My Body. My Future. 2

ANNUAL REPORT 2024

Contents

Abbreviations

ACTADE	African Centre for Trade and Development
AFS	Adolescent friendly service
AFHS	Adolescent friendly health service
AMODEFA	Mozambican Association for Family Development
APPG	All Party Parliamentary Group
ASRHR	Adolescent sexual and reproductive health and rights
AYPwD	Adolescent and young people with disabilities
CAY	Children, adolescents, and youth
CBO	Community-based organization
CCC	Citizens Coalition for Change
CO	Country Office
CoC	Champions of Change
CSE	Comprehensive sexuality education
CSO	Civil society organization
CtM	Conversations that Matter
DIF	Disability inclusion facilitator
FGAE	Family Guidance Association in Ethiopia
GBV	Gender-based violence
GNI	Gross national income
IDG	International Day of the Girl
IEC	Information, Education and Communication
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex
MAHLAHLE	Association for the Promotion and Development of Women
MBMF	My Body. My Future.
MFA	Ministry for Foreign Affairs
M&E	Monitoring and Evaluation
MEESA	Middle East, Eastern and Southern Africa
MEP	Member of the European Parliament
MEAL	Monitoring, evaluation, accountability, and learning
MESLM	Mee-Eain-Shin-Lay-Myar
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MoU	Memorandum of understanding
MP	Member of Parliament
NGO	Non-governmental organization
ODA	Official development assistance
OPD	Organization of persons with disabilities
PFHA	Promotion of Family Health Association
PI	Plan International
PIE	Plan International Ethiopia
PIEA	Plan International Environmental Assessment
PIM	Plan International Myanmar
PIZ	Plan International Zimbabwe
PVO	Private Voluntary Organization
PWD	Person with disability
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SOGIESC	Sexual orientation, gender identity, gender expression and sex characteristics
STEM	Science, technology, engineering, and mathematics
TOC	Theory of Change
ToT	Training of trainers
UNFPA	United Nations Population Fund
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UPR	Universal periodic review
VSLA	Village Saving and Loan Association
YEE	Youth Economic Empowerment

MBMF2: 2024 in numbers

International programme – SRHR projects

The total number of people reached by the SRHR projects in 6 countries:

107,805

Out of whom children, adolescents and youths:

80,825

Out of whom girls and young women:

44,551

Domestic programme – Communication, youth participation and global citizenship education

Total number of people reached in Finland:

59,754

Out of whom children and adolescents:

23,536

Out of whom girls:

14,834

1. Summary

My Body. My Future. 2 (MBMF2) is a four-year programme (2022–2025) led by Plan International Finland in collaboration with Plan International Country Offices in Ethiopia, Laos, Mozambique, Myanmar, Uganda, and Zimbabwe, along with a wide network of local partners. In addition to its international reach, the programme includes a domestic component implemented in Finland.

MBMF2 is committed to advancing girls' rights and promoting gender equality by strengthening sexual and reproductive health and rights (SRHR) for children, adolescents, and youth (CAY), both in and out of school. Special attention is given to the rights, inclusion, and meaningful participation of CAY with disabilities, and in selected contexts, LGBTQIA+ youth. The programme's long-term goal is to ensure that all young people, in their full diversity, have control over their bodies and futures within safe, healthy, and supportive environments. At its core, MBMF2 takes a gender-transformative approach—addressing the root causes of inequality, challenging harmful social and gender norms, and shifting power dynamics that limit young people's participation in society. By tackling the barriers that prevent especially girls from accessing quality, youth-friendly SRHR services and exposing them to various forms of violence, the programme aims to foster lasting change. It also strengthens young people's skills, resources, and opportunities—particularly through support for girls' livelihoods and employment.

In Finland, the domestic component focuses on strategic communication, participatory advocacy, and global citizenship education, engaging the public in conversations around equality and rights. The MBMF2 programme is funded by the Ministry for Foreign Affairs of Finland.

All in all, in 2024, the total number of people reached directly by the projects in Ethiopia, Laos, Mozambique, Myanmar, Uganda, and Zimbabwe was 107,805, out of whom 80,825 were children, and adolescents and youths, and 44,551 girls and young women. In Finland, the programme reached a total of 59,754 people in 2024, out of whom 23,536 were children and adolescents, and 14,834 girls.

2. Country and Civil Society Context

2.1 Ethiopia

Despite improvements following the 2019 CSO Proclamation, challenges remain in Ethiopia's civil society operations. Bureaucratic hurdles in some regions continue to limit CSO activities, particularly in Amhara, where authorities outside the health sector resist SRHR initiatives, delaying approvals for community engagement. The National Costed Roadmap to End Child Marriage and FGM/C (2020–2024) has strengthened the policy framework for SRHR, and strategic plans for continuation beyond 2024 have been developed with UNFPA and UNICEF. Government-led platforms have enhanced civil society participation in policy discussions, although funding for SRHR and gender remains limited.

Despite progress in awareness-raising efforts, community mobilization faces restrictions, particularly for adolescent SRHR. Faith-based and traditional institutions continue to influence gender norms, requiring CSOs to engage religious leaders strategically to counter conservative resistance. Political and security instability further hampers CSO operations, restricting movement and delaying projects. Heightened scrutiny of rights-based work in conservative regions has led to increased challenges. Overall, while Ethiopia's policy environment supports civil society, financial, security, and sociocultural barriers persist.

2.2 Laos

In 2024, Laos saw continued economic challenges, including high inflation, currency depreciation, and limited public spending on health, education, and social protection. The government prioritized revenue collection, while China remained the dominant investor, particularly in the Northern provinces where MBMF2 operates. Plans for a high-speed rail link connecting Thailand, Laos, and China aim to boost regional connectivity. At the end of 2024, the Ministry of Finance announced a substantial increase in the Government's Daily Subsistence Allowance, impacting MBMF2's budget starting January 2025.

Economic pressures have driven labour shifts from services to agriculture and increased self-employment, while wage disparities with neighbouring countries have fueled migration. By mid-2024, documented Lao migrants in Thailand reached 313,051. Youth migration has complicated MBMF2's outreach efforts, leading to secondary school dropouts and teacher resignations in Bokeo and Oudomxay provinces. To mitigate risks, safe migration awareness has been incorporated into project activities. Severe flooding in Luang Namtha in September 2024 disrupted travel to the Northern provinces, but did not directly affect MBMF2 areas.

2.3 Mozambique

In 2024, political and social challenges disrupted project implementation, particularly during the latter part of the year. Electoral campaign activities led to the avoidance of community meetings to prevent confusion with political events, while government staff's involvement in election-related work caused delays in joint initiatives, including integrated health brigades, citizenship fairs, and comprehensive sexuality education (CSE) training. Health service professional strikes further jeopardized access to SRH services for CAYs, which are often deprioritized. Post-election unrest escalated into violent demonstrations, vandalism, and police intervention, creating a climate of fear and restricted mobility. While there were no formal government restrictions on CSO operations or changes in SRHR policies, the polarized political environment made advocacy and government collaboration challenging. Despite these setbacks, some activities succeeded through strong coordination with government entities and local stakeholders. The Jangamo District Administrator led an LGBTQIA+ workshop, and community partnerships ensured continued engagement. These efforts demonstrated the sustainability of project initiatives, as many local actors independently carried out activities with minimal support.

For example, despite a demanding political schedule, the Jangamo District Administrator facilitated and led an LGBTQIA+ workshop. The project also leveraged community-level partnerships, working closely with local stakeholders such as community leaders, Agents of Change, Community Facilitators for the Champions of Change, and Disability Inclusion Focal Points. These collaborations proved essential and demonstrated the sustainability of project efforts, as many community actors were able to independently lead activities with minimal support.

2.4 Myanmar

In 2024, Myanmar's civil society remained constrained by political instability, conflict, and restrictive policies. Security risks, limited funding, and restricted freedoms hampered CSO operations, especially for human rights and SRHR advocates. Community engagement was disrupted in conflict zones, while government collaboration on SRHR remained minimal. Many international donors shifted focus to humanitarian aid, reducing resources for long-term gender and SRHR programs. However, some donors began working more closely with local organizations to support marginalized populations and enhance intervention sustainability.

SRH service provision worsened, with more rural health clinics ceasing operations, CDM health staff arrests increasing, and supply shortages growing. CSOs faced registration delays and travel restrictions, further hampering efforts.

In response to restricted civic space, CSOs, youth networks, and activists decentralized efforts, prioritizing community-driven action over formal engagement. Despite adaptations, challenges persisted, including registration difficulties, burdensome reporting requirements, and risks tied to military service law. However, strong collaboration with local CSOs and LGBTQIA+ organizations sustained gender equality and human rights initiatives. Partnerships with Kumudra and the Bagan Plastic Campaign expanded MBMF2's outreach to marginalized communities.

Despite security risks and funding shortages, local CSOs remained resilient. While political instability hindered formal advocacy, MBMF2 strengthened partnerships, decentralized SRHR service delivery, and empowered community-led action. Moving forward, the project will integrate risk management and expand grassroots-driven initiatives.

2.5 Uganda

In Uganda, the legal environment for civil society remains restrictive, with no clear protections for civic freedoms. Many organizations are monitored under the Computer Misuse Act, particularly a provision that criminalizes electronic communication deemed to disturb the peace or privacy of others. This has led to investigations, frozen bank accounts, and halted operations, raising concerns about contradictions with constitutional rights to free expression. The situation worsened with the enactment of the anti-homosexuality law in 2023. Organizations advocating for sexual minority rights, such as Sexual Minorities Uganda, were deregistered. Legal appeals were unsuccessful, resulting in a ban on their activities due to lack of official recognition. Other groups using a rights-based approach have also faced surveillance and pressure to justify their work, with state intelligence reportedly monitoring their activities. In 2024, the civic space remained constrained. The Ministry of Education continued to limit comprehensive sexuality education, though the Model School Health Program made progress, especially in menstrual health and hygiene. Government reviews raised compliance concerns, and some community-based groups faced deregistration threats. These pressures are expected to grow ahead of the 2026 elections, though many organizations have strengthened their internal systems and regional collaborations. In some areas, leadership disputes within cultural institutions disrupted efforts to address harmful practices, as attention shifted to internal rivalries, slowing community engagement and progress.

2.6 Zimbabwe

In 2024, Zimbabwe continued to face severe economic instability, marked by hyperinflation and limited cash flow, which deepened household vulnerability and eroded incomes. The introduction of the Zimbabwe Gold (ZiG) currency aimed to stabilize the economy but struggled to gain traction, with hyperinflation persisting and the USD remaining widely used. Unemployment remained high, especially among youth, with stark disparities between urban and rural areas. Although many turned to vending and informal work, high licensing fees imposed by city authorities hindered their ability to sustain livelihoods, fueling frustration.

Youth unemployment contributed to a sharp rise in drug and substance abuse. In response, the government launched a whole-of-government strategy through the Multi-Sectoral Drug and Substance Abuse Plan. Meanwhile, El Niño-induced drought and climate change continued to impact food security, health, and livelihoods, particularly in MBMF project areas. These conditions increased the risk of sex work, drug abuse, malnutrition, child marriages, child labor, gender-based violence, and sexual exploitation—especially among girls.

