitto’s assessment.

Monitoring visits, when they are possible after Covid-19 pandemic, are essential monitoring methods. Within the thematic projects, monitoring visits are combined with partnership meetings so that they combine both the planning and assessment, as well as monitoring components. They are important to get deeper understanding on the progress and potential challenges to the implementation. During the monitoring visits beneficiaries and relevant stakeholders are met and interviewed, activities are observed, and sessions are held with partners to discuss the approaches, strategies, risks as well as management issues. Where possible, Finnish MFA staff, EU delegations and UN organizations are also met.

### **6.4 Evaluating the programme**

Projects are assessed and evaluated at different stages of implementation. Baseline evaluations are conducted at the onset of the projects and progress and performance are compared against the results of the baseline evaluations. Yearly assessments on the progress are conducted jointly by the global team of Väestöliitto and programme partners during monitoring visits or online partnership meetings. These yearly assessment focus on achievement of outcomes and outputs. In addition, during the partnership meetings self-assessments are used to analyze the challenges and successes, necessary changes are planned, and the indicators for outcomes and outputs are assessed and modified if necessary.

Mid-term assessments are conducted to gain understanding on the level of achieving the results thus far and this can be used to make changes and adjustments to the implementation plan if needed. The mid-term evaluations or assessments are conducted internally and facilitated by Väestöliitto’s global team and also by the expert of the Threshold Association. All projects will be individually evaluated during their final year.

Final evaluations are always implemented by an external evaluator and they follow the evaluation criteria set by OECD-DAC. The results of the final evaluations are utilized in advocacy, communications and planning continuance or similar projects. At the final year of the programme, an external evaluation will be carried out to evaluate the performance of the first programme period, its successes, and challenges, and to give guidance in the planning of the programme 2026-2029.

## 6.5 Reporting mechanisms

Partners send a **yearly implementation plan**, compile **half-yearly technical monitoring reports**, and **yearly project reports** which compile comprehensive analysis on the achievement of the expected outcomes and outputs, changes in the operating environment, how has the risk management system functioned, what has been learned, financial performance, and how the civil society has been strengthened. Yearly project reports also include success stories from the beneficiaries, and these stories are used in advocacy and communications in Finland. Financial management mechanisms are explained in detail in chapter 9.4.

Through the yearly reports Väestöliitto's global team is able to analyze the progress of the programme in relation to the set targets at the baseline and to gain understanding of the change that is taking place and what has contributed to these changes. The yearly reports provide data to assess the performance of the programme, efficiency of the programme partners' management procedures, and what kind of joint programme-wide learning has taken place. The results are compiled into **yearly programme report** submitted to the MFA by the global team of Väestöliitto.

During the programme period Väestöliitto will take into use a programme database that compiles the gathered data to have a more structured tool to track progress and to facilitate analysis.

## 6.6 Learning

What is learned throughout the programme's implementation through the reports, monitoring visits, partnership meetings, capacity building meetings, assessments, and evaluations is used in programme wide learning and in making knowledge-based decisions and adjustments to the implementation plan and strategies. The results framework with its indicators are jointly assessed yearly to decide about necessary changes to them. Yearly plans are modified based on what is learned about successful approaches and what kind of approaches do not bring the desirable results.

Having reliable data on the successes and failures is elemental in improving the performance of the programme. Systematic learning includes ensuring that there are both regular capacity building meetings but also that the lessons learned are documented and new knowledge is shared in the partner organizations. It is strongly encouraged that partner organizations also take time for learning.

Systematic learning in Väestöliitto's programme is explained in more detail in chapter 4.6 "Strengthening the capacity of the partner organization and learning".

The monitoring, evaluation, and learning system for **global education, development communication and advocacy** is defined based on their goals and activities and is further detailed in Chapter 8. Väestöliitto's global team monitors the achievement of outputs and outcomes through available internet monitoring tools, surveys, assessments, and analysis of online discussions.

## 6.7 Risk management system

The risk management system of the programme is built on the systematic risk analysis covering all elements of Väestöliitto's global work. The risk analysis and risk management system are focused

on three levels: 1) Institutional risks 2) Programme level risks 3) Operational environment risks. The risk analysis utilizes the data from the ongoing projects and their operational environments as well as the data regarding potential risks Väestöliitto receives through its advocacy and international networks.

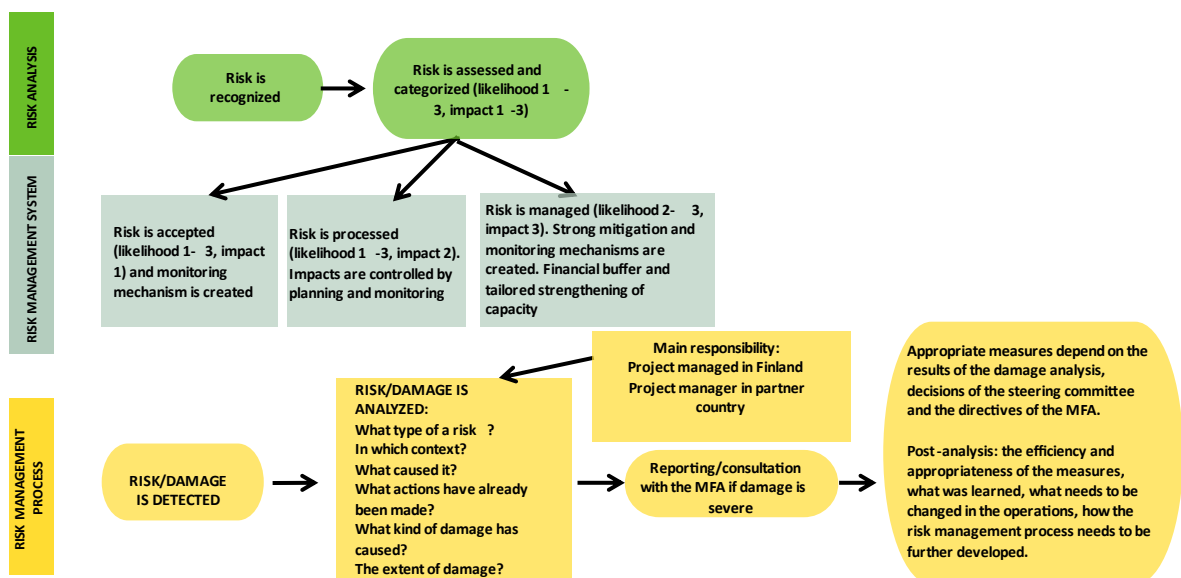
Regular analysis covers the most elemental risks, analysis of their effects, their impact to the achievement of the goals of the programme, their likelihood, and defines mitigation strategies. Also, the responsibilities for monitoring and mitigating each risk are allocated. Risk analysis and subsequent updating of the risk analysis matrix is conducted at the beginning of each year during annual planning of Väestöliitto’s global team and in partnership meetings. In addition to the annual systematic analysis, risks are also assessed during monitoring visits and through regular communication.

The programme level risk analysis and risk matrix are supplemented by more detailed and context specific project level risk matrixes. This is especially important as some of the programme countries are extremely fragile which requires attention to risks that are not relevant in other programme contexts. Such risks include for instance security concerns in Afghanistan and safety issues of LGBTIQ+ activists in Zimbabwe and Zambia.

The global team of Väestöliitto has the overall responsibility for developing programme level risk management system, monitoring, and analyzing the programme wide risks, and for the majority of mitigation strategies of institutional and programme level risks. Monitoring and mitigating the institutional, project, and operational environment risks at programme country level are the responsibilities of the project management teams. The responsibilities for each risk are detailed in the risk matrix of the programme.

Risk management process is activated if a risk is realized. In this process the damage is analyzed, and appropriate measures are decided based on the results of the analysis. Post-analysis is utilized to develop the risk management process further.

### Risk management process flowchart



Picture 5: Risk management process flowchart

While planning the programme, the global **Covid-19 pandemic** is still disrupting normal lives, and it is assumed that the effects will still be encountered during the programme’s implementation period

2022-2025. Covid-19 or similar pandemic disrupts or halts project activities through lockdowns and other restrictions, or by affecting the partner organizations staff members. Preparations for mitigating these effects include having up to date safety measures in place, having opportunities for remote work, planning to implement suitable activities online, and preparations for making rapid changes to budget and implementation plans based on current situation. These measures have been tested and proven effective during the implementation of Väestöliitto's ongoing projects.

**Bribery, corruption, and financial mismanagement** are big and actual risks in Väestöliitto's development programme given that its programme countries are included among the most corrupt countries in the CPI<sup>40</sup> index of the Transparency International. These risks are taken strongly into account in Väestöliitto's programme. These risks are minimized in the planning and implementation phases of each project. In the planning phase the partners' own regulations, practices and financial processes are reviewed. In the Partnership Agreement partners are required to make sure that their management processes are in line with the Anti-Corruption Handbook for Development Practitioners of the MFA as well as the obligation to adhere to the Act on Public Procurement and Concessions Contracts. In addition, the clause on invitations to tender rejecting the tender or terminating the contract in the event of corruption or similar activities is discussed separately with partners.

During implementation of the programme the risks of corruption, bribery, and financial management are mitigated by ensuring that the partners have sufficient capacity and tools for transparent and accurate financial reporting, through regular capacity building in financial management, and by having regular financial reporting cycles. The programme partners submit regular financial reports together with their supporting documents such as bank documents and main letter extracts. Any ambiguities in the reported expenses will be clarified immediately. An external and accredited auditor will audit each partner yearly and the audit covers both bookkeeping materials and management processes to prevent corruption and bribery.