On the legislative front, Zimbabwe passed the Criminal Law Amendment Act, which criminalizes the deliberate infection of minors with STIs. However, it also reinforced outdated laws criminalizing consensual same-sex relations, disproportionately affecting LGBTQIA+ individuals. Additionally, the introduction of the Private Voluntary Organisations (PVO) Bill expanded government oversight of CSOs, allowing for deregistration of groups deemed to have deviated from their mandates. While the bill is presented as a measure against money laundering and terrorism financing, civil society actors have raised concerns about its potential to restrict NGO operations, calling for continued vigilance and transparency.

3. Programme results

3.1. International SRHR projects

In 2024, under Outcome 1, Comprehensive Sexuality Education (CSE) strengthened CAY's knowledge of SRHR, although gaps remain in areas like HIV and consent, and it increased their confidence to challenge gender stereotypes and make informed decisions, despite persistent gender disparities and cultural sensitivities. The Youth Economic Empowerment component expanded opportunities for young people, especially women and marginalized groups, by building life skills and engaging with green economy initiatives. Inclusion efforts supported youth with disabilities and diverse SOGIESC, although stigma and restrictive contexts still hindered their full participation.

Under Outcome 2, the MBMF2 programme strengthened access to quality, inclusive, and youth-friendly sexual and reproductive health services across five countries by supporting 89 health facilities with training, renovations, Youth Friendly Corners, and community engagement. This led to a notable increase in service quality, youth participation, and awareness, with nearly 50,000 children, adolescents, and youth reached through outreach and referrals. Despite these gains, challenges persist, including gaps in provider training on disability and LGBTQIA+ inclusion, stigma, social norms, inconvenient fees, and uneven service quality—particularly limiting young women and marginalized groups. Some contexts, like Myanmar, face critical barriers due to political instability, underscoring the need for sustained efforts to ensure equitable, inclusive, and responsive SRH services for all youth.

Under Outcome 3, the MBMF2 programme advanced safe, supportive communities for children, adolescents, and youth by challenging harmful social and gender norms around SRHR through community dialogues, positive parenting, and male engagement across six countries. Over 10,000 parents, caregivers, and community members improved their knowledge and support for CAY's SRHR, including disability inclusion and contraception access, though persistent cultural sensitivities, stigma, and gender disparities remain significant challenges. Engaging local leaders and male allies helped normalize open discussions, but resistance to topics like safe abortion and adolescent autonomy persists in some areas. Economic resilience and climate education strengthened household stability, supporting sustained SRHR access amid climate shocks. Despite progress, deeply entrenched norms and varying community contexts continue to require targeted, culturally sensitive approaches to fully realize CAY's rights and well-being.

Under Outcome 4, the MBMF2 programme strengthened CSO, CBO, OPD, and youth capacities to advocate for increased public investment and improved SRHR policies, promoting equality and agency for diverse CAY. Key achievements included successful advocacy on safe abortion in Ethiopia, child marriage in Laos, LGBTQIA+ rights in Mozambique, and disability inclusion in Ethiopia and Zimbabwe, with meaningful youth participation reported by over 85% of youth participating in advocacy initiatives.

Across all outcomes in 2024, persistent challenges included deep-rooted cultural sensitivities, stigma, and gender disparities that limited full participation and access to SRHR information and services, especially for marginalized groups such as youth with disabilities and diverse SOGIESC populations. Political instability, uneven service quality, gaps in provider training, and resource constraints further hindered progress, underscoring the ongoing need for inclusive, context-specific, and sustained efforts to ensure meaningful youth engagement and equitable SRHR outcomes.

3.1.1 Outcome 1

CAY in all their diversity have the support and the confidence to make informed, responsible, positive and healthy choices about their SRHR and future

CAY who participated in the programme in 2024 are now more able to make informed and positive choices about their SRHR. It relates to their individual and collective process of empowerment, which varies across countries, contexts, age groups, and sex.

The delivery of Sexuality Education was instrumental in offering quality and age-appropriate information to children, adolescents, and youths, and in allowing them to have a safe space to exchange critically among their peers about their SRH rights and what they want for themselves and their future. It covered a wide range of topics related to sexual and reproductive health and rights, including understanding gender, values and norms, violence and staying safe, the human body, development and puberty, relationships, sexuality and sexual behaviours, contraception, use of condoms and family planning, STI and HIV prevention, teenage pregnancy, among others. In total, 26,905 CAY (14,811 female, 12,073 male, 21 people with diverse gender identities) participated in Comprehensive Sexuality Education (CSE) strategies implemented across countries through different modalities for in- and out-of-school contexts, with peer-based interventions or those led by teachers or facilitators.

In line with our Theory of Change, the increased ability of CAY to make informed and positive decisions about their SRHR is closely linked to progress made under the programme's other outcomes.

Our monitoring data and surveys collected through pretests[1] and post-tests show an improvement in the 3 indicators utilized to better assess CAY's SRHR empowerment: knowledge of core SRHR topics, attitudes and ability to challenge gender stereotypes and harmful social norms, and the feeling of having the ability to make decisions about one's SRHR.

Results are shown in the following table[2]:

Indicators to measure CAY's SRHR empowerment	Age group	Pretest	Post-test
Correct knowledge of key SRHR issues	All	31 %	49 %
	Children	23 %	35 %
	Adolescents	25 %	52 %
	Youths	44 %	61 %
Attitudes and ability towards gender stereotypes and norms related with SRHR:	All	30 %	60 %
	Children	38 %	60 %
	Adolescents	20 %	57 %
	Youths	35 %	62 %
Feeling of being able to make informed decisions over their SRHR	All	36 %	59 %
	Children	28 %	49 %
	Adolescents	32 %	63 %
	Youths	54 %	82 %

Table 1: Indicators measuring CAY's SRHR empowerment, 2024 monitoring data

[1] We chose to compare post-test values with pre-test values, when available, rather than with baseline values, as this approach provides more contextualized and recent data, allowing for a more accurate and up-to-date analysis of trends and outcomes.

[2] Data distribution and variation are represented using color scales, which serve as visual guides for comparing values. These scales use a gradient—ranging from red to indicate lower values to green for higher values—making it easy to spot patterns and differences briefly.

Knowledge of key SRHR issues

CAY's SRHR knowledge, assessed using a three-level scale (low, medium, and correct knowledge), followed a positive trend with the systematic increase in correct-level knowledge and a decrease in low-level knowledge, even though there are still some knowledge gap areas. We now consider that 49% (48% of female respondents and 50% of male respondents) have correct knowledge in their post-tests, compared to 31% in their pretests and a target of 67% for 2024. Knowledge around the use of condoms and contraceptives is very high, while questions around HIV and consent among children, and HIV and pregnancy among Adolescents and Youths (AY), remained difficult to answer and are topics that should be reinforced.

In Ethiopia, Myanmar, and Mozambique, CAY also received in-depth training about on Menstrual Hygiene and Health. While in their pretests, only 34% had at least moderate knowledge about key menstrual health issues, this proportion rose to 63% in their post-tests.

The increase in CAY's SRHR knowledge is also essential because they serve as key sources of information for their peers and can cascade their knowledge, helping to challenge surrounding myths and stereotypes. In Myanmar, peer-led clubs are delivering CSE, and participants are actively involved in cascading their knowledge to their friends. This is, for instance, highlighted by the testimony of a girl who claimed, "Now that I have this menstrual health knowledge, I want to help educate my friends and make sure everyone has access to the same information."

Close-up: CAY and Climate change

By participating in CSE strategies, CAY also gained valuable knowledge about how climate change's shocks and stresses affect their SRHR. Our annual monitoring shows that, across countries, age groups, and sexes, CAY now demonstrate a medium-level understanding of these impacts. This newly gained critical perspective was exemplified by a female student in Uganda: "In case there are floods, this leads to the washing away of some bridges/roads that lead to health facilities, hence making it difficult for one to access a health facility to seek help, thereby denying the chance to receive contraceptives in case one needs them."

Through climate change-related content and educational materials, CAY across countries also learned to take action to increase community resilience, including planting trees and using energy-saving stoves to reduce the use of firewood in cooking.

Attitudes towards and ability to challenge gender stereotypes linked to SRHR

We consider that 60% of CAY (59% of female respondents and 61% of male respondents) have now an "increased desire/ability" to challenge gender stereotypes, compared to 30% in their pretests and a target of 48% for 2024, due to their rights-based and positive attitudes towards CAY's SRHR and their ability to report/challenge abusive situations when witnessed. The specific variables used to measure this indicator for the different age groups are further detailed below:

Attitudes and ability around key SRHR issues		Pretest	Post-test
Among children	Acceptance of Sexuality Education	79 %	90 %
	Acceptance of homosexuality[3]	49 %	58 %
	Recognition of CAY with disabilities' SRH rights	81 %	92 %
	Ability to report some abusive situation	85 %	96 %
Among adolescents and youths	Acceptance of contraceptive use among unmarried girls	33 %	58 %
	Acceptance of sex before marriage for girls	30 %	39 %
	Recognition of women's rights to say no to unwanted sex	69 %	89 %
	Recognition of safe abortion as an option for girls and women	50 %	72 %
	Acceptance of homosexuality[4]	39 %	63 %
	Recognition of CAY with disabilities' SRH rights	79 %	89 %
	Ability to challenge some abusive behaviours among peers	41 %	61 %

Table 2: Indicator % of CAY with increased desire/ability to challenge gender stereotypes linked to SRHR. 2024 monitoring data, detailed results per variable

Participation in CSE strategies triggered reflections among CAY about social and gender norms existing in their communities and influencing their beliefs, attitudes, expectations, and practices related to SRHR. It involved questioning gender roles and debunking stereotypes, such as those surrounding the sexuality and SRHR of CAY with disabilities, while also opening conversations about women's rights to bodily autonomy, access to safe abortion, and the ability to refuse unwanted sex. For instance, in Laos, children mentioned they had confusion about traditional gender roles and task division, and that participation in the project had supported them in better understanding the norms at play. In Ethiopia, this change in attitudes can also be highlighted by the increased proportion of adolescent girls and young women who do not intend to have their future daughter undergo FGM/C, which rose from 80% in the baseline (2022) to 89% in 2024.

Addressing deeply entrenched social and gender norms, CSE strategies have played a critical role in empowering CAY to explore issues around contraception and SRHR. They created a space to discuss contraceptive use[5] among CAY and challenge norms stigmatizing it, particularly for unmarried girls and associating it with promiscuity. While it is still a sensitive issue, 58% of AY expressed their acceptance of the use of contraceptives for unmarried girls in their post-tests, compared to 33% in pretests. When compared to the acceptance of sex before marriage for girls (30% in pretests and 39% in post-tests), findings suggest that although the majority of CAY still view premarital sex for girls as not commendable, there is a growing recognition of girls' rights to use contraceptives. This points to an increasing understanding that girls' "respectability" and rights are not determined by their sexual activity. This is highlighted by the testimony of a young female participant in Ethiopia: "Every girl is entitled to utilize birth control. A girl has the right to utilize contraception if she begins having sex. In addition, she can access abortion services. She is currently free to use any kind of contraceptive, whether it be long-term or short-term."

Regarding CAY's positive attitudes toward SRHR and their desire/ability to challenge gender stereotypes: In Zimbabwe (among children and youths) and in Mozambique and Uganda (among adolescents), male respondents were around 20 percentage points more likely to be assessed with this "desire/ability." In contrast, among children in Mozambique, girls were around 15 percentage points more likely than their male counterparts to be assessed with this same desire/ability. These variations underscore the complex and context-specific nature of gender dynamics: in some settings, boys may feel more socially permitted to question norms, while in others, targeted interventions or shifting attitudes may have created more space for girls to defy them. This also signals that beliefs are not individual attitudes but are deeply linked to broader social norms and the opportunities or constraints each gender faces.

There are also important disparities across countries, depending on the social and cultural contexts and how entrenched harmful social and gender norms are. This increased desire/ability to challenge gender stereotypes, based on our variables, is higher among CAY participants in Myanmar (87%) and Ethiopia (80%) compared to Uganda (60%), Laos (55%), Mozambique (46%), and Zimbabwe (29%).

The relatively low results in Mozambique and Zimbabwe could partly be explained by the sensitivity of the questions around homosexuality and sexual pleasure in African countries, which were removed from Uganda and Ethiopia's surveys because of their restrictive contexts. In addition, in Mozambique, CSE strategies focused

[3] Only measured in Zimbabwe, Mozambique, Laos and Myanmar.

[4] Id

[5] This was supported by the Social and Gender Norms Diagnosis conducted in 2022 as part of the programme's baseline. These norms are central to what the programme aims to influence and transform, as they are closely linked to early and unintended pregnancies, as well as risky sexual behaviors that endanger the lives of adolescent girls.

on children and adolescents in 2024, which implies the absence of youths among the respondents—who usually demonstrate the most positive attitudes toward challenging gender norms.

Ability to make informed SRHR decisions

Based on our monitoring system and annual data, 59% of CAY (56% of female and 63% of male respondents) feel able to make informed decisions about their SRHR, compared to 36% in their pretests and a target of 62% for 2024. The specific variables used to measure this indicator for the different age groups are further detailed below:

Ability to make informed decisions over one's SRHR		Pretest	Post-test
Among children	Possibility to talk with friends about relationships and sex	54 %	72 %
	Possibility to ask about puberty, relationships or sex to a parent/caregiver	70 %	79 %
	Knowledge of where to get advice about contraception	59 %	76 %
	Confidence to say no to unwanted physical interaction	78 %	89 %
Among adolescents	Confidence to ask advice about sexual and reproductive health from a trusted friend, peer or older adult	66 %	83 %
	Ability to get contraception if needed	63 %	83 %
	Feeling able to talk to a partner about one's feelings and sexual activities enjoyed/not enjoyed	50 %	75 %
Among youths	Confidence to ask advice about sexual and reproductive health from a trusted friend, peer or older adult	73 %	92 %
	Ability to get contraception if needed	80 %	94 %
	Feeling able to talk to a partner about one's feelings and sexual activities enjoyed/not enjoyed	71 %	90 %

Table 3: Indicator % of CAY who feel able to make informed decisions about their SRHR 2024 Monitoring data, detailed results per variable

Among adolescents, the ability to discuss feelings and sexual preferences with a partner shows a notable gender gap (68% of female respondents, compared to 82% of male respondents), reflecting a 14-percentage-point difference. This gender disparity is particularly significant, as it highlights differences in adolescents' agency to negotiate and express themselves on culturally sensitive and often taboo topics. The fact that girls find it more difficult than boys underscores the persistent power imbalances within intimate relationships.

This SRHR empowerment builds on increased knowledge, awareness, and ability among CAY, and is demonstrated by greater confidence to express themselves and talk about traditionally sensitive issues. A male adolescent in Ethiopia explained: "There is a clear change that has occurred because of the project's training. Before the training, I had nothing to say about gender, SRHR, body and emotional changes, but now I talk openly with my mother, and this is not embarrassing."

It had a tangible impact on the practices and lives of the participants, as expressed by this young male participant in Uganda: "*The Champions of Change*[6] sessions made me realize the importance of discussing sexual health. I am equipped with the tools to make informed choices because now, I know how to communicate with a partner about contraception and consent."

By strengthening their knowledge and ability to express themselves among their peers and through youth-led groups characterized by companionship and solidarity, CAY have also increased their self-esteem. This has fostered positive thinking and encouraged them to focus on their future.

The improvement in CAY's SRHR decisions is also reflected in the decrease in drug abuse among students and their peers, as well as a reduction in teenage pregnancies at their school, as noted by the headmaster of a school involved in the CSE strategy in Zimbabwe. This aspect will be further explored and monitored in 2025.

CSE facilitators across countries and CSE modalities were instrumental in achieving these outcomes. In Laos and Mozambique, where the programme supported in-school CSE curricula, 132 teachers were trained in 2024, and by the end of the year, 80% of them were assessed as having adequate knowledge and skills to provide inclusive and quality CSE for CAY. In all countries, peer leaders and facilitators also received refresher training and attended quarterly meetings to address challenges and adapt their methodology through a continuous improvement approach.

[6] Champions Of Change refers to Plan International curriculum to strengthen adolescents and youths' knowledge and abilities to speak up for their rights. It was used in several countries as a methodology to deliver and strengthen abilities around SRHR.

Close-up: How have we strengthened the sustainability of our intervention?

As the programme nears its end, sustainability strategies have been reinforced across countries. In Laos, schools received support to continue delivering sexuality education through trained teachers and project-provided materials. Discussions with government officials aim to integrate monitoring into regular school visits. While student and youth clubs may not continue formally, efforts in 2025 will focus on motivating teachers and volunteers, supported by an e-library of resources.

In Uganda, community structures such as Disability Inclusion Facilitators and Peer Navigators are holding regular meetings to plan how to sustain their work post-project. In Ethiopia, the Smart Up Hub will be handed over to the Government's Youth and Sport Department, along with equipment and mentors, to continue offering vocational and life skills training.

Our findings highlight the importance of strengthening safe, youth-friendly spaces where adolescents can explore gender norms, communication, and power dynamics. Peer education, guided discussions, and mentorship help both girls and boys build confidence and skills for respectful relationships. Sexuality education should directly address consent, negotiation, and mutual respect. Engaging boys and young men as allies—encouraging reflection on masculinity, empathy, and shared decision-making—is key to challenging male-dominated norms. Involving parents and caregivers can also shift household attitudes, creating more supportive environments for young people.

Youth Economic Empowerment (YEE)

The complementary YEE component was implemented with AY in Ethiopia, Laos, Myanmar, Uganda, and Zimbabwe, with the goal of enhancing their economic opportunities, resilience, and SRHR. Guided by our Theory of Change, we anticipate that AY, especially young women and girls who are most at risk, will, through developing their vocational/entrepreneurial skills, financial literacy, and life skills, improve their access to economic opportunities. This, in turn, will foster greater independence and enable them to make decisions about their future, and their SRHR.

In 2024, 463 AY, including 284 young women, participated in vocational training (provided by vocational training institutes) and entrepreneurial training (provided by mentors), along with receiving life skills and green skills modules. Vocational, entrepreneurial, life skills, and green skills trainings are provided through different modalities and formats across countries, adapting to the existing training opportunities and market demand at the project location. Vocational training is driven by market demand, and covers a variety of topics, ranging from agriculture, livestock rearing, garment, gardening, sewing, to restaurant, cooking, phone repair training, computer, language, etc.

In Laos, vocational training is provided by our partner OPD to adolescent girls and young women with disabilities, with the new integration of a CSE curriculum. In

Zimbabwe, we partner with training institutes that provide vocational training to AY among the most marginalized, and foster entrepreneurship training and initiatives linked with the green economy. In Ethiopia, with the Smart Up Factory model, and in Uganda, through the Innovation Hubs model, vocational and entrepreneurship trainings were provided to adolescents and youths, linked with government programmes in Ethiopia and implemented with youth mentors, internships, and on-the-job mentoring with existing entrepreneurs in Uganda. In addition, in both countries, foundational courses on life skills, SRHR, climate resilience, disability inclusion, communication skills, and Information and Communication Technology were provided by other youths from a peer-to-peer approach. In Myanmar, AY participated in the Ready for Work programme, which focuses on life skills development for AY, and received vocational training tailored to AY.

In addition, 672 AY in Ethiopia, Uganda, and Zimbabwe also benefitted from income-generating activities and/or participated in Village Savings and Loan Associations (VSLAs). The programme ensured the participation of the most marginalized AY, including those with disabilities and LGBTQIA+ persons.

The YEE component served as an enabler of social skills, important for both professional and personal life: by the end of their training, 72% of AY across countries reported confidence in their life skills, compared to 43% in their pretests. As part of our assessment of life skills, we consider communication, expressing ideas, argumentation, leadership, teamwork, self-awareness, self-control, problem-solving, goal setting, and empathy. It is worth noting that in the pretests, there was a significant gender gap, with 41% of female respondents and 55% of male respondents, showing a 14-percentage-point difference. However, in the post-tests, this gap was entirely closed, suggesting that the support provided through vocational/entrepreneurship and life skills helped bridge the gender divide.

In Ethiopia and Uganda, AY were monitored six months after their training ended, and it was found that 67% of them had started a business, secured employment, or resumed their education by that time. Uganda presents a higher value of 83% of trained AY who obtained a job or created a business as a result of the flexibility of the YEE strategy, which is market-oriented and able to adapt to the context's fluctuations. In Ethiopia, the lower value of 51% is explained by the difficulties generated by the restrictive context in some areas of the project's implementation.

A strong example of positive change comes from Zimbabwe, where business and financial literacy training empowered women, especially young women, to become financially independent and self-reliant. This boosted their confidence and self-esteem, earning respect from families and communities, while also reducing reliance on men and lowering gender-based violence linked to financial stress. As one woman shared: "Women no longer ask for their husbands every time they want to buy something. Asking can end up frustrating him and he hits you. Men now respect women as they are no longer dependent on them." It also comes strongly

Close-up: Increased linkage between YEE, Climate Resilience, and CSE

In Zimbabwe, the linkage between YEE, Climate Resilience, and CSE was further strengthened in 2024, implementing the recommendations from the Mid-term Review. The project emphasized the importance of layering activities and services, ensuring that AY participating in vocational/entrepreneurship programmes would be linked with the green economy and receive CSE. In that sense, on top of their participation in out-of-school CSE clubs, structures, and mentorship platforms were created to help youths who had received a vocational/entrepreneurship training engage in local green value chains by matching their skills with accessible income opportunities.

from the testimony of a young woman, highlighting clearly the link between financial independence and bodily autonomy: “I now do what I could not do before. I can now provide for myself and do not need to be in a sexual relationship with a man to make ends meet, I am now able to make good decisions.”

Inclusion Approach and Strategies with CAY

The programme adopted a dual approach to inclusion, combining targeted interventions with mainstreaming across all SRHR activities. CSE strategies were developed to engage with key populations among the most marginalized, especially CAY with disabilities in all countries and CAY with diverse SOGIESC in Laos, Myanmar, Zimbabwe, and Mozambique, so they could increase their knowledge, confidence, and abilities around SRHR in spaces adapted to their specific needs.