In addition to these measures, Väestöliitto requires regular refresher trainings on anti-corruption and anti-bribery practices for the entire staff of partner organizations. Väestöliitto does acknowledge that even with these measures full certainty of avoiding corruption or bribery is not possible to attain. The adequacy and appropriateness of these measures are assessed together with the partner organizations in yearly meetings.

### **Protection against sexual exploitation, abuse, and harassment**

While one of the premises of the programme is to prevent SEAH as dimensions of SGBV, it is fully recognized that the risk of SEAH in the programme implementation exists, as that risk is prevalent in any type of a project. Väestöliitto as a member association of IPPF is obliged to follow in all its actions the code of conduct and safeguarding policies set by the Federation. They are fully in line with MFA's ethical guidelines, they forbid any discrimination and commits to zero tolerance towards SEAH.

Väestöliitto's programme partners are mainly professional SRHR organizations, and therefore they have appropriate safeguarding policies and PSEAH mechanisms already in place. Developing appropriate policies is required for new programme partners if they do not have them in place. Väestöliitto's protection guidelines provide the concrete steps that will be taken to mainstream the safeguarding principles and practices into programme partners' all actions. The added value of Väestöliitto's protection guidelines is to outline the ways in which Väestöliitto can support the strengthening and implementation of its partners' safeguarding policies through shared principles and setting the minimum standards for partner organizations as well as defining the assurance procedures.

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<sup>40</sup> Corruption Perceptions Index: <https://www.transparency.org/en/cpi/2020/index/nzl>

## 7. Sustainability

### 7.1 Aspects of sustainability

**Financial sustainability:** Enabling vulnerable persons and their families to determine the size and spacing of their families supports their management of family resources. In addition, the programme will empower women economically through IGA. Financial independence through new income will not only provide means for families to survive from extreme poverty, but also increases women's status in their families and decreases vulnerability regarding SRHR in the long term. Institutionally, financial sustainability will be ensured through integration of programme's approaches in the local structures and official policies and plans, although it is recognized that this will require many efforts in the most fragile contexts. The efforts include rigorous and systematic advocacy interventions, close cooperation with relevant public offices, and making sure that there is a strong ownership of the goals and interventions among the stakeholders from the onset of the project.

**Institutional sustainability:** The programme will advance inclusion of vulnerable persons, such as PwD, women and girls, and LGBTIQ+ persons in the local and national SRHR policies as well as in the communities through empowerment. The programme will promote SRHR of vulnerable persons as their rights among its stakeholders, including the relevant national ministries and government bodies. The programme will also develop institutional capacity of the local institutions and CSO partners to address SRHR of vulnerable persons.

Policies and strategies developed during the programme period will be in place and operational after the end of the period. Advocacy and networking alliances and groups created and strengthened during the programme will continue holding government accountable for addressing the SRHR issues of vulnerable persons. Programme partners will share lessons learnt with other partners to support improved implementation in future initiatives. Improved capacity and organizational capabilities will remain as assets of the programme partners after the programme period. As part of the programme's approaches are advocacy and networking, programme partners will also be better positioned to cooperate with multilateral agencies to find alternative financing sources to continue activities beyond the life of the programme.

**Social sustainability:** To ensure that the results of the programme are not only desirable from the social perspective but also sustained, the programme empowers vulnerable persons to promote human rights such as right to SRHR, gender equality, inclusive development, and good governance. This increased capacity will remain as an asset in their personal lives as well as in their efforts to hold the duty-bearers accountable to make stronger efforts in addressing SRHR issues.

The programme will also do rigorous work to challenge and transform the social and cultural norms and practices that reinforce harmful notions regarding SRHR. It is assumed that once new understanding and perceptions are instilled in the communities through capacity building and awareness raising, the change in values, norms and practices will last beyond the timespan of the programme.

Programme partners' deep understanding of the social and cultural contexts of programme's interventions will guarantee the suitability of the approaches.

### 7.2 Exit strategy

Phasing out the programme's interventions will be carefully planned from the onset of individual projects. As Väestöliitto's programme for 2022-2025 consists of ongoing and new projects, they are at different phases of implementation and may enter the phases of exit strategy at different times during the programme period. However, the steps that each project follows in ensuring controlled

exit and sustainability of actions follow the same logic. During the programme period Väestöliitto will harmonize the cycles of the programme's projects to ensure a programmatic phasing. The typical projects have two 4-year cycles.

During **the first phase** the focus is on setting up the functions, planning the activities in more detail, the capacity building of programme partners on best practices to improve SRHR of vulnerable groups, and on identifying the beneficiaries and other stakeholders, and assessing their needs in more detail. At the beginning of the implementation a partner meeting will be held between programme partners and Väestöliitto to agree on all the approaches in implementation, and first capacity building sessions are held. After that the baseline study will be conducted to give a robust understanding of the situation and the needs at the start. More specific implementation communities are appointed. First capacity building trainings of stakeholders and beneficiaries and other stakeholders are held, and first awareness raising activities implemented. Suitable approaches and models are piloted. Most importantly, all key stakeholders are engaged and involved in the planning of the project from the first phase on.

During the second phase, the online or live partnership meetings and/or monitoring visits give tools for programme partners to manage their projects efficiently, evaluate the results of the 1<sup>st</sup> phase, and to provide a platform to share and learn best practices. In addition to the start of the year meetings, regular capacity building meetings will be held online for all programme partners. There is heavy focus on capacity building of beneficiaries, stakeholders, and duty-bearers on SRHR issues of vulnerable groups and other capacities, and on challenging and transforming gender norms. During the second phase the advocacy and cooperation networks are already fully functional and expanded, and joint advocacy is done through them. Awareness raising campaigns and events are held, and different groups working to raise awareness about SRHR of vulnerable groups are fully functional and active. By the end of the phase, the VSL groups are fully functional and they are becoming financially sustainable.

During the third phase, the partner meetings will focus on evaluating the results and subsequently on guiding the focus of last year's activities. Capacity building of beneficiaries and stakeholders on SRHR issues of vulnerable groups will still continue, advocacy is done, beneficiary groups are still supported, and awareness raising campaigns and events are held. However, during the third phase, there is heavy focus on building sustainability through targeted advocacy and capacity building meetings with key stakeholders that will assume the responsibility of taking over specific approaches. Piloted new approaches will be taken over by the partner organization structures, and where feasible, the local structures. Health service providers and teachers trained through the project will start/continue working independently within their organizations.

## 8. Development communication, global education, and advocacy

Contributing to the realization of SRHR of vulnerable groups through development communication, global education, and advocacy in Finland is an elemental part of Väestöliitto's programme. They are based on Väestöliitto's overall communication strategy and Väestöliitto's global communication strategy that sets the framework for all Väestöliitto's global communications and advocacy that are not directly part of the programme.

As described in more detail in chapter 4.1 the programme's development communication and global education will focus on raising the knowledge and awareness of broad public on SRHR and comprehensive sexuality education as elemental global questions with direct linkages to the SDGs. The advocacy in Finland will focus on increasing civil servants' and decision makers' understanding and capacities on SRHR related barriers on education in Finnish development policy and CSE as an effective method in crossing those barriers. Communications aims also at increasing the support to development cooperation among the broad public.



Overall, the main message in the programme's development communications and global education is:

**SEXUAL RIGHTS ARE HUMAN RIGHTS THAT ARE  
PREREQUISITE TO THE SUSTAINABLE DEVELOPMENT.**

During the programme period the goal is to increase the volume of communication of the programme and to diversify its contents.

### **8.1 Development communication and global education**

The expected outcome of development communication and global education is that **the awareness on SRHR, comprehensive sexuality education (CSE), SDGs and their interlinkages is raised among broad public and young people**. Its output is: *The broad public and young people are reached*.

Programme's development communication and global education emphasizes the message that

**THE LACK OF REALIZATION OF SRHR CREATES BARRIERS TO EDUCATION**

and that CSE is one of the most effective solutions to remove those barriers. SRHR related barriers and CSE are also linked up with the SDG framework with the focus that without SRHR it is not possible to achieve the SDGs and especially the goals 3, 4 and 5. Väestöliitto raises awareness on how Finland can promote SRHR and CSE in its development cooperation and funding and thus promote education of the most vulnerable groups.

Awareness on UN's sexual and reproductive health agency UNFPA and its work to promote SRHR is also raised, and awareness is increased of the cooperation between Finland and UNFPA. Communication and advocacy emphasize the importance of development cooperation, official development assistance and humanitarian aid in promoting sexual rights. Global education focuses more on drawing a realistic picture of the world, while providing solutions on how to promote sexual rights and how everyone can contribute to the realization of the sexual and reproductive health and rights.

**Communicating about the results of the programme** is a fundamental content of the communications. The aim is to share information about the achieved results of the entire programme through stories by those persons who have participated and benefitted from the programme, and through infographs and other data on the results. During the first programme period the programme wide results communication is developed to become systematic and regular.

Communication about the results of the programme will utilize the same channels and reach mostly the same target groups as the development communication and global education. In addition to the channels listed below, Väestöliitto will also organize a discussion event with programme partners (e.g. seminar, round table meeting) on programme results in the context of SRHR in SDGs.

SRHR themes are often controversial and very intimate for individuals. Väestöliitto recognizes that many may find it difficult to communicate or show their support on these topics. Therefore, Väestöliitto regularly reframes its communication and advocacy messages to create new narratives for SRHR and development cooperation. For that reason, Väestöliitto pays attention to neutral ways of communication so that people are more willing to engage and share information. Väestöliitto uses basic level language always contextualise the messages. For that purpose, Väestöliitto uses e.g. Schwartz's value map (2012).