Disability Inclusion

Targeted efforts focused on creating safe, accessible spaces and developing specialized resources to empower CAY with disabilities. Simultaneously, disability inclusion was mainstreamed into general activities of the programme, including those related to education, community engagement, and service delivery, ensuring that accessibility and inclusion became standard components of all programme elements. This approach fosters environments where disability inclusion is embedded institutionally, reducing barriers and enhancing participation at all levels. For instance, a tailored CSE package was developed in Laos for girls with disabilities in vocational training, in partnership with the Women with Disabilities Development Association. In Uganda, several schools participating in the Health Model Schools delivering CSE have implemented new disability inclusion policies based on the knowledge gained from training and workshops on disability inclusion. School administrators made improvements, such as modifying ramps at building entrances, and most new building plans now incorporate reasonable accommodations for PwDs. In Ethiopia, quarterly “tea and coffee” sessions provided a space for youth with disabilities to discuss social and health challenges.

However, in Ethiopia, it was also noted that misconceptions held by the community and peers without disabilities affected the participation of AY with disabilities throughout the project, impacting their registration for CSE sessions, engagement, and access to services. It highlights the need to keep raising awareness and improving understanding and attitudes toward PwDs, ensuring their inclusion in project activities.

The meaningful collaboration with OPDs was central to the success of disability inclusion efforts. These partnerships provided critical expertise and ensured that programme implementation reflected the lived experiences and priorities of PwDs, promoting ownership and sustainability. Regular reviews with OPDs helped to identify challenges and co-create solutions, fostering accountability and continuous improvement, including strategic engagement for advocacy on disability at different levels. In 2024, the programme also dedicated specific resources for the documentation of good practices.

Inclusion of CAY with Diverse SOGIESC

Targeted interventions were implemented to dismantle stigma and discrimination by promoting understanding, visibility, and access to accurate information and services for CAY with diverse SOGIESC. At the same time, efforts to integrate SOGIESC inclusion across other project components helped normalize diversity and foster more inclusive systems.

In Laos, Myanmar, Zimbabwe, and Mozambique, sexuality education strategies were designed to include children and adolescents with diverse sexual orientations and gender identities, ensuring safe, judgment-free learning spaces. In Laos, consultations addressed bullying of LGBTQIA+ youth and aimed to improve gender-based violence reporting. In Myanmar, the organization Kumudra led community-based sessions and awareness activities, prioritizing safety in a restrictive context. Zimbabwe focused on inclusive recruitment, successfully integrating key populations into training without discrimination. In Mozambique, facilitators were trained to promote LGBTQIA+ inclusion in both youth sessions and community dialogues.

Additionally, in Zimbabwe and Mozambique, the projects intentionally reached out to CAY with diverse SOGIESC during SRH outreach activities. These initiatives connected them with both public and private healthcare providers for essential services such as HIV testing and care, and STI treatment.

Advocacy is a central pillar of the programme’s SOGIESC work. By partnering with SOGIESC-focused organizations and networks, the programme supports efforts to challenge discriminatory policies, advance legal protections, and shift harmful social norms. This strategic engagement amplifies the voices of youth with diverse SOGIESC and drives meaningful change. For example, in Mozambique, training sessions for government officials helped strengthen institutional understanding and support for inclusion. Further details are provided under Outcome 4 of this report.

3.1.2 Outcome 2

CAY in all their diversity have improved access to quality, inclusive, gender-responsive, and adolescent- and youth-friendly SRHR services

Programme countries' SRH services often have challenges of quality, inclusiveness, and age-, and gender- responsiveness. Even where positive policies exist, resourcing and capacities tend to remain too low for their proper implementation.

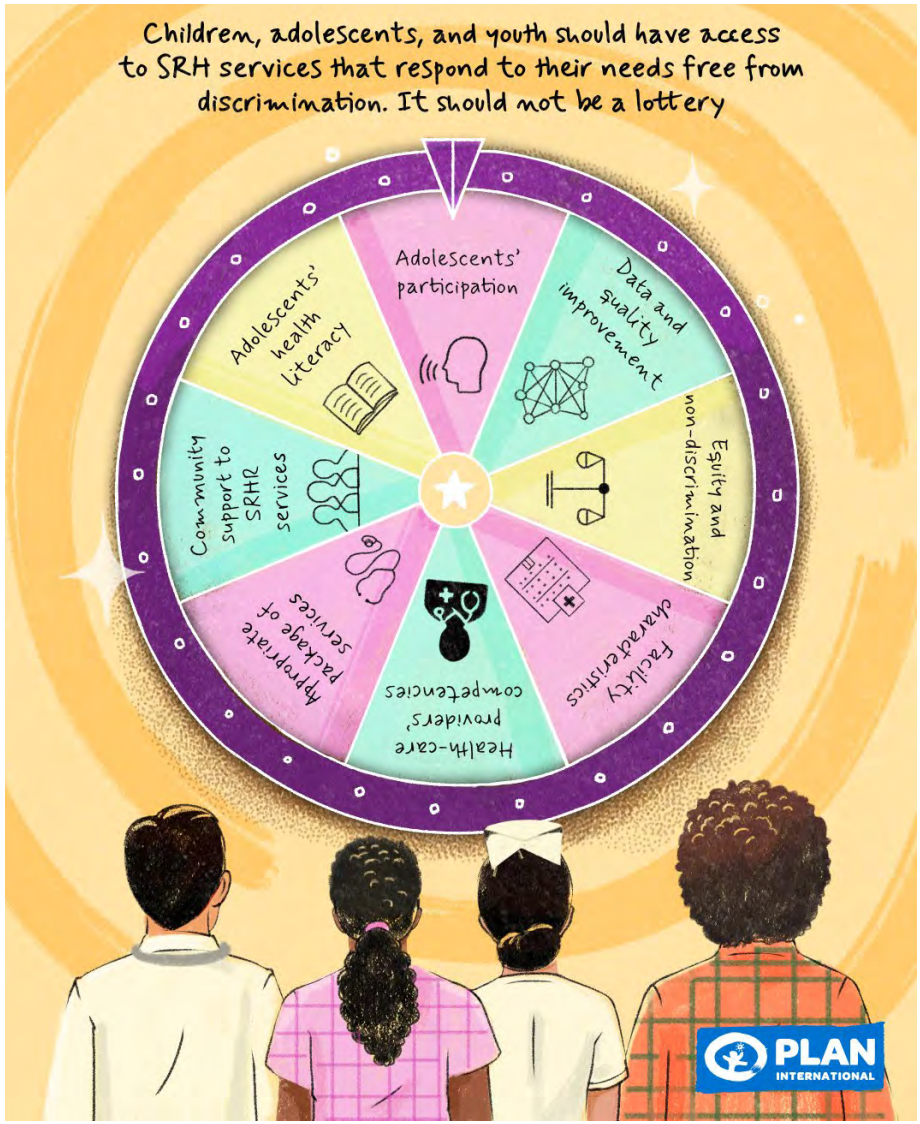
The MBMF2 programme has supported 89 government health facilities since 2022 in Ethiopia, Laos, Mozambique, Uganda, and Zimbabwe, to strengthen their SRH services, through service providers' trainings, refurbishment, establishment of Youth Friendly Corners (YFCs), and similar efforts, support to peer navigators (in Uganda), or to contingency plans to ensure the continuity of services during shocks and stresses (in Zimbabwe).

In some countries, the projects also supported youth participation in SRH service planning, delivery, and monitoring.

During 2024, there was a noticeable improvement in the quality of those services.

Through our health facilities assessments, we assessed them following the World Health Organization's 8 standards for Quality Adolescent SRH services: out of 67 health facilities assessed[7], 53 (79%) are now providing high-quality SRH services to AY (against a target of 68% for 2024), and 14 of them (21%) are providing medium-quality SRH services.

This indicates an increased quality compared with the baseline values (conducted in 2022), where only 30% of health facilities' SRH services were assessed as high-level quality, 67% as medium level, and 3% as low level.



[7] Another assessment methodology was used in Laos to assess the quality of the supported health facilities.

How has the quality of the health facilities' SRH services improved?

Standard 1: Adolescents' health literacy

Health facilities have diversified the way they offer information, through conducting outreach discussions with youths, for instance (94% in 2024 are doing it now against 74% in the baseline), or through a hotline (24% have one now against 9% in the baseline).

This was further strengthened in Uganda with the Peer Navigators and the Disability Inclusion Facilitators, mobilizing AY for outreaches, and including AY with disabilities. Peer Navigators provide health education to all clients before accessing services, including AY with disabilities. To avoid the harm or risks of misinformation, navigators are supported by trained health care providers for other technical information.

In Mozambique, mobile brigades have reached out to young people in communities with various information during outreaches. The sessions were aimed at building the capacity of young people to have the skills, knowledge, and abilities to use health information and make decisions about the existing services during outreaches and at the health facilities.

Standard 2: Community support

The work of health facilities regarding SRH services for AY is now more closely linked with communities, who support their appropriateness to AY's needs and use of the services. More health facilities are sharing information with community members and leaders about the importance of SRH services for AY, through community health care workers, regular meetings, linkage with local CBOs, and organizing sessions with parents and adolescents. This way, 86% of health facilities now state that communities are supportive of adolescents coming to the services, against 68% in the baseline.

Standard 3: Appropriate package of services

The appropriateness of the SRH services offered to AY can be exemplified through the changes in how clients are oriented regarding contraceptives and abortion. Indeed, 96% of surveyed health facilities declare that youths are now offered all the available contraceptive options, against only 70% in the baseline, and 84% declare that young women are provided with all options regarding their pregnancy, including continuation, termination, and adoption, against 60% in the baseline. This is also reinforced by more partnerships established with schools to ensure the promotion of sexuality education classes, for 91% of health facilities now, against 64% in the baseline.

In addition to SRH services, other services were provided through the mobile outreaches or via referrals, like in Zimbabwe, for instance, where assistance to Gender-Based Violence survivors and post-psychological violence were provided, particularly to adolescent girls and young women.

Standard 4: Providers' competencies

The provision of in-service trainings to health facilities' staff is key to ensure up-to-date competencies and to contribute to challenging and changing negative and discriminatory stereotypes and practices towards AY in all their diversity. In 2024, 76% of health facilities declared having trained their staff in age-, and gender-responsive trainings, against 55% in the baseline. Also, for 81% of health facilities, trainings now include issues around kindness and empathy, against only 43% in the baseline. The presence of job aids, key to support their work with adolescents and youths, is also available for 93% of them, against 75% beforehand. It is to be noted that in very few health facilities (42% in 2024, against 32% in the baseline), trainings about how to address the specific needs of LGBTQIA persons were conducted. Also, training on disability inclusion is still a gap in most health facilities.

Close-up: Youth Friendly Corners

Youth Friendly Corners are safe, supportive spaces typically established within health facilities. The space provides adolescent- and youth-friendly services. These corners are designed to address the unique health, social, and developmental needs of young people, related to SRHR. They is an accessible entry point for adolescent boys and young men, who often do not feel comfortable accessing SRH services at the clinics, as they typically are organized in reproductive health units. They are also places where AY participate in the project through peer interventions, taking an active role in supporting their fellow AY to access SRH services. The strengthening of YFCs is one of the key strategies supported by the programme in different countries.

How do we support YFCs and what do they look like? In Myanmar, where health services are limited, youth-friendly spaces offer essential education, information, and referrals. Peer leaders and committees deliver sessions on health, inclusion, and climate change, and guide youth to services like contraceptives. In Ethiopia, facilities have been renovated to be more welcoming and private, improving access and increasing referrals. In Uganda, advocacy led to youth-friendly spaces in two facilities with set hours. In Mozambique, five centers are supported with staff, equipment, and supplies to run these services.

In 2024, as part of the MBMF2 programme, 268 health facilities' service providers were trained across the programme[8] in adolescent- and youth-friendly SRH services. Through our qualitative monitoring, service providers expressed having experienced changes in the way they attended adolescents and young people. For instance, in Uganda, one of the health workers mentioned that: "I used to be tough on young people because of their situations, like early pregnancy, and it made me feel unhappy with them. However, through trainings by Reproductive Health Uganda [Plan International's partner in Uganda], I learnt that this only creates more negativity and doesn't help. Now, I try to offer them understanding and support instead."

Some of them also received training on disability inclusion. In Zimbabwe, a refresher training including disability inclusion and Basic Sign Language was conducted. It supported alleviating communication and attitudinal barriers for young people with disabilities at healthcare facilities. The Disability Fairs further linked SRH service providers with young people with disabilities, improving their agency and health-seeking behaviors. Follow-ups with trained healthcare providers confirmed the positive impact of the training on their daily operations.

In our post-assessment, only 47% of service providers were assessed as having adequate attitudes and skills on adolescent- and gender-responsive and inclusive SRH service provision (against a target of 65% for 2024), mainly because only half of those who were surveyed had received training on disability inclusion.

Standard 5: Facility Characteristics

Some elements of the facilities' characteristics were improved, although in many cases they are still not fully suited to meet AY's needs.

Convenient hours: The same proportion (around 70%) of health facilities are open after-school hours, slightly more of them are open during weekends (72% against 62% in the baseline), and have specific hours for youths (34% against 19% in the baseline). This could still be strengthened, as it is one main barrier deterring adolescents and youths from accessing SRH services.

Convenient fees: The proportion of health facilities with a programme of subsidized fees has stayed the same, around 60%.

Adequate reception areas: Some arrangements were made to better guide adolescent and youth clients in the attention they receive. 91% now have a reception area (against 75% beforehand), which is now confidential in 66% of cases (against 42% in the baseline). Furthermore, the average waiting time is now assessed as satisfactory for youths for 66% of health facilities (against 34% beforehand).

Adequate consultation areas: Consultation areas are more often away from public view (82% against 62% in the baseline), and soundproof (54% now against 34% in the baseline).

Standard 6: Equity and Non-Discrimination

There is a conceptual shift in the way health facilities envision themselves in relation to AY: 84% of them now promote themselves as health facilities providing a safe space for adolescents and youths, against 53% in the baseline.

Disability inclusion is still a challenge because of the lack of in-service training and sometimes the existence of procedures hindering CAY with disabilities' SRHR. Indeed, 42% of surveyed service providers indicated that there were policies or procedures in the facility they work restricting the provision of SRH services to adolescents with disabilities. Nevertheless, after some reasonable accommodations were made, 90% of health facilities now present themselves as easily accessible to adolescents with disabilities, against 74% in the baseline.

[8] No services providers were trained in Myanmar due to the sensitive political context since the military coup in 2022.

Standard 7: Data and Quality Improvement

There are now more mechanisms in place for service providers to review challenging cases for learning purposes, and for peer educators too in health facilities where they are in place. Knowledge and practices around data management and National Health Management systems could still be improved, to keep strengthening effective data monitoring, analysis, and reporting.

Standard 8: Adolescents' Participation

Through our health facilities' assessment, we assessed the degree to which government health facilities involve inputs from CAY in SRHR service planning, delivery, and monitoring. Following our tool, we found that 61% involve CAY's inputs in a high degree (13% in a medium degree and 25% in a low degree), against a baseline of 20% of medium degree and 80% of low degree, and a target of 20% of high degree for 2024. Indeed, 79% of health facilities collect inputs from youths around the services delivered, and 39% around budgeting issues. Also, most health facilities (90%) are now providing youths with the opportunity to give feedback on their level of satisfaction (against 55% in the baseline). More health facilities (87%) are now working with peer educators (60% in the baseline); these peer educators are also better trained upon onboarding. Although it could still be improved, 64% of health facilities now have young people participating in the Health Unit Management system, against only 19% in the baseline. For instance, in Uganda, youths were engaged in the advocacy process for SRHR service provision. In every sub-county, youths came together every quarter to identify key issues affecting access to SRH services in their community, develop issue logs, prepare advocacy plans, and with support of from the CBOs, present their advocacy issues to local authorities. Every month, selected young people followed up on advocacy efforts with the leaders and reported back to the members.

This general trend of improvement of SRH services evidenced through the health facilities' SRH services assessment is congruent with the assessment provided by the AY themselves through our monitoring system (with our CSE participants). We observe a steady upward trend of the proportion of AY assessing SRH services in their area as highly responsive, rising from 48% in the 2022 baseline to 62% in 2023, and now 70% in 2024, against a target of 69%. The specific variables used to measure this indicator for the different age groups are further detailed below:

Variables	2022[9]	2023	2024
Convenient opening hours for youths	75 %	77 %	81 %
Easy accessibility of the location	78 %	83 %	85 %
Affordable fees	63 %	67 %	69 %
Appropriate duration of the attentions	73 %	86 %	85 %
Respectful treatment regardless disabilities	68 %	81 %	82 %
Confidentiality	77 %	84 %	84 %
Respectful treatment regardless age	75 %	82 %	83 %
Respectful treatment regardless of diverse SOGIESC	33 %	58 %	57 %
Respectful treatment regardless marital status	74 %	83 %	83 %
Safety of the location for both male and female clients	80 %	87 %	88 %
Access to practitioner of one's own sex	59 %	67 %	70 %
Access to a wide range of contraceptives	77 %	87 %	86 %

Table 4: Indicator % of AY who assess SRH services as age-, and gender responsive, at the time asked, 2022, 2023 and 2024 monitoring data, detailed results per variable

These perceptions vary across countries, and while the overall trend is positive, some aspects remain unaddressed and even appear to contradict health facilities and service providers' self-assessments. Indeed, if we have a closer look at the 12 variables assessed by the AY respondents from the 5 countries where this indicator was measured, it appears that the areas with lowest responsiveness are convenient fees, the possibility to see a practitioner of one's sex, and the respectful treatment regardless of diverse SOGIESC. This may be linked to inconsistent training of service providers, which affects the ability to ensure uniformly high-quality services across all health centers.

[9] Data from Myanmar was excluded because we could not rely on the collected data (almost none of respondents had accessed SRH services in the past year, and the quality of SRH services was assessed as exceptionally good).

Uptake of SRH Services

Another pillar of Outcome 2 programming is focused on increasing the uptake of SRH services among CAY participants.

The programme provided SRH services to 49,578 CAY from the areas of implementation across countries, through SRH outreach services conducted in health facilities or through mobile brigades. The services provided at outreach sites could vary slightly across countries but would in general include STIs/STDs including HIV testing and counselling, Pre-Exposure Prophylaxis, and Anti-Retroviral Therapy initiation; contraceptives (short- and long-term methods including the distribution of condoms) and family planning services for adolescent cancer screening and prevention (breast cancer and cancer of the cervix), Safe Abortion/Post-Abortion Care services, referrals to SRH services at health facilities, ante-natal and post-natal care.

Referrals to SRH services in health centers were also conducted, thanks to strengthened partnerships with health facilities, which are one of the project's sustainability strategies, to both strengthen the capacities of service providers on youth-friendly service provision and restore confidence among CAY in the adolescent-friendly service provision at local clinics. Referrals are made for services that the project does not provide to AY both at the YFCs and during outreaches.

These outreaches have been key for CAY who could not go or would not feel comfortable going to health centers. For instance, in Zimbabwe, beneficiaries said outreach sites provided a safe, non-judgmental space for adolescents to ask questions and access services. The project significantly expanded access for key populations including PwDs, young women selling sex, LGBTQIA+ individuals, and other vulnerable groups, by linking them to both public and private healthcare providers, including the implementing partner Sexual Reproductive Center's drop-in centre, for critical services such as HIV testing and care, STI treatment, and ANC services.

We also monitored the knowledge and uptake of SRH services among CAY participating in CSE strategies and the YEE component. Most of them declare they know where and how to access different SRH services, with 87% (against 67% in the pretest) indicating they know how and where to access at least 3 SRH services (out of a list of 6); it is a bit less among children (81%) and around 95% for AY. In more detail, 87% would know how and where to receive counselling on family planning, 85% to get a HIV and STI testing (with only 55% in Myanmar), 90% to receive information on SRHR, 60% to receive safe abortion[10] (only 20% in Zimbabwe), 70% to receive post-abortion care (only 19% in Zimbabwe), 83% to receive condoms or get contraception.

At the end of their CSE and/or YEE process in 2024, 28% of CAY across all 6 countries declared they had used some SRH services in the past 12 months, compared with 28% also in the baseline and 24% in the pretest, and against the

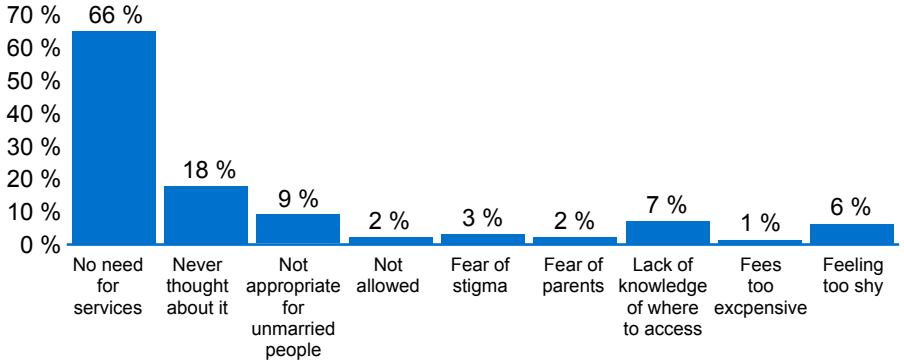
target of 36% for 2024. There are differences across age groups, with similar trends among male and female respondents, with a slightly bigger uptake among adolescent and young male respondents: 15% of children (15% of female respondents and 16% of male respondents), 36% of adolescents (32% of female respondents and 39% of male respondents), and 58% of youths (54% of female respondents and 62% of male respondents).

The variation between pre- and post-tests is more significant amongst adolescents (+11 percentage points compared with pretest) and youths (+14 percentage points) than amongst children (+5 percentage points), which corresponds to their development stage and sexual activity. The gender disparities suggest that while the uptake of SRH services among adolescents and youths is improving, gender-related barriers remain particularly challenging for girls and young women, who may face stigma, restrictive norms, and/or limited youth-friendly services that discourage them from seeking care.