Väestöliitto also accepts the fact that people do not necessarily engage actively and share information but rather remain recipients of it. Väestöliitto acknowledges that there is no uniform way to promote sexual rights. Väestöliitto takes it as a challenge and that is why it repeats the same arguments from different perspectives and with different examples.

The programme's communication and advocacy are:

**TOPICAL | INTERESTING | POSITIVE | HOPEFUL  
PROFESSIONAL | IMPACTFUL**

### **Channels for development communication and global education**

Communications and global education utilize versatile communication channels to reach as broad public as possible. In addition to the existing channels Väestöliitto constantly analyses new relevant channels to reach those groups that are not yet fully reached. Also new ways to do global education and development communication is developed which includes also finding new ways to increase collaboration with new partners, stakeholders and for instance social media influencers.

Development communication and global education of the programme use the following channels to reach broad public and more specific target groups:

- Väestöliitto's social media channels (Facebook, Twitter, Instagram, TikTok, Youtube)
  - On Twitter the messages are targeted towards general public during campaigns
  - Campaigns to increase followers' knowledge are held on Facebook
  - Instagram is used for visual and lighter communications
  - TikTok of Väestöliitto is launched in 2021 to reach new audiences and will be used for light and humorous messages around the programme's topics
- Mass media (TV, radio, newspapers, magazines): Väestöliitto is always available for media interviews on SRHR requested by journalists. The further development of programme's communications and advocacy has also the aim of consolidating Väestöliitto's recognition as the expert on global SRHR issues.
- Väestöliitto's website, which contains basic information about SRHR and its impact on SDGs.
- Blog and podcasts
- Väestöliitto's publications and factsheets
- Events (organized by Väestöliitto or by others)
- Schools: Väestöliitto reaches out to schools and teachers with global education materials based on the programme's topics
- Väestöliitto's networks

Target groups for development communication and global education include:

- The youth, especially boys and young men
- Väestöliitto's social media followers
- The general public: those who are interested in SRHR
- The general public: those who aren't interested in SRHR
- The members of the Martha Association through cooperation project
- The members of Seta through cooperation
- NGO's engaged in development cooperation

The global team analyses on a regular basis how different target groups are reached and assesses whether there are groups that would particularly benefit from the information Väestöliitto provides, but which, for one reason or another, we have not yet reached sufficiently. That is one of the reasons why development communication and global education was decided to be aimed towards boys and

young men. It was assessed that previous global education projects reached girls and those who were already interested on global issues well, but boys and young men were reached poorly. New target groups will be added based on these regular assessments.

## 8.2 Advocacy

The expected outcome for the advocacy in Finland is that **there is strong political will to remove SRHR related barriers from education in Finnish development policy, and to promote CSE in Finnish development policy and financing.** Its output is that *civil servants' and decision makers' capacities on the linkage between education and SRHR and especially on CSE is increased.*

The programme focuses its advocacy on raising the knowledge and understanding of specifically decision makers and civil servants on the barriers to education that are created by the lack of access to SRHR, and to the benefits of comprehensive sexuality education on bridging those barriers. CSE is seen both as a method of realizing SRHR and as a fundamental sexual right.

The aim of the advocacy is that decision makers and civil servants have strong political will to remove SRHR related barriers to education in Finnish development policy and to promote CSE in Finnish development policy and financing. Advocacy on these issues is two-fold conducting advocacy communication and other advocacy activities.

Advocacy communication is regular and constant. Constant social media actions are implemented, especially in Twitter and Instagram. Väestöliitto follows the topics and themes that are discussed in wider society and when possible links programme's advocacy contents to current discussions. In addition, Väestöliitto designs and implements appropriate and specific social media campaigns on the programme's advocacy themes. Väestöliitto's blog platform enables programme's advocacy to elaborate the linkage between SRHR, education and CSE. Väestöliitto's webpage will contain background information and materials that the decision makers and civil servants can utilize in their work.

Other advocacy activities include advocacy through networking, partnerships, and direct contacts to decision makers. Through its long-term experience in advocacy, Väestöliitto sees the importance of collaboration with others to achieve stronger results quicker. Thus, Väestöliitto identifies new possible advocacy partners among other CSOs and private sector, who share the safe focus on advocating education issues in the development cooperation.

Väestöliitto already has direct and functional relationship with civil servants to whom Väestöliitto provides its expertise in SRHR issues. Within the programme period Väestöliitto will build new relationships to those civil servants responsible for development policy and cooperation in the education sector. In addition to direct contacts, Väestöliitto will also organize discussion events such as seminars, webinars, or round table discussions as an opportunity to exchange views between experts working in the fields of education in global development, SRHR and CSE.

Target groups for programme's advocacy:

- Members of parliament
- Members of the European parliament
- Civil servants

Channels for programme's advocacy:

- Direct communication with decision makers and civil servants
- Meetings with decision makers and civil servants for more thorough background information and in-depth conversation

- Round table discussions, seminars, webinars for more thorough background information and in-depth conversation
- Web page of the Finnish All-Party Group Parliamentary on Sexual Rights and Development (APPG)
- Twitter: the messages are targeted towards decision makers and have a political goal
- Networks: Acting as an SRHR expert in various networks enables Väestöliitto to share information and advocacy messages efficiently through them. Väestöliitto is active in various consortia, networks, working groups, and committees. If necessary, Väestöliitto creates also new platforms. Väestöliitto reaches the target groups of the programme's advocacy currently through the following networks and working groups:
  - Väestöliitto is a secretariat of the Finnish All-Party Group Parliamentary on Sexual Rights and Development (APPG, Eduseke in Finnish). The group includes approximately 30 Finnish MPs and MEPs. The group promotes the realization of sexual rights both in Finland and in Finland's and EU's development cooperation through various communications and parliamentary means.
  - Väestöliitto is a secretariat of the Friday group, which is a think tank. The members of the group are members of the APPG, NGOs, the Development Policy Committee, as well as experts from the Ministry for Foreign Affairs, the Ministry of Social Affairs and Health and the Finnish Institute of Health and Welfare. The aim of the group is to advocate for strengthening the social, health and human development in Finnish development policy and its implementation with a unified voice.
  - The Development Policy Committee, where Väestöliitto act as an expert of gender and equality issues.
  - The Finnish SRHR Network, which is a network of 21 Finnish human rights, development and women's rights NGOs established in 2019 initiated by Väestöliitto.

| Channel \ Target groups | Social media | Mass media | Website | Blog | Pod cast | Publications | Emails | Meetings | Events | Schools | Networks |
|-------------------------|--------------|------------|---------|------|----------|--------------|--------|----------|--------|---------|----------|
| Decision makers         | X            | X          |         | X    |          | X            | X      | X        | X      |         | X        |
| The youth               | X            |            | X       | X    | X        |              |        |          |        | X       |          |
| Social media followers  | X            |            |         | X    |          |              |        |          |        |         |          |
| Interested in SRHR      | X            | X          | X       |      |          |              |        |          |        | X       | X        |
| Not interested in SRHR  | X            | X          |         | X    | X        | X            |        |          | X      | X       | X        |
| NGOs                    | X            |            |         | X    |          | X            |        | X        | X      |         | X        |

Table 10: Target groups and channels used to reach specific target groups in communications in Finland.

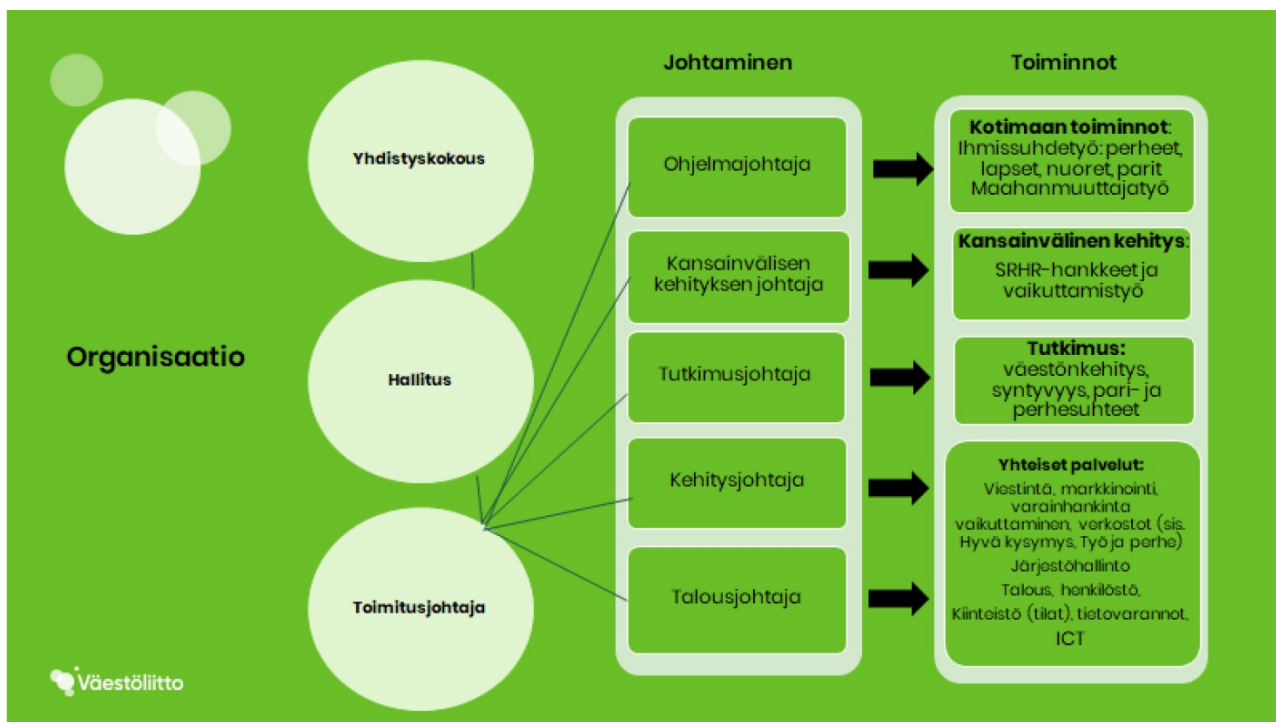
## 9. Programme's administration and finance

## 9.1 Organization

Väestöliitto Group is comprised of Väestöliitto's non-governmental actions (Väestöliitto ry) and its companies *Väestöliitto's Therapy and Home Help Services Ltd.* and *Kiinteistö Oy Kalevanpoika*. Throughout this document Väestöliitto refers to the NGO part of Väestöliitto Group.

Väestöliitto does not have individual members but is an umbrella organization for 34 member organizations. Väestöliitto is managed by its Managing Director who is accountable to the Board. The highest decision-making power in Väestöliitto belongs to its member organizations who exercise their decision-making power in the general meetings held twice a year. The meetings follow the Finnish Association Act and the rules of the association, as well as good meeting practices.

According to the rules, the General Assembly elects a board from its member organization representatives. Board supports the implementation of Väestöliitto's work and is responsible for its actions. The Managing Directors works as a subordinate to the board and is responsible for the operational management of Väestöliitto. Managing Director is supported by the executive team which is comprised of directors and team leaders of Väestöliitto's different operations.



Picture 7: Väestöliitto's organizational structure in Finnish

## 9.2 Staff and responsibilities

Väestöliitto has approximately 60 staff members. The majority of staff is involved in national activities such as advocacy and communications in Finland, developing services for Finnish population, implementing projects aimed at advancing well-being in Finland, conducting research, or administrating Väestöliitto's operations.

The global team of Väestöliitto is comprised of five permanent staff members who are responsible for Väestöliitto's development cooperation, global advocacy, and development communications and global education. All five team members are involved in the implementation of the programme. Two team members work full time for the programme. The **Director of International Affairs** is

responsible for all operations implemented by the global team and works as the leader of the team. The Director also represents the team in the executive team of Väestöliitto. The Director monitors the global discussions on SRHR and participates in the high-level forums to advance the global SRHR issues. Director dedicates approximately 8 % of work time for overseeing the programme's implementation.

The **Advisor on Development Cooperation** is responsible for the overall planning, implementation, managing, and reporting of Väestöliitto's programme, and ensuring that it complies with MFA's guidelines and policies, Väestöliitto's strategy and Väestöliitto's Development Policy. The Adviser is also responsible for designing the monitoring, evaluation and learning approaches of the programme to ensure the quality of programme's implementation. The Advisor coordinates all actions jointly with programme partners and is responsible for all communications with the MFA.

The Advisor on Development Cooperation manages the programme jointly with the **Advisor on Development Policy**. Both the Advisor on Development Cooperation and the Advisor on Development Policy dedicate 100 % of work time for managing the programme.

The Advisor on Development Communication and Global Education is responsible for the planning, implementation, management, monitoring and evaluation of the programme's development communication and global education. The advisor coordinates the campaigns and designs the communication messages together with the Advisor on Advocacy and the team. The Advisor dedicates 50 % of work time for managing the programme's communications.

The Advisor on Advocacy is responsible for planning and implementation of advocacy actions of the programme and is responsible for the monitoring and evaluation of its results. The advocacy messages are planned jointly with the team. The Advisor dedicates 50 % of work time for managing the advocacy of the programme.

The programme is supported by Väestöliitto's general administration. The finance department ensures that the programme's financial management follows the rules and regulations of Finnish legislation and the MFA's guidelines and manages the programme's accurate bookkeeping. Financial sustainability of the programme is supported by the fund-raising expert of Väestöliitto who is responsible for developing Väestöliitto's fundraising strategy and planning various fundraising actions. Communications of the programme is conducted in cooperation with the communications team of Väestöliitto who provide their expertise and support when needed.

The quality implementation of the programme relies on the capacities of Väestöliitto's staff members. Constant capacity building is supported by Personnel Policy Program as well as capacity assessment and subsequent capacity building plan of Väestöliitto. Global team participates in and coordinates several working groups and networks that also serve as platforms for mutual learning. The trainings organized by Fingo and the disability inclusion working group coordinated by the Disability Partnership Finland are elemental in raising the capacity of global team members and the quality of the programme's implementation.

### **9.3 Financing the programme**

Väestöliitto improves well-being, connections between people, and advances sexual rights in Finland and globally through advocacy, research, services, and projects. Most of the funding Väestöliitto receives from STEA (The Funding Centre for Social Welfare and Health Organizations), different ministries and EU, and through profits from Väestöliitto's corporatized part of operations (Väestöliitto's Therapy and Home Help Services Ltd.). Väestöliitto's global work receives funding from the Ministry for Foreign Affairs of Finland, IPPF, UNFPA, and Global Fund.

Self-financing for the programme is sourced mainly through cooperation with Kapua Aidventures and programme partnerships which means that the programme's Finnish expert partners contribute a share to the self-financing. Kapua organizes a yearly campaign that gathers a group of volunteers to do active fundraising for and communication about Väestöliitto's development programme. The groups also travel self-financed to the campaign country to get to know how the projects are

implemented after which they do a physical challenge, typically climbing the highest peak in the country.

Developing systematic fundraising is one of Väestöliitto's strategy's focus areas during 2021-2024, and the goal is to increase the proportion of private donations substantially. During the programme period Väestöliitto will also make strong efforts to broaden its financial base to ensure continuity and further developing of its activities. Especially private sector partnerships are sought, and new project funding sources are explored.

#### **9.4 Financial management and reporting systems**

Financial reporting systems adhere to the Finnish legislation, guidelines and rules of the MFA, and Väestöliitto's financial rules. Financial monitoring models aim at transparent, reliable and efficient financial management at all levels of implementation which is also considered an elemental risk mitigation strategy to prevent any mismanagement of funds. Väestöliitto's own forms are used for financial reporting: Programme partners submit quarterly financial reports with monthly expenses together with supporting documents (such as bank statements, bank reconciliation extracts, main letter extracts) to Väestöliitto where they are reviewed and entered in Väestöliitto's bookkeeping. Approval of quarterly reports are a condition for project payments that are done according to Väestöliitto's financial rules.

Each project is audited yearly, and the audit reports are part of the programme's final audit in Finland. Väestöliitto's auditors also assess project audit reports and their management reports, and the financial management processes are developed based on their observations. Yearly budgets are consolidated at the beginning of the year.

Väestöliitto provides technical support to the partners to receive reliable financial data through the financial monitoring tools. Väestöliitto ensures that the partners' financial management processes, such as bookkeeping, documentation, approval of costs, and financial responsibilities are clear and functional.

The risks of bribery, corruption, and financial mismanagement are taken strongly into account in Väestöliitto's programme and minimized by acting in accordance with strict rules. Väestöliitto adheres to the Finnish Accounting Act and accounting regulations, Auditing Act, Associations Act and Väestöliitto's own regulations which all set precise operating methods to prevent any financial mismanagement. In addition, as the Finnish member association of the IPPF, Väestöliitto goes through regular accreditation process in which its financial regulations are evaluated. Väestöliitto's regulations are also assessed yearly by external auditors in connection with the yearly statutory audit.





# Annexes

## Annex 1: Programme partners

In **Afghanistan** the programme partner is an INGO's country office that works to increase SRHR through increasing access to quality family planning, reproductive health and maternal child health information and services. Partner in Afghanistan was established in 2002. Partner in Afghanistan was the first INGO to begin offering SRH services after the fall of the Taliban.

Despite continued insecurity and the marginalized status of women in Afghanistan, Partner in Afghanistan has grown steadily and currently, partner operates 36 centres, through which partner's team members offer a comprehensive range of services, including contraception and post-abortion care. Partner in Afghanistan covers most of the country's provinces through more than 40 partner organization's Ladies and 10 mobile outreach teams that take services to women living in urban slums and some hard-to-reach rural areas. Partner in Afghanistan also works with public health sector staff, delivering services through eight public hospitals. Partner in Afghanistan also works to sell and distribute quality family planning contraceptives to enhance access including in areas where partner does not have static facilities through the social marketing channel.

In 2019 660 000 people were using contraception provided by partner in Afghanistan and partner's health services averted 156 000 unsafe abortions and prevented 286 000 unintended pregnancies. Today, partner is one of the largest providers of family planning services in the country, especially in providing long-acting and permanent contraception.

Partner in Afghanistan has vast experience in advocacy engaging various government ministries and agencies. Reproductive health is a priority in Afghanistan's national development strategy and partner collaborates closely with the Ministry of Public Health as well as work in partnership with the Ministry of Religious Affairs, the Ministry of Women's Affairs, the Ministry of Education and the National Parliament.

Partner in Afghanistan also engages with religious leaders and their wives to show that family planning is compatible with Islamic teachings. These leaders are trusted and have high standing in their local community, so they help a great deal with reaching women and men with crucial information about birth spacing, early age pregnancy, child health information and services.

Partner in Afghanistan has proven this approach to be incredibly successful; in 2015 an estimated 30% of clients were referred through religious leaders or religious leaders' wives. The approach helps increase community acceptance and support for partner's services and strengthens partner's relationship with the Government.