The reasons for not using SRH services among CAY participants vary, but it is interesting that overall and across ages, 76% of children and 66% of adolescents and youths, of those who did not access SRH services during the past 12 months, indicated that it was because they didn't need it, both in the baseline and in the 2024 post-tests, whereas the remaining respondents indicated that they didn't access those services because they had never thought about it, because of social norms-

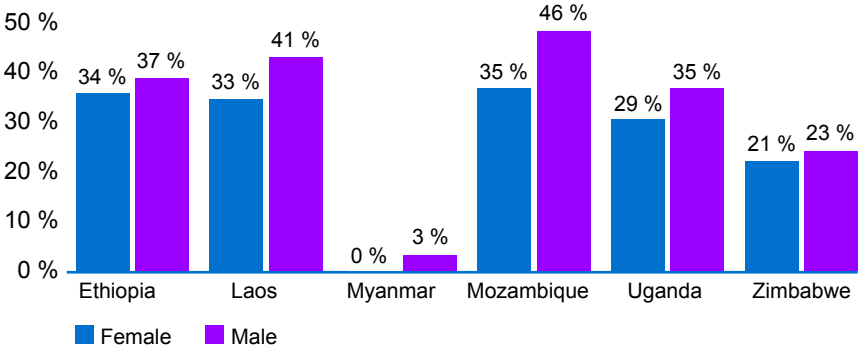
[10] The knowledge of where to access safe abortion was only included in countries where abortion is not penalized: Laos, Mozambique and Zimbabwe.

related barriers like stigma and fears, or because of their lack of knowledge of where to access itand/or inconvenient fees. It shows that barriers hindering their access are still present despite the improvements in the age-, and gender-responsiveness of the SRH services detailed above, and that the programme must keep enabling access to SRH services for CAY needing it.



Graphic 1: Reasons for not using an SRH service in the past 12 months, Adolescents and Youths KAP survey, 2024 monitoring data

There are important variations across countries, regarding the access to SRH services, although the higher uptake among male respondents is consistent across contexts. These disparities are shown in the following graph, with the values for CAY:



Graphic 2: Uptake of SRH services in the past 12 months, Adolescents and Youths, 2024 monitoring data

It is noticeable that in Myanmar, the uptake is particularly low, with only 2%, due to the extremely low availability of SRH services resulting from the current political situation in the country.

3.1.3 Outcome 3

CAY in all their diversity live in safe and supportive communities that transform gender roles and challenge harmful social and gender norms and stigma around SRHR

In 2024, the MBMF2 programme's work with communities to challenge and shift harmful social and gender norms related to CAY's SRHR kept progressing. In total, 10,339 parents, caregivers, and community members across the 6 programme countries participated in community and intergenerational dialogues around SRHR, positive parenting sessions, and CSE for parents' trainings, or specific male engagement activities. All these activities aimed to debunk stereotypes and develop their knowledge and skills to become more supportive to of CAY's SRHR.

In programme countries, it was identified that many community members do not understand SRHR-related issues well. To tackle this challenge, country teams contextualized further the curriculum used with adult community members and integrated local knowledge and experiences, sensitivity to cultural norms and beliefs, clear and simple messaging, and flexibility and adaptability of the content. This triggered reasoning and sharing of deep insights amongst group members, leading to more participation during the sessions. It also allowed for more buy-in from leaders who could understand the curriculum and support the programme better.

Our monitoring data and surveys collected through pre- and post-tests show an improvement of in the 3 indicators utilized to better understand community members' support for CAY's SRHR: knowledge of core SRHR topics, equal support for CAY with disabilities' SRHR, and positive attitudes towards CAY's SRHR.

Results are shown in the below table:

Main indicators to measure community members' views around CAY's SRHR	Baseline 2022	Post-test 2024
Correct knowledge of key SRHR issues	48 %	72 %
Equal support to CAY with disabilities' SRHR	14 %	26 %
Positive attitudes towards CAY's SRHR	30 %	58 %

Table 5: Indicators measuring community members' views on CAY's SRHR 2022 and 2024 Monitoring data

Knowledge of core SRHR issues

Overall, 72% of community members, including leaders and caregivers, are now considered as having correct knowledge of SRHR core topics, compared with 48% in the baseline and against a target of 65% for 2024. Only in Ethiopia are the results still low (45%) compared with the rest of the countries at 70% and above; data also present significant gender disparities between male respondents (37%) and female respondents (52%), possibly because women tend to be more exposed to SRH–related information when accessing Maternity and Child Health care. In Myanmar and Zimbabwe, the variation goes the other way around, with male respondents presenting more knowledge (approx. 10 percentage points) above their female counterparts.

In Laos, Myanmar, Mozambique and Zimbabwe, as part of the SRHR messaging to community members (and CAYs), positive messaging on sexuality grounded on sexual wellbeing was developed, including on sexual pleasure. It challenges traditional SRHR messaging, often focused on risks and lacking positive skills-building that are important for relationships, self-esteem and positive attitudes around SRHR. It is a sensitive approach, as sexual pleasure carries shame upheld by social norms ; and the process of destigmatizing sexual pleasure, feeling nice and communicating desires in relationships is a topic requiring consistent work with communities, unlearning and contextualization to local sexual culture. Among community members of those 4 countries, knowledge of what masturbation is was already quite high in the baseline (68%) and was strengthened up to 80%.

Furthermore, 77% of respondents now recognize masturbation as a 'good way to learn about your own body and what feels good to you,' compared to 56% at baseline. While this reflects a growing positive perception, notable regional disparities remain. In Laos and Myanmar, over 80% of respondents hold this view, whereas in Mozambique and Zimbabwe, the figure is closer to 56%. These differences highlight that masturbation continues to be a culturally sensitive topic in certain regions.

Equal support to CAY with disabilities' SRHR

In our 2024 monitoring data, 96% of community members agreed that adolescent girls and boys with disabilities should have access to condoms (+19 percentage points compared with the baseline), and 98% agreed that they should have access to sexuality education (+8 percentage points). However, a majority of community members (70%) disagrees with letting both adolescent girls and boys access SRH services without the approval of their caregivers: this aspect tends to be controversial among community members; although for the first time in 2024 there was an increase in the proportion of community members in favour of – autonomous access of CAY with disabilities, compared with previous years. Interestingly, male respondents appear more supportive than female respondents of allowing adolescents with disabilities to access SRH services without parental approval in

Ethiopia (+25 percentage points), Myanmar (+8 points), and Zimbabwe (+12 points). Conversely, in Mozambique, female respondents are more supportive than males, with a difference of +15 percentage points. These gendered differences underscore the need for targeted, gender-responsive strategies to ensure inclusive community engagement in discussions around disability and CAY's SRHR.

As our indicator aggregates all four variables mentioned above, in 2024 we consider that only 26% (24% of female respondents and 30% of male respondents) fully support the equal access of CAY with disabilities to SRH services, which means an increase of 12 percentage points compared with the baseline (14%), against a target of 35%. While it reflects the deeply entrenched perceptions of CAY with disabilities as less able to make their own decisions around their sexuality, the increase in the indicator's values suggests a gradual shift in participants' attitudes.

To contribute to shifting communities' perceptions around disability, dialogue sessions were held with community members in all countries, to discuss issues related to disability inclusion, challenge misconceptions, and raise awareness about the importance of ensuring that CAY with disabilities have broad access to education, healthcare services, employment opportunities, and social protection, with particular emphasis on CSE and SRHR. Some of the dialogue sessions were intergenerational and included the participation of AY with disabilities, to debunk stereotypes and give them a platform to speak openly about their needs and interests. This is exemplified by the testimony of a community member in Ethiopia who acknowledged that prior to the project's start, "they were unaware of disability inclusion but that their knowledge and understanding had now grown."

Furthermore, in Myanmar, peer leaders (facilitating CSE with CAY) and communities' SRHR subcommittee members defined Disability Inclusion action plans and engaged with local stakeholders to address barriers to inclusion. Small grants were given to those subcommittees to lead activities promoting this inclusion.

Disability inclusion was integrated through a comprehensive, rights-based approach that ensured persons with disabilities were meaningfully involved during implementation. Accessibility audits were followed up, and consultations with OPDs and community members with diverse impairments to identify barriers and adapt activities accordingly were also carried out across countries. Our community engagement strategies prioritised inclusive communication methods, such as sign language interpretation, easy-to-read materials, and tactile tools, to ensure full participation. Projects also continue to invest in training of field staff and facilitators on disability rights, stigma reduction, and inclusive facilitation practices, enabling them to create safe, welcoming spaces where people with disabilities could confidently participate and express themselves.

Positive attitudes towards CAY's SRHR

We consider that 58% of community members have now positive attitudes towards CAY's SRHR (59% for female respondents and 57% for male respondents), against 30% in the baseline and a target of 48%, based on the assessment of their opinions around a series of SRHR issues, which shows a general positive trend, as presented in the table below:

Attitudes towards CAY's SRHR	Baseline 2022	Post-test 2024
Parental support for daughters using contraception	61 %	86 %
Parental support for sons using contraception	59 %	86 %
Recognition of women's right to refuse unwanted sex	77 %	85 %
Acceptance of masturbation[11]	43 %	70 %
Support for safe abortion options	44 %	66 %
Acceptance of homosexuality[12]	21 %	56 %
Support for sexuality education for CAY	83 %	93 %
Support for girls attending school during menstruation	84 %	95 %
Recognition of shared responsibility in contraception for men and women	52 %	63 %
Acceptance of sex before marriage for girls	16 %	36 %
Condemnation of sexual harassment, regardless of clothing	36 %	55 %

Table6: Attitudes towards CAY's SRHR, extracted from Community members KAP survey 2022 baseline and 2024 monitoring data

Support for adolescents' access to contraceptives has increased significantly, with around 85% of respondents now saying they would support both their daughters and sons, up from 60% at baseline. However, age remains a sensitive issue. 55% of respondents who declared a supportive attitude to their child's use of contraceptives said they would only support access at age 18 or older. Specifically, 32% set the minimum age at 18 for both girls and boys. Additionally, 20% would allow access for daughters only at age 19 or older, and 27% would do the same for sons. In contrast, 26% of respondents said they would support access for both girls and boys between ages 15 and 17. A smaller proportion—19% for daughters and 13% for sons—would support access as early as ages 10 to 14. This highlights ongoing concerns around early adolescent access to contraception, despite growing overall support. In that sense, these insights point to the critical need for the project to continue to engage not only parents but also broader community stakeholders to address the

[11] This variable is only measured in Myanmar, Laos, Mozambique and Zimbabwe.