In **Malawi** programme partner is **CYECE**, which is a non-governmental and not-for profit organization. CYECE is the leading SRHR expert in Malawi. CYECE promotes SRHR, children's rights, and youth empowerment through social mobilization, capacity building, communication, education and advocacy. The organization is legally registered under the Trustees Incorporation of 1962 as well as NGO Act and CONGOMA act as a Non-Profit Making Organization implementing programmes for children, young people and women in Malawi. CYECE has a total of 46 members of staff at its head office in Lilongwe and the 5 district offices as well as over 281 volunteers. Youth volunteers work alongside adults in promoting the SRHR of adolescent girls and women among other areas of volunteerism.

CYECE's values are transparency and accountability, inclusiveness, equality, and commitment. CYECE has a nine-member Board of Trustees which oversees governance and policy issues in the

organization and has a secretariat that is headed by the Executive Director supported by a management team that runs the day-to-day affairs of the organization including implementation of the organization's programmes and activities. As a youth focused organization, CYECE has over 90 percent of young people (professionals) represented in the Organization Board of Trustees and management team and these participate in the decision making of the organization at those levels.

CYECE has vast experience in advocacy engaging various government ministries and agencies and is a member of various government Technical Working Groups (TWG) at national and district level where it participates in the policy formulations, reviews and national program decisions. CYECE is a member of the technical working group on Youth SRHR, GBV Prevention, AGYW, Family Planning and HIV prevention. CYECE is also affiliated to a number of local and international networks such as NGO Gender Coordination Network (NGO GCN), Malawi SRHR Alliance, Malawi Health Equity Network (MHEN), Civil Society Education Coalition (CSEC), Malawi All in All Learning Network and the African CSO League on SRHR which is based at IPPF regional office in Nairobi.

CYECE has been implementing a number of programs that promote the rights of women and girls in the areas of education, economic empowerment and SRHR for the past 20 years. CYECE' has worked with health workers, teachers, parents, youth groups, women groups, girls' clubs' traditional leaders, religious leaders and local government administration officials.

**In Nepal** the programme partner is **FPAN** (the Family Planning Association of Nepal) that was established in 1959. It is a member association of the International Planned Parenthood Federation (IPPF) and a major partner of the Government of Nepal's national family planning program contributing to a large number of all FP services in Nepal annually. FPAN is Nepal's first national sexual and reproductive health service delivery and advocacy organization. FPAN works across 37 districts to provide critical health services to poor, marginalized, socially excluded, and underserved (PMSEU) communities, including sex workers, people living with HIV (PLHIV), LGBTI people, injecting drug users, men who have sex with men, migrant workers, and survivors of gender-based violence (GBV).

FPAN has four bodies which operate at the central and Branch level. The Central Assembly (CA) is the governing body of the Association and all members of the CA is responsible individually as well as collectively for the fulfilment of the objectives of the Association. The Central Committee is responsible for ensuring implementation of the policies and programs approved by the Central Assembly for the progress, development and fulfilment of the objectives of the Association. Branch Assembly is the governing body of a branch and oversees the working of the Branch in accordance with the directives of the Central Committee. The Branch Committee is responsible for implementing the policies and programs approved by Branch Assembly for the progress, development and fulfilment of the objectives of the Association.

FPAN has robust and varied network of service delivery points and has expertly trained staff and volunteers who deliver services in areas where services otherwise would not be available. FPAN offers an Integrated Package of Essential Services (IPES) that includes comprehensive counseling; family planning and sexual health services; safe abortion services; HIV and AIDS and other sexually transmitted infection (STI) services; gynecological, prenatal, and post-natal care; and GBV care.

FPAN is a member of the Reproductive Health Coordination Committee of the Department of Health Services, where FPAN provides SRH technical leadership by promoting and advocating for the sexual and reproductive rights of all people. FPAN is also a member of the government's subcommittees on Adolescent Health, Safe Abortion, Safe Motherhood, and RH FP Logistics and services as the chair of the Non-governmental Organization Coordination Council (NGOCC), a group of 30+ national NGOs and international NGOs working around reproductive health and family planning.

**In South Africa** the programme partner is the **Pan Africa International Lesbian, Gay, Bisexual, Trans and Intersex Association (PAI)** which is the African regional affiliate of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA). PAI is a federation of 150 organisations in Africa working for human rights and equality for LGBTIQ+ people. PAI was founded in 2007. PAI's work seeks to improve and promote bodily integrity and equal protection of human rights regardless of culture, faith, sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). PAI's mission is to unify and strengthen LGBTIQ organising in Africa in order to challenge state legislation that impedes SOGIE-related work. PAI creates advocacy strategies to hold governments accountable and advocates for the protection, promotion, and respect of LGBTIQ+ rights in Africa. PAI builds a unified African movement and provides a forum to respond to the needs of members through coordination and collaboration. PAI also contributes to growth and capacity development of its members by strengthening regional initiatives and capacity for advocacy. In South Africa, the programme partner Pan African ILGA (PAI) coordinates the thematic LGBTIQ+ advocacy project implemented in two neighboring countries.

In this programme the role of Pan African ILGA is to coordinate and support the capacity building of two of its member organizations, **one in Zambia** and **one in Zimbabwe** which are the partner organizations in Väestöliitto's programme. PAI supports the work of partners' and raises their capacity to conduct the programme activities. The majority of activities are not held in South Africa (unless necessary for security reasons), but rather in Zimbabwe and Zambia where the member organizations are located.

**In Tajikistan**, programme partner is **local NGO of women with disabilities**. Tajik partner started in 2004 as an initiative group and was registered in 2005 as a branch of Tajikistan National Union of PWDs. In 2009, the partner was re-registered and became independent from the National Union of PwD. The goal of the partner is to promote equal rights and opportunities for women with disabilities to participate in all spheres of public life, to activate and involve of women with disabilities in society, strengthen the potential of WwD and improving their literacy skills and education.

Tajik partner works towards these goals through trainings, meetings with government representatives, awareness-raising, round tables, changing attitudes towards disability. It promotes accessible environment for PwD, access to education, employment and social guaranties. Establishing local initiative groups of women with disabilities and building their capacity as well as strengthening the voices of WwD for participation in decision making processes is also a very important part of partner's agenda.

Partner has established wide networks both nationally and globally and has partnered with other civil society organizations to make its work more efficient. Partner has also been very active in political advocacy work. It is well respected and takes actively part in many governmental working groups. In recent years, partner has been for example part of the national expert coalition that does regularly CEDAW report from Tajikistan (2018) and participating in writing a report for EU's and UN's Spotlight Initiative about the situation in Tajikistan (2019).

**In Zambia**, programme partner is **local NGO of trans and intersex persons** and it is part of PAI's coordinated LGBTIQ+ advocacy project and thus one of the leading organizations advocating rights of LGBTIQ+ people.

The mission of Zambian partner is to contribute to an enabling environment where Trans-diverse and Intersex people enjoy their full potential, access social justice and opportunities. Partner does this through advocacy, education, empowerment, law and policy work. Partner works to inform, educate and sensitise trans and intersex persons, particularly young people, families and their support structures and promotes youth leadership, political and civic participation, wellness through sport and art and access to services (safety, shelter, crisis counselling and therapy clinic and life skills at schools).

Partner has also been documenting violations towards Trans & Intersex persons in health settings both public and private and the organization has been using this data to inform its interventions Zambia. Partner provides tailor made services to assist in the raising awareness on issues to do with HIV and sexual reproductive health and rights as well as aspects of general wellness such as psychosocial support. In 2014, partner released “We Exist”, consisting of stories and poems of trans people living in Zambia, their families and their allies. Through these activities partner reaches the target groups of Väestöliitto’s programme well.

**In Zimbabwe**, the programme partner is **a local NGO of lesbian, bi, trans and queer persons**. Partner is part of PAI’s coordinated LGBTIQ+ advocacy project. Partner aims to represent and increase the visibility of lesbian, bi, trans and queer (LBTQ) issues. Being a member of PAI indicates that partner is the leading organization promoting LGBTIQ+ people’s rights in Zimbabwe thus chosen to partner Väestöliitto’s programme. Partner’s work and capacity are supported through PAI network.

Partner organization was established in Zimbabwe in September 2013 by lesbian and bisexual women and trans and gender diverse people. Therefore, they have in-depth knowledge of the experiences and needs of direct beneficiaries. Partner strengthens their expertise through research and annual community consultation/needs assessments to ensure our programming is relevant and contextual.

Partner’s aims and objectives are to amplify and increase the voice and visibility of LGBTIQ+ people and advocate for their rights. Its main goal is to challenge and change norms, beliefs and attitudes that exclude, violate, and limit the rights of LGBTIQ+ persons. They implement this through dialogue, sensitization trainings, activism, advocacy, documentation for historical record and evidence-based advocacy, creating safe spaces for learning and capacity building initiatives for LGBTIQ+ persons focusing on rights awareness, digital skills and advocacy. It advances, supports, and promotes leadership, representation, and participation of LGBTIQ+ people at grassroots, local, national, regional and international level. In addition, partner collaborates with local women and human rights organizations. Through their ongoing work and networks partner reaches widely the target groups of Väestöliitto’s programme.

Previously partner has worked on multi-country and local projects with different funding partners, regional and local organizations, and activists such as Oxfam Canada, CoC Netherlands, Astraea Lesbian Foundation, The Other Foundation, Iranti-org, The Triangle Project, The Inner Circle, Gays and Lesbians of Zimbabwe, Trans Research Education Advocacy and Training (TREAT), Pakasipiti, The Sexual Rights Centre, amongst many others. These cooperation projects have deepened partner’s experience in project management, advocacy and campaigning, research, storytelling, community mobilizing, community engagement, activism, movement building, facilitation, conducting trainings, social media management, podcasting and videography.

Zimbabwean partner is also part of global network called Out of the Margins, which is advocating for the rights of LBT+ people. Out of the Margins’ aim is to address human rights violations faced by lesbians, bi women and trans people (LBT+) worldwide. Through this coalition partner is widely connected with 23 other human rights organizations, which builds evidence to advocate for the rights of lesbians, bi women and trans (LBT+) people worldwide.

## Annex 2: Results Framework of the programme

| OBJECTIVES  | INDICATORS   | BASELINE 2022                                       | TARGET 2025   | SOURCES OF VERIFICATION   | ASSUMPTIONS  |
|---|--|---|---|---|--|
| <b>Impact</b>   |  |   |   |   |  |
| 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 and descriptions of ways to increase accessibility            | Will be specified at the beginning of the programme | Target number is specified based on baseline data<br><br>100 % of programme SRH clinics and service centers are accessible by vulnerable groups | UNFPA yearly report, SDG yearly report, Health service statistics | Legislation remains favorable for promoting SRHR<br><br>Civil society is favorable for advancing SRHR in programme countries |
|   | Changes in policies or laws to include SRHR issues of especially vulnerable groups   | Will be specified at the beginning of the programme | At least 2 policy or law changes in favor of SRHR of vulnerable groups (will be further specified based on baseline data)                       | Advocacy monitoring by partners                                   | Political environment is stable in programme countries   |
| <b>Outcomes</b>   |  |   |   |   |  |
| <b>1. Capacity building of beneficiaries</b>  |  |   |   |   |  |
| Especially vulnerable groups are empowered to make informed decisions on their SRHR and address SRHR issues in their communities  | Increased number of vulnerable persons who participate in making decisions about their own SRHR, types of decisions; disaggregated by gender | Will be specified at the beginning of the programme | At least 80% of beneficiaries report participation in making decisions regarding their SRHR   | Structured interview  | The participation of vulnerable groups is supported and accepted   |
|   | Increased number of persons from vulnerable groups with new capacities ( <i>increased knowledge on SRHR, economic empowerment,</i>           | Will be specified at the beginning of the programme | At least 80% of beneficiaries report having new capacities  | Structured interview  | The attitudes towards SRHR of vulnerable groups are positive   |

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|  | <i>change in SRHR related attitudes</i> ) disaggregated by gender, age, and disability   |   |  |   | The vulnerable groups are committed to the processes of the programme  |
|  | Number and types of ways of addressing SRHR in communities   | Will be specified at the beginning of the programme | Target number and types are specified based on baseline data                                   | Structured interview, reports from beneficiaries  |  |
| <b>2. Awareness raising in societies</b>   |  |   |  |   |  |
| Harmful conceptions around SRHR of vulnerable groups are decreased in the targeted societies   | Change in perceptions regarding gender norms, stereotypes, and stigma around SRHR of vulnerable groups in the targeted societies                   | Will be specified at the beginning of the programme | At least 70% of respondents to the survey have positive views on the SRHR of vulnerable groups | Survey adjusted on <i>Compendium of gender scales/GEM scales</i><br><br>Self-assessment by programme partners | Promotion of SRHR of vulnerable groups is supported and accepted in communities  |
|  | Own perceptions of persons from vulnerable groups of a more inclusive society on their SRHR issues   | Will be specified at the beginning of the programme | At least 80% of beneficiaries report perceived positive changes                                | Structured interview  | Communities are accepting to the approaches of the programme   |
| <b>3. Capacity building in communities</b>   |  |   |  |   |  |
| SRHR issues and needs of vulnerable groups are met with quality and care among service providers and community structures (e.g., schools, community leaders' forums, district councils, local development units) | Positive change in attitudes and perceptions regarding gender norms and SRHR of vulnerable groups among service providers and community structures | Will be specified at the beginning of the programme | At least 80% of respondents report changes   | Structured interview/survey   | Service providers and persons in community structures have interest and motivation to advance the SRHR issues of vulnerable groups |
|  | Service providers and community structures have new technical skills to provide quality care to vulnerable groups                                  | Will be specified at the beginning of the programme | At least 80% of respondents report having new technical skills                                 | Structured interview/survey   | The SRHR of vulnerable groups are supported in local policies  |
|  | Number of community structures demonstrating capacity in addressing SRHR issues of vulnerable groups in  | Will be specified at the beginning of the programme | Target number and types are specified based on baseline data                                   | Survey  |  |

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|   | their communities, types of ways of addressing SRHR issues   |   |   |   |   |
| <b>4. Advocacy in programme countries</b>   |  |   |   |   |   |
| 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 decision makers                 | Will be specified at the beginning of the programme | At least 60% increase in the number of new initiative and other actions                       | Annual reports  | Duty-bearers are willing and motivated to advance SRHR issues of vulnerable persons                       |
|   | Number and types of ongoing dialogues between decision makers and project partners where SRHR issues are advanced                | Will be specified at the beginning of the programme | At least 60% increase in the number of ongoing dialogues                                      | Annual reports  | Duty-bearers have sufficient capacity to promote SRHR policies that address vulnerable groups             |
| <b>5. Learning and capacity building of programme partners</b>  |  |   |   |   |   |
| 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                       | Will be specified at the beginning of the programme | 100% of programme partners assess having increased capacities and skills                      | Annual self-assessments in partnership meetings                   | Partner organizations have solid structures to incorporate individual learning as organizational learning |
|   | SRHR of especially vulnerable groups are included in the strategies and other projects of programme partners                     | Will be specified at the beginning of the programme | 100% of programme partners have included SRHR issues of vulnerable groups in their work       | Annual self-assessments in partnership meetings<br>Annual reports |   |
|   | Number and types of new alliances, partnerships, networks, working groups or similar the partners are working with on SRHR       | Will be specified at the beginning of the programme | Number will be specified based on baseline data   | Annual reports  | Partner organizations' operations and funding are stable  |
| <b>6. Development communication and global education in Finland</b>   |  |   |   |   |   |
| The awareness on SRHR, comprehensive sexuality education (CSE), SDGs and their interlinkages is raised  | Persons reached through development communication and global education assess that new knowledge has changed their understanding | Will be specified at the beginning of the programme | At least 80 % of respondents to survey reports changed understanding and increased motivation | Surveys for visitors in different channels                        | Target groups find the information about SRHR of vulnerable groups interesting                            |

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| among broad public and young people   | of SRHR, CSE, SDGs and their interlinkages   |   | to support the realization of SRHR  |                                    | Broad public has positive and supportive attitudes towards development cooperation  |
|   | 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 | Will be specified at the beginning of the programme | Numbers will increase by at least 10%   | Website and social media analytics |   |
|   | Number and types of direct target groups reached   | Will be specified at the beginning of the programme | Number of reached target groups increases by at least 30%   | Monitoring data                    |   |
| <b>7. Advocacy in Finland</b>   |  |   |   |                                    |   |
| There is strong political will to remove SRHR related barriers from education in Finnish development policy, and to promote CSE in Finnish development policy and financing | Number and types of statements by decision-makers and civil servants on SRHR related barriers to education and CSE                                     | Will be specified at the beginning of the programme | Number of positive and favoring statements has increased from baseline by at least 30%  | Advocacy monitoring                | SRHR issues remain as a priority in Finnish development policy<br><br>Decision makers and civil servants are willing and motivated to promote SRHR issues in<br><br>Political environment remains favorable for development cooperation |
|   | Finnish ODA for education related SRHR and CSE maintains at baseline levels or increases   | Will be specified at the beginning of the programme | Finnish ODA for education related SRHR and CSE has not decreased  | Yearly MFA statistics on funding   |   |
|   | The linkage between SRHR and education and CSE are recognized in the Finnish development policy statements and policy papers                           | Will be specified at the beginning of the programme | Either or both of following are mentioned in Finnish development policy statements and policy papers: "the linkage between SRHR and education" and/or "CSE" | MFA's development policy documents |   |



| Outputs  | INDICATORS  | BASELINE 2022                                       | TARGET 2025 | SOURCES OF VERIFICATION | ASSUMPTIONS  |
|--|---|---|-------------|-------------------------|--|
| <b>1. Capacity building of beneficiaries</b>   |   |   |             |                         |  |
| Life skills, empowerment, awareness raising and capacity building activities on SRHR issues are organized  | Number and types of trainings organized. Number of types of participants in the trainings disaggregated by gender and disability.                                       | Will be specified at the beginning of the programme |             | Annual reports          | Beneficiaries are motivated and willing to participate in programme's activities |
|  | Number of trainers and peer educators trained disaggregated by gender and disability.   | Will be specified at the beginning of the programme |             | Annual reports          |  |
|  | Number and types of VSL groups disaggregated by gender and disability.  | Will be specified at the beginning of the programme |             | Annual reports          | Beneficiaries have the opportunities to participate in activities                |
| Vulnerable groups' knowledge on SRHR is increased  | Number of persons from vulnerable groups trained on different dimensions of SRHR, such as SGBV, sexual rights and sexual health disaggregated by gender and disability. | Will be specified at the beginning of the programme |             | Annual reports          |  |
| <b>2. Awareness raising in societies</b>   |   |   |             |                         |  |
| Broad public is reached through awareness raising activities, campaigns and events, and their awareness on SRHR of vulnerable persons is raised. | Number and types of awareness raising activities organized.   | Will be specified at the beginning of the programme |             | Annual reports          | Several awareness raising activities, campaigns and events are implemented       |
|  | Number and types of individuals reached through the activities.   | Will be specified at the beginning of the programme |             | Annual reports          |  |
| <b>3. Capacity building in communities</b>   |   |   |             |                         |  |
| Local communities', service providers' and other responsible actors' (traditional and  | Number and types of trainings organized. Number of types of participants in the trainings   | Will be specified at the beginning of the programme |             | Annual reports          | Stakeholders are willing and motivated to participate in                         |