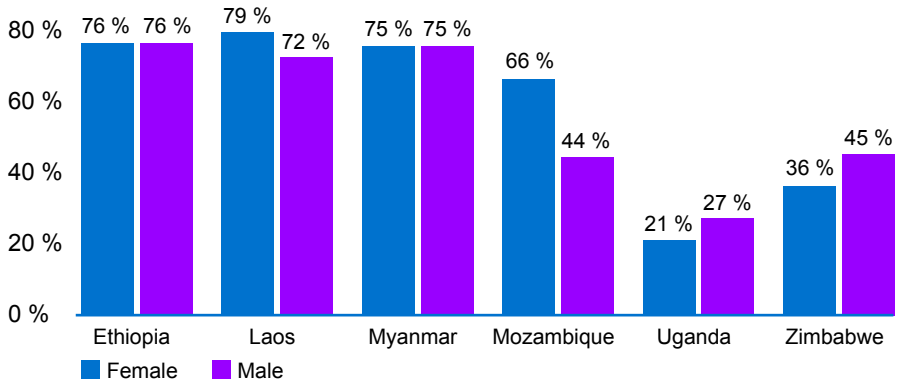
[12]This value corresponds to the pretest value, measured in 2024, because this variable was not included in the baseline. This variable is only measured in Myanmar, Laos, Mozambique and Zimbabwe.

underlying beliefs that limit young adolescents' rights to timely and safe access to contraception. Likewise, a focus on demystifying adolescent sexuality, challenging age- and gender-based double standards, and fostering enabling environments where young people, regardless of gender, can make informed choices about their sexual health without stigma or fear should continue.

These knowledge and attitudes changes related to positive parenting have concrete consequences on the way community members treat, consider, and communicate with CAY regarding their SRHR. For instance, in Uganda, a caregiver expressed the change experienced in his parenting through the participation in the project: "I used to chase my daughter away whenever she asked about these things, but now I know it's my role to guide her."

In Laos, caregivers recognized the shift in their views regarding child marriage: "We now know how to take care of our children, especially our girls. Before the project, we used to get them married when they were very young. After participating in the training with GDA, we clearly understand that girls should marry only when they are 18 or older."

Overall, there are noticeable gender differences among respondents. In Laos and Mozambique, women tend to express more positive attitudes toward CAY's SRHR, with differences of 7 and 22 percentage points respectively compared to men. In contrast, in Uganda and Zimbabwe, men show more supportive attitudes than women, by 6 and 9 percentage points respectively. There are also important variations across countries, with more positive attitudes found in Ethiopia, Laos, and Myanmar (76%) than in Mozambique (58%), Zimbabwe (38%), and Uganda (25%). In Uganda, safe abortion and condemnation of sexual harassment regardless of clothing are the two most sensitive issues.



Graphic 3: % of parents, caregivers and family members who have positive attitudes toward young people's sexual and reproductive health and rights, 2024 monitoring data

Like described earlier for CAY, these gender gaps, along with the variation across countries, reflect the complexity of gender norms and dynamics, and how perceptions and attitudes toward these issues are shaped by specific cultural and social contexts.

Male engagement

The programme recognizes that achieving SRHR for all requires actively involving boys and men, while staying firmly committed to women's rights and autonomy. To help shift harmful gender norms and address power imbalances, we are working to engage boys and men as allies and advocates for gender equality. This includes tailored outreach, peer education, and community dialogues that help them gain the knowledge, attitudes, and skills to support women's and girls' health and rights, build respectful relationships, and challenge discrimination.

In 2024, substantial improvements on in male engagement were achieved, with an increase in male participation in conversations around caregiving, violence prevention, and positive masculinity, and as a result, an improvement in knowledge and positive attitudes among men toward challenging gender stereotypes.

For example, in Laos, men experienced a shift in their perspectives and attitudes toward supporting adolescent girls with menstrual hygiene and contraception. Previously, they would have avoided these topics, believing they were solely the responsibility of mothers or other female family members. In Uganda, men from the male champions group reported changes in the way they treat, listen, and share their plans with their partners, as a result of their engagement through the project.

Traditional views can discourage healthy behaviours. We create space for boys and men to reflect, promote care, and share unpaid work. Recognizing their diverse experiences, our activities are tailored to local contexts to ensure meaningful engagement.

To strengthen this component, the programme partnered with Sonke Gender Justice, a leading organization in engaging men and boys in gender equality and SRHR. This collaboration has provided essential technical expertise, practical tools, and ongoing support across African countries. Through joint planning with local teams and partners, we've been able to adapt implementation to community realities and align with broader social movements.

Engagement of leaders in advancing CAY's SRHR

Social norms have their gatekeepers, and community cultural and religious leaders who are influential amongst their peers often play this role. The MBMF2 programme was intentional in engaging those leaders as key stakeholders to make social changes happen at the community level.

It was an incremental process which took time, but we now consider that 327 leaders were engaged in 2024 in advancing CAY's SRHR in their communities across the

programme six countries. As per our definition, we refer to leaders having, in the past six months, supported SRHR for young people in their own personal life/family, talked with other people about the importance of supporting SRHR for young people, spoken at a public event or in the media in support of SRHR for young people, and/or brought community members together to reflect and discuss why it is important to support SRHR for young people.

This growing engagement of leaders is further confirmed by the increase in the proportion of AY surveyed through our annual monitoring report that they feel that community leaders speak out and support their SRHR[13], from 41% in the baseline up to 62% in 2024 (60% for female respondents and 64% for male respondents), against a target of 60%. Although SRH-related topics are sensitive and difficult for community leaders to facilitate with other parents and with CAY, they have learned how to navigate them with the training and support received as part of the programme. For instance, in Zimbabwe, trained community leaders are now recognized as positive parenting moderators in community gatherings, helping to integrate SRHR discussions into everyday spaces and reduce stigma. This has contributed to shifting social norms and fostering a more supportive environment for adolescents and youth. A notable example is a religious leader from the Apostolic sect in Samambwa, Kwekwe, who introduced positive parenting sessions in his church—marking a significant shift in a traditionally conservative setting. However, leaders' support for CAY's SRHR remains a challenge in some areas. In Uganda, for example, only 53% of AY felt leaders supported their SRHR in 2024 (against 75% in 2023). Conflicts among cultural leaders increased the sensitivity of the context and discouraged others from active advocacy.

Despite this, local leadership engagement has been a key enabler of the programme, helping to shift social norms and build acceptance for SRHR across target communities.

Another component of Outcome 3, around strengthening CAY's supportive environments, is related to economic empowerment and climate resilience. It supports households and communities to be more resilient to shocks and stresses, and ensures continuity of CAY's access to SRH services.

To strengthen households' resilience, VSLAs and Income-Generating Activities (IGA) were supported, with a total of 840 people (598 women and 242 men) participating in Ethiopia, Uganda, and Zimbabwe.

In addition, the programme organised climate change and resilience education for VSLAs' members, and in Zimbabwe, supported the integration of SRHR into local-level Disaster Risk Response (DRR) plans. In 2024, the programme developed materials to discuss the climate change impact with the community members. Resilience experts from all project teams engaged in developing a facilitator guide, "Bridging the Future – Climate change illustrations for a community dialogue", to support climate change education at the community level. This guide now facilitates discussions with the "Building Bridges" SRHR material for parents and caregivers.

Participants increased their knowledge of how climate change impacts their lives and CAY's SRHR. To better understand households' strategies to reduce their vulnerabilities to climate change impacts and shocks and stresses, the programme annually monitors their use of different coping mechanisms' strategies, as presented in the following table with data from Uganda and Ethiopia:

Actions to increase resilience against shocks and stresses	Baseline	2024
Follow-up of climate, weather and early warning information to anticipate hazards	62 %	83 %
Awareness of the evacuation process, in case of an emergency	48 %	70 %
Storing emergency food supplies	53 %	87 %
Improvement of housing or properties during the last year	47 %	85 %
Continued access to health services (including reproductive) during hard times of all family members?	74 %	93 %
Continued schooling of all school-aged children in the household during the hard times	73%	89 %
Protection of water sources and saving of water	79 %	96 %
Diversification of agriculture or testing of new sources of income	60 %	82 %
Saving of money to overcome hard times	52 %	95 %
Saving of assets (livestock, valuables) to overcome hard times	61 %	94 %

Table7: Actions to increase resilience against shocks and stresses, Households involved in VSLA 2024 monitoring data

Considering households putting into practice at least 5 of the 10 mitigation actions presented, we consider that 99% of them implement strategies in their households to reduce vulnerabilities to climate change impacts and shocks and stresses, compared with the baseline (62%) and 2023 data (63%).

This is, for instance, reflected in members of VSLAs in Ethiopia who used their savings and IGAs as a coping mechanism during food shortages caused by droughts, which have worsened due to climate change. They began storing maize and soybeans for summer consumption. Many also started greening their home compounds by growing vegetables and fruit trees like mango, avocado, and papaya.

[13] To measure this indicator, we ask AY whether they have heard or seen community leaders or religious leaders speaking in favour of family planning or CAY's SRHR in the last 6 months.

Additionally, members gained awareness of climate change, its causes, impacts, and mitigation strategies, and it supported them in their participation in other local climate initiatives, such as soil and water conservation and tree planting under Ethiopia's Green Legacy initiative.

In Zimbabwe, the project strengthened community resilience to climate change. In Bulawayo, flood preparedness improved through awareness efforts and updated disaster risk reduction (DRR) plans, which are now being implemented and monitored. The project also supported the creation of a Disaster Fund, improved access to services through school feeding and health outreach and promoted inclusion by involving people with disabilities in community planning.

3.1.4 Outcome 4

CAY in all their diversity participate and benefit from a vibrant civil society that advocates for increased public investment and improved SRHR policy and promotes equality for and agency of girls

Under Outcome 4, the MBMF2 programme supported and worked together with CSOs, including CBOs and OPDs, and youths to strengthen their capacities and conduct advocacy initiatives for increased public investment and improved SRHR policy.

Capacity strengthening of local partners

The capacity strengthening process of partner local organizations continued in 2024, based on their needs and agreed upon capacity strengthening plans. In Uganda, CBOs were trained to mobilize young people and lead advocacy efforts, resulting in active local engagement and the creation of the Lango Humanitarian Platform. Partners like CDFU replicated successful methodologies, such as Social Norm Diagnosis, in new regions. In Myanmar, Kumudra and youth-led groups received training and small grants to implement gender-transformative and inclusive SRHR initiatives. Ethiopian partners strengthened their systems through training in project management, finance, safeguarding, and PSEA. In Laos, support focused on safeguarding and advanced CSE facilitation, particularly with an OPD partner. Mozambique partners received advocacy training to drive local change. Regionally, country teams from Ethiopia, Uganda, Mozambique, and Zimbabwe were supported around disability inclusion and male engagement.

This capacity strengthening was not assessed through our monitoring system in 2024, but will newly be in 2025, as part of the endline and using the Organizational Capacity Assessment on ASRHR and Gender Equality for CSOs, used in the baseline in 2022.

Advocacy initiatives

Each country implemented advocacy training and capacity-building initiatives in close collaboration with national partners, guided by joint advocacy plans developed in 2024 and tailored to their specific contexts. These plans reflected shared visions and strategic priorities, aligning stakeholders around common goals and coordinated approaches. The collaborative planning process fostered synergies, enhanced efficiency, and ensured coherence across advocacy efforts.

As a result, 356 decision-makers were engaged through targeted initiatives aimed at advancing the adoption and implementation of inclusive, non-discriminatory, and high-quality sexual and reproductive health policies and services. They were adapted to the national contexts and prioritization of main issues to be addressed.

Close-up: Disability Inclusion Advocacy

In Ethiopia, advocacy committees were formed with one government representative and six members from OPDs. As a result of their efforts, health centers in two districts reported more inclusive annual plans. These included prioritizing PwDs in health insurance services, increasing their involvement in planning, implementation, and follow-up, improving physical accessibility, collecting updated data on PwDs, and ensuring their participation in outreach health services.