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| religious leaders, teachers, community volunteers, boys, and men) capacity is strengthened on SRHR issues of vulnerable groups | aggregated by gender and disability.  |   |   |                        | programme's activities  |
|  | Number and types of communities and local structures reached  | Will be specified at the beginning of the programme |   | Annual reports         |   |
| <b>4. Advocacy in programme countries</b>  |   |   |   |                        |   |
| New contacts with duty bearers are created and their capacities in SRHR of especially vulnerable groups is increased           | Number and types of capacity strengthening activities conducted.  | Will be specified at the beginning of the programme |   | Annual reports         | Duty-bearers are willing to take the time to raise their knowledge about SRHR issues of vulnerable groups   |
|  | Number and types of duty bearers at local, district and national level reached with capacity strengthening activities | Will be specified at the beginning of the programme |   | Annual reports         |   |
| <b>5. Learning and capacity building of programme partners</b>   |   |   |   |                        |   |
| Best practices to improve SRHR are identified and shared within the programme  | Regular partnership meetings and capacity building sessions are held.   | Will be specified at the beginning of the programme |   | Annual reports         | Partner organizations are committed to improving SRHR of vulnerable groups at all levels<br><br>Partner organizations have good capacities to learn |
|  | Learning has taken place through implementing activities  | Will be specified at the beginning of the programme |   | Annual self-assessment |   |
|  | An advocacy tool has been created   | An advocacy tool has not been created               | Advocacy tool is created, functional and in use among LGBTIQ+ organizations | Annual reports         |   |
| <b>6. Development communication, global education</b>  |   |   |   |                        |   |
| The broad public and young people are reached  | Number and types of development communication and global education activities implemented                             | Will be specified at the beginning of the programme |   | Annual report          | Target groups have enough resources and time to follow Väestöliitto's activities  |
|  | Number and types of development communication and global education materials  | Will be specified at the beginning of the programme |   | Annual report          |   |

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|  |  |   |  |                      | Development communication and global education actions are reached and are accessible  |
| <b>7. Advocacy in Finland</b>  |  |   |  |                      |  |
| Civil servants' and decision makers' capacities on the linkage between education and SRHR and especially on CSE is increased | Number and types of advocacy activities implemented  | Will be specified at the beginning of the programme | Number of advocacy activities on SRHR and education and CSE has increased. | Annual self-tracking | Civil servants and decision makers are willing to take the time to raise their knowledge about linkage between SRHR and education and CSE.<br><br>Civil servants have enough resources, time and mandate to promote SRHR in education context and CSE. |
|  | Number and types of persons reached through advocacy communication   | Will be specified at the beginning of the programme | Number of people reached has increased.                                    | Annual self-tracking |  |
| <b>Activities</b>  |  |   |  |                      |  |
| <b>Capacity building of beneficiaries</b>  | Organize trainings on SRHR and advocacy for vulnerable groups<br>Organize trainings for trainers and peer educators on SRHR<br>Mobilize and facilitate formation of women's VSL (Village savings and loans) groups and build their capacity<br>Mobilize and organize trainings for other beneficiaries (boys, men, parents) on SRHR, SGBV, advocacy and social accountability monitoring |   |  |                      |  |
| <b>Awareness raising in societies</b>  | Organize awareness raising activities in the communities to increase knowledge on SRHR of vulnerable groups<br>Organize media campaigns, social media campaigns, and events to raise awareness on SHRH of vulnerable groups<br>Train journalists in SRHR issues of vulnerable groups   |   |  |                      |  |

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| <b>Capacity building in communities</b>                          | <p>Organize trainings for health workers and volunteers on SRHR issues of vulnerable groups</p> <p>Increase accessibility of SRH clinics and health facilities</p> <p>Build capacity of teachers in providing comprehensive sexuality education</p> <p>Build capacity of community structures in SRHR and in actions to address the SRHR issues of vulnerable groups</p>   |
| <b>Advocacy in programme countries</b>                           | <p>Conduct meetings with duty bearers on SRHR issues of vulnerable groups</p> <p>Build capacity of duty bearers on SRHR of especially vulnerable groups Identify CSO partners, build their capacity and conduct joint advocacy</p> <p>Facilitate the participation of vulnerable groups in the SRHR policy planning processes</p>  |
| <b>Learning and capacity building of programme partners</b>      | <p>Organize regular partnership meetings to share best practises and to build RBM capacity</p> <p>Learn about SRHR of vulnerable groups during implementation of project activities</p> <p>Organize capacity building trainings and sessions</p> <p>Create a digital advocacy tool for PAI</p>   |
| <b>Development communication and global education in Finland</b> | <p>Regular social media actions and other online posts about SRHR related barriers to education, CSE and SDGs.</p> <p>Produce communications and global education materials</p> <p>Organize development communication and global education events</p> <p>Identify new networks and partnerships and design new ways of conducting development communication and global education</p>   |
| <b>Advocacy in Finland</b>                                       | <p>Regular advocacy actions in social media and web pages on the SRHR related barriers to education and CSE</p> <p>Finding new partners (CSO, decision makers, private sector) who are focused on education in the development cooperation and linking education and SRHR and CSE to their work.</p> <p>Building new relationships with appropriate decision makers.</p> <p>Organize discussion events (seminar, round table meeting) on about barriers to education in terms of SRHR.</p> |

### Annex 3: Risk Matrix of the programme

| Institutional risks                    |   |                    |                        |  |   |
|--|---|--------------------|------------------------|--|---|
| Type of risk                           | Description of the effect of the risk   | Impact of risk 1-3 | Likelihood of risk 1-3 | Risk mitigation strategy   | Responsibility  |
| Funding sustainability and reliability | <p>Funding for the program/projects from one major funder increases vulnerability and effects program implementation</p> <p>Programme need to be retrenched if self-financing goal is not met</p>   | 3                  | 2                      | <p>Strong fundraising strategy that can be modified when needed</p> <p>Project partners have the capacity to adapt the project plans and budget to rapid changes</p>   | <p>Väestöliitto's board, managing director, financial director</p> <p>Global development team of Väestöliitto</p> <p>Project management team in partner organization</p>  |
| Loss of reputation                     | <p>A human rights violation, fraud or similar serious incident occurs within the project which causes damage to the project and to the reputation of Väestöliitto</p> <p>A serious incident occurs within Väestöliitto which causes damage to Väestöliitto's reputation limiting its operational capabilities</p> | 2                  | 1                      | <p>Impartial assessment to what has occurred is commissioned</p> <p>Having Väestöliitto's and partner organization's crisis communication plan in place</p>  | <p>Global development team of Väestöliitto will be responsible in starting the assessment procedure in close collaboration with the project partner.</p> <p>Väestöliitto's managing director, director of communications.</p> |
| Corruption, mismanagement of funds     | Project funds are mismanaged or stolen, or project funds are used for bribery   | 2                  | 3                      | <p>Strong financial management control (including segregation of duties, bank reconciliations prepared monthly, cash counts, advance settlement controls)</p> <p>Regular anti-fraud, bribery and anti-corruption training for entire project staff</p> | <p>Global development team of Väestöliitto</p> <p>Project management team in partner organization</p>   |

|   |   |   |   |  |   |
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|   |   |   |   | Capacity building in strong financial management control procedures and standards for new partners<br><br>Regular review of internal controls through internal audit   |   |
| Ineffective management                                      | Project process is slow and inefficient<br><br>Goals are not achieved timely and the quality of the results is weak                 | 2 | 1 | Monitoring mechanisms assess also project management procedures and processes<br><br>Continuous capacity building of the management team<br><br>Building structures of organizational capacity building and sharing, sharing of information within teams | Global development team of Väestöliitto<br><br>Project management team in partner organization                    |
| Inadequate staffing and skills, changes among staff members | Project process is slow and inefficient<br><br>Goals are not achieved timely and the quality of the results is weak                 | 2 | 1 | Internal reporting mechanisms and information sharing is systematic, efficient and transparent<br><br>Orientation processes and procedures for new recruits are in place<br><br>Constant capacity building among project staff                           | Project management team in partner organization   |
| Inadequate skills in SRHR and PSEAH                         | Project is not implemented with necessary sensitivity and activities are not planned appropriately to resolve the stated challenges | 1 | 3 | Partnering with NGO's whose core expertise is SRHR<br><br>Constant capacity building among project staff   | Project management in Väestöliitto<br><br>Partner organization's management. Technical support from Väestöliitto. |

|  | Project activities unintentionally cause harm  |                    |                        | PSEAH policy among partner organizations is in place and operational  |  |
|--|--|--------------------|------------------------|---|--|
| Project and programme risks              |  |                    |                        |   |  |
| Type of risk                             | Description of the effect of the risk  | Impact of risk 1-3 | Likelihood of risk 1-3 | Risk mitigation strategy  | Responsibility   |
| Inability to attain the expected results | The quality of the results is weak if the expected results and measures to achieve them are not properly planned | 3                  | 1                      | <p>Project implementation is planned based on strong analysis</p> <p>Project monitoring and evaluation mechanisms are robust and there is readiness to change the project plan</p> <p>The validity of set indicators is assessed and analyzed regularly and modified if needed</p> <p>Regular self-assessments are done</p> | Project management team in Väestöliitto and partner organization |
| Sustainability of results                | The results of the project/program do not sustain after the funding for the project ends                         | 2                  | 2                      | <p>Project is planned jointly with right-holders and duty-bearers from the onset of the project</p> <p>Project goals are set according to needs assessments and problem analysis</p>  | Project management of the partner organization                   |
| Resistance to advancing SRHR             | SRHR are resisted or rejected in the communities thus endangering implementation                                 | 3                  | 2                      | <p>Careful assessment of power structures</p> <p>Engagement with key community gatekeepers to ensure acceptance of activities</p> <p>Emphasising community ownership, maintaining strong relationship with key stakeholders, and</p>  | Project management of the partner organization                   |

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|  |  |                           |                               | <p>maintaining low project profile</p> <p>Community sensitization processes in place</p> <p>Partnering with other similar CSOs for joint advocacy</p>  |   |
| Challenges in disability inclusion                         | The needs and views of disabled persons are not adequately assessed  | 1                         | 2                             | <p>Careful assessment on the obstacles in disability inclusion</p> <p>Cooperation with DPOs to ensure appropriate approaches</p>   | Project management of partner organization  |
| Occurrence of SEAH among project staff or stakeholders     | <p>Project implementation causes harm to someone involved in project activities</p> <p>Project implementation is disrupted or halted</p> | 2                         | 2                             | <p>PSEAH policy among partner organizations is in place and operational</p> <p>Constant capacity building among project staff regarding SEAH</p>   | <p>Project management of partner organization</p> <p>Governing body of the partner organization</p> |
| Inadequate attention to vulnerabilities and harm reduction | Project implementation unintentionally causes discrimination and harm  | 2                         | 1                             | <p>Partnering with NGO's whose approach is based on human rights</p> <p>Careful analysis of the groups that can be discriminated against</p> <p>Project is planned jointly with right-holders and duty-bearers from the onset of the project</p> | Project management of partner organization  |
| <b>Operational environment risks</b>                       |  |                           |                               |  |   |
| <b>Type of risk</b>  | <b>Description of the effect of the risk</b>   | <b>Impact of risk 1-3</b> | <b>Likelihood of risk 1-3</b> | <b>Risk mitigation strategy</b>  | <b>Responsibility</b>   |
| Covid19 or similar global pandemic                         | Disruption/halting of project activities   | 2                         | 3                             | Remote work tools in place, hygienic practices in place  | Operational management in partner organization  |



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|   |  |   |   | <p>Activities planned to be implemented partly online</p> <p>Project plan and budget is designed to be flexible so that it can be adapted to rapid changes</p> <p>Safety precautions of activities in place</p>   |  |
| Changes in political environment  | <p>Legislation becomes unfavorable for promoting sexual rights which narrows the operational capacity of the program/project</p> <p>Opposition towards SRHR increases which narrows the operational capacity of the program/project and advocacy in Finland and globally</p> | 2 | 2 | <p>Advocacy strategies are created that can be adapted to the current environment</p> <p>Advocacy efforts are intensified, advocacy networks are strengthened</p>   | Advocacy officers in partner organizations |
| Social, political, and cultural environment is hostile against LGBTIQ+ rights | <p>Implementation of the project activities becomes risky</p> <p>Operational space for LGBTIQ+ organizations is/becomes more limited</p> <p>Programme partner organization is threatened</p>   | 2 | 2 | <p>Safety protocols for participants in activities: anonymity provided if needed, trainings and meetings are held in secure locations</p> <p>Minimizing the visibility of activities if needed</p> <p>Advocacy efforts are intensified, advocacy networks are strengthened</p> <p>Security protocols of partner organization in place, staff is trained in handling threats</p> | Project management in partner organization |

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| Political environment destabilizes (e.g. due to elections) | The space for civil society shrinks which narrows the operational capacity of the program/project<br><br>Civil unrest causes disruptions to the implementation of the project | 2 | 2 | Careful monitoring of local situation<br><br>Project plan is adaptable to rapid changes   | Project management in partner organization                                  |
| Major incident (terrorism, flood, draught, earthquake)     | Disruption/halting of project activities<br><br>Injury to partner organization's staff members or damage to the premises  | 2 | 2 | Context and conflict analyses are done regularly<br><br>Staff is trained in crisis management and crisis protocols are in place<br><br>Project plan is adaptable to rapid changes | Project management in partner organization                                  |
| Changes in Finnish political environment                   | Political environment changes unfavorable to development cooperation<br><br>Major funding cuts to ODA in Finland  | 3 | 1 | Careful monitoring of political changes and intensifying advocacy if needed<br><br>Readiness to adapt project plans and budget  | Advocacy officers in Väestöliitto<br><br>Project management in Väestöliitto |

### Risks specific to Afghanistan

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| Security | The takeover by the Taliban in recent months has created general insecurity in the country. Though not targeted specifically to partner's sites, pockets of violence in some provinces may threaten staff and client safety. | 3 | 3 | Partner's security personnel have been trained to respond to critical security situations such as receiving unidentified visitors at the entrance and who to contact during urgent circumstances. Partner and the Crisis Management Team are continually monitoring the situation through our national networks and will update our risk | Security Officer partner organization and CD |
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|   |  |   |   | <p>assessments if there are any further changes at provincial or national levels.</p> <p>Partner continues to participate in INGO health and security forums in Kabul and maintains close ties with UN agencies and INGOs.</p>  |  |
| Staff turnover/ organizational capacity | <p>The staff turnover remains a challenge in project sites and creates a gap in service provision, particularly in hard-to-reach and insecure areas. Partner's clinical quality and support teams provide ongoing support to keep service providers motivated to remain in their roles - however if or when applications for resettlement abroad are successful, team members will inevitably take those opportunities. New service providers need to be assessed regularly through competency assessments and becoming a level one service provider takes time.</p> | 3 | 3 | <p>Partner has been encouraging team members to be open and give notice where possible if they are planning to leave the country to allow recruitment processes to start - however this is rarely feasible.</p> <p>The CD, HR and the Asia Regional Support team are working through operational capacity mitigation options should large numbers of partner's support office staff leave at once - for example drawing on audit and consultancy firms for support.</p> <p>In terms of clinical quality, we are working to train existing providers (where project funding has ended for example for some of our MS Ladies) to become quality assurance officers, with remote support provided by our global clinical quality team, facilitated by digital technological solutions.</p> | Partner in Afghanistan and INGO's Asia Regional Team |
| Fx/ Inflation                           | Inflation/foreign exchange rate fluctuations impact on budgets and available   | 2 | 3 | Partner depends on the import of supplies, food, medical and non-medical  | Partner and INGO's Asia Regional Team                |

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|                  | funds due to increasing insecurity in the country, as well as staff salaries.  |   |   | equipment which requires payment in foreign currency (Euro, USD). The rate of these foreign currencies fluctuates depending on the political situation in-country and the global economic situations. To mitigate this, regular budget forecasting, monitoring and reporting of foreign currency fluctuation will be enhanced. In 2022 all team members employment contracts will be in USD (previously, due to their remote locations some staff had requested to be paid in Afghani). |                                       |
| Banking and Cash | Delays in cash transfer for day-to-day expenses on the field and service delivery points as regular transfers bank to bank not fully functional.     | 3 | 2 | MSI has instituted an alternative funds transfer mechanism in the short term to ensure activities do not grind to a halt and team members are paid. This follows an intensive due-diligence process. Funds have successfully been transferred using this mechanism, and INGO and partner will continue to monitor the situation, while adopting appropriate risk mitigation measures to ensure no funds are lost through the process.   | Partner and INGO's Asia Regional Team |
| Women's rights   | Under the new regime women's rights have been hugely affected - in terms of free movement and ability to work. This initially affected operations of | 2 | 2 | Partner received official approval from the new regime for its female employees to work in order to help deliver essential health services -  | Partner and INGO's Asia Regional Team |

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|           | Sida-funded and other clinics as most were predominantly staffed by women  |   |   | <p>this includes at the support office as well as service delivery sites - including MS Ladies.</p> <p>In accordance with new regime's rules and regulations, partner complies with segregation of the workplace by gender where necessary. The majority of staff are female clinicians working with female clients, so segregation is a natural consequence of service delivery. In the head office, male and female team members have their desks on separate floors.</p> <p>Despite sporadic attacks on women, there is no evidence of systematic safety incidents against women or female health workers.</p> <p>Partner has a new Safeguarding Lead in place (who is a woman) who sits on the SMT - she has been hired to try and ensure partner is adequately supporting and responding to concerns raised by female staff and any safeguarding concerns are addressed.</p> |                        |
| Sanctions | With the changing operational environment, partner is not allowed to provide any financial support for government employees. This may affect the reputation of partner in the areas where partner previously | 2 | 2 | Partner has engaged government workers to explain the current situation and they have been understanding. We'll continue to deepen these engagements with the view to ensuring partner  | Partner in Afghanistan |

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|          | supported through Sida funding.              |   |   | remains as a partner of choice for government.  |         |
| Covid-19 | COVID-19 remains a challenge in the country. | 2 | 2 | Partner is regularly supplying COVID-19 PPE kits. All staff have been encouraged to get vaccinated as per national protocols. Partner ensures COVID-19 preventive measures are strictly enforced for both clients and staff at Sida-funded clinics. | Partner |