In Zimbabwe, adolescents with disabilities were given the opportunity to engage directly with key government stakeholders from various ministries involved in service delivery. These stakeholders expressed their commitment to more inclusive SRH services for CAY with disabilities. This engagement contributed to a noticeable shift in young people's perceptions of their own agency, reinforcing their belief in their ability to drive change. Their growing confidence is reflected in increased participation in public forums, community meetings, and social media campaigns advocating for improved SRHR policies and practices.

Further insights into the implementation of those initiatives across the various contexts are outlined below.

- **Safe Abortion** – Ethiopia: Study findings on access to safe abortion for AY in industrial parks in Bahir Dar Zuria and Fagita Lekoma were shared with key national and local stakeholders. This led to stronger commitments to enforce legal standards. Advocacy efforts focused on establishing adolescent SRH care corners in workplaces and public facilities, and promoting meaningful youth participation in health sector decision-making.
- **Child, Early and Forced Marriage and Unions (CEFMU) – Laos:** The national dissemination of the CEFMU study findings successfully increased government awareness and engagement on the issue of child marriage, engaging key government decision-makers in in-depth discussions on critical drivers such as harmful social and gender norms, economic pressures, unsafe migration, and exploitative marriage-for-trade practices. It enhanced understanding and ownership of the issue among stakeholders, laying the groundwork for stronger policy and programmatic responses.
- **LGBTQIA+ Persons' Rights – Mozambique:** Government decision-makers received targeted training on SOGIESC issues, resulting in increased awareness and a stronger commitment to LGBTQIA+ inclusion. Participants expressed their intention to foster inclusive environments within government institutions and improve access to SRH services. A key achievement was the government's openness to the training and its commitment to ensuring the meaningful inclusion of diverse SOGIESC populations across all sectors. Officials emphasized that cultural and social norms must not justify stigma or discrimination, reaffirming their dedication to upholding the human rights of all individuals.
- **Right to Education and Health – Zimbabwe:** The project engaged 129 key stakeholders from education, health, and community sectors. Monitoring the implementation of the Education Amendment Act (school re-entry policy), conducting quality assurance and mentorship at health facilities, and facilitating youth-led dialogues with policymakers enabled direct engagement with decision-makers. These efforts boosted awareness and support for CSE, AYFS, and adolescent SRHR at both local and national levels, advancing the project's advocacy goals.

As part of all these advocacy initiatives, 353 adolescents and youths (173 females and 180 males) across countries were involved to promote improved SRHR policies, gender equality, and inclusion, climate resilience, or other related themes.

On average, 89% of youths felt that their participation had been meaningful, expressing a sense of empowerment and recognition of their voices in their advocacy efforts. Indeed, 94% enjoyed being part of the advocacy processes, and 96% felt the advocacy process was relevant and useful. Also, 91% thought that the advocacy processes were inclusive, and among the adolescents and youths with disabilities, 85% expressed that they thought the process had provided sufficient measures for their participation. On the other hand, around 90% of them felt their opinions were being heard during the process, 89% that they had the opportunity to make decisions that mattered, and 80% that they were consulted during the design.

Below, some additional examples of successful advocacy initiatives led by youths across the programme countries:

- In Uganda, young advocates, with 17 community organizations, engaged local leaders to improve access to inclusive SRH services. They identified barriers, submitted petitions, and successfully pushed for youth-friendly corners with dedicated service days—showcasing effective youth-led advocacy.
- In Mozambique, youth advocates from the Jangamo Youth Movement received legal training on SRHR laws, including safe abortion and domestic violence. This strengthened their legal literacy and advocacy skills, enabling more informed engagement with decision-makers.
- In Zimbabwe, girls and young women led digital campaigns—creating films, podcasts, and visual content—and organized outreach events. These creative efforts expanded SRHR awareness, especially in underserved areas, highlighting the impact of youth-driven communication.

3.2 Communications, Youth-Led Activism and Participatory Advocacy and Global Citizenship Education in Finland

The domestic component of the MBMF2 programme empowers children and young people to actively engage in sustainable development, gender equality, and climate action. Through global citizenship education, youth-led advocacy, and public engagement, it fosters inclusive spaces for learning and participation. Between 2022 and 2025, the programme aims to achieve five key outcomes. This chapter highlights progress made in 2024 toward those goals.

3.2.1 Outcome 1

Children and young people in schools and other learning environments reached by Plan have the knowledge, skills, and motivation to promote global justice.

To strengthen children's and young people's understanding of global justice and motivation to promote it and take action, Plan conducted school outreach through its Global School Child Rights Ambassadors network. Over 400 interactive workshops were held across 13 regions and 47 municipalities, reaching a total of 13,300 children and young people over the reporting period. The workshops' quality was excellent, with approx. 90% of teachers from the classes participating in the initiative rating both the overall quality of the lessons and workshops, and the fact that it gave new valuable insights to participants, with at least a 4 out of 5.

Workshops focused on core themes including the UN Convention on the Rights of the Child, sustainable development and Agenda2030, climate justice, and gender stereotypes. The use of participatory methodologies fostered active engagement, critical thinking, and reflection, enhancing both their understanding and knowledge and their capacity to act towards social change.

3.2.2 Outcome 2

Education professionals practice high-quality global citizenship education that follows the national curricula and supports the active participation of children and young people.

Plan Global School strengthened education professionals' capacity in global education through in-service training conducted with 453 teachers on the topics of gender equality and equity, sustainable development and climate change education, as well as introduction to global citizenship education. It was a direct response to the findings from the Mid-Term review survey, where teachers expressed they needed to strengthen their capacity to share knowledge, trigger critical thinking, and promote action with students. Out of the participants who gave immediate feedback, 76% said that the training gave them insight and tools for their work.

For broader impact on professionals working with youth, we arranged a panel discussion together with YMCA Finland about global education in the youth sector as part of the national NUORI2024 event, reaching 40 youth sector professionals. In addition to that, we took part in a webinar of the Glopisto project (carried out by The Finnish Folk High School Association, Otava, and Joutseno Folk High Schools) targeted to folk high school teachers, linking global education framework to their working contexts and introducing them to our easy-to-use global education materials.

Plan's globaalikoulu.net website remained a popular site for downloading teaching resources on global issues, with 13,532 annual visitors who downloaded and ordered by mail more than 5,000 materials. To support a participatory and learner-centered approach to teach about gender equality, we produced a new learning game, *Tasa-arvon tekijät*, which was very popular and gained positive feedback about its youth-friendliness and accessible language. We also brought youth voices to the forefront by marketing a Girl's Day speech produced by the Children's Board to schools, and by producing a teacher's guide and learning material related to Plan's youth-led event, *Nuorten Timantti*.

3.2.3 Outcome 3

Young and adult volunteers advocate actively and raise awareness of gender equality, equity, climate solutions, and sustainable development.

In 2024, Plan Finland continued its efforts to enhance young people's skills, raise awareness on program topics, and increase societal impact by organizing several youth groups and campaigns.

The 2024 mid-term review verified the impact of our work: our young activists feel that their involvement in Plan International has increased their active citizenship on average 4.3/5. 85% of the volunteers reported an improvement in their actions to influence or make an impact on gender equality, equity, climate solutions, or sustainable development.

Plan's Children's Board raised awareness on gender equality and girls' rights among decision-makers through meetings with high-level decision-makers and organizing local events. The new social media campaign "*Coffee Break with Decision-makers*" reached Prime Minister Orpo and three Members of the European Parliament. The attention and direct interaction with high-level decision-makers achieved by the new campaign exceeded expectations. At SuomiAreena, an engaging game focusing on the voice of young people and the rights of girls involved approximately 20 politicians. A demonstration on Menstrual Hygiene Day gathered around 50 people, including decision-makers.

Nuorten Timantti event gathered over 1,700 young people around the theme of "equity and anti-racism." The large turnout for the event demonstrated strong youth interest in equity and anti-racism.

We further promoted global justice through facilitating cooperation between Finnish and Ugandan youth groups in preparation for COP29, focusing on policy recommendations and participation in a parliamentary event on climate justice.

The fifth training program for young Equality Influencers involved 18 participants, integrating young volunteers with immigrant backgrounds and enriching discussions with global perspectives, and increasing the inclusivity.

The Generation Equality youth group (30 active members) focused on combating technologically facilitated gender-based violence (TFGBV), launching the "*Right to be Online 2.0*" manifesto and organizing related events, in continued collaboration with UN Women Finland.

Young people and volunteers participated in campaigning and events for International Menstrual Health Day, International Day of the Girl Child (reaching almost 13,000 people), and World Children's Day. These created platforms for information dissemination, participant engagement, and advocacy work. We supported youth-led advocacy projects and organized a trip to Strasbourg for young people to engage with EU decision-makers.

3.2.4 Outcome 4

Decision-makers in Finland promote global gender equality, human rights, and climate solutions, and young people are involved in decision-making processes.

To secure the commitment of decision-makers and to support them in promoting the program topics, we conducted evidence-based and youth-friendly advocacy through discussion events, meetings, statements, communication, and media work.

In 2024, Plan International Finland continued advocating for effective implementation of the government's commitment to gender equality and the status of women and girls as a key theme in the Finnish development policy, as well as in the overall foreign policy. During the year, our key advocacy priorities consisted of a foreign policy that promotes equality and the target of allocating 0.7% of Finland's Gross National Income (GNI) to official development assistance (ODA), as defined by the United Nations.

The most significant achievements of the year were reflected in the government's main foreign policy documents (*Ulko- ja turvallisuuspoliittinen selonteko* and *Kaupan ja kehityksen selonteko*). The documents have sustainable development as a key development policy goal and state the support for SRHR work. While it is challenging to quantify the exact influence of our efforts, we believe that our advocacy, alongside that of other NGOs with similar goals, played a role in shaping these policy formulations. Details on how Plan's activities contributed to the development of the government policies are outlined below.

In autumn 2024, we arranged a seminar on girls in conflicts and the new foreign policy documents of the Finnish government. The event was the first time the foreign minister of Finland spoke publicly about the new foreign policy documents that came into effect in the summer of 2024. The event contained a panel discussion by five parliamentarians from both government and opposition parties. In October, we launched a new term for the All-Party Parliamentary Group (APPG) on Girls' Rights and Development and celebrated the International Day of the Girl with the parliament. 100 people participated in the festivities in the Parliament House, with 46 of them being Members of Parliament. A total of 46 parliamentarians from all parliamentary parties joined the APPG, and three different political parties are represented in the leadership of the group.

We actively influenced the new government's relevant processes through meetings, public comments, and statements. We emphasized the importance of development cooperation and the rights of girls worldwide in the government's budget preparation, in the report on international economic relations and development cooperation, and in the Government statement to Parliament on promoting equality, gender equality, and non-discrimination in Finnish society, as well as Finland's preparation

for the 29th UN Climate Conference. In SuomiAreena, we invited decision-makers, partners, and our stakeholders to a breakfast event, where the topic was Girls' equality and the future of foreign policy.

Throughout 2024, we met a total of 441 decision-makers. Among them, 64 meaningful interactions took place between young activists and decision-makers during the year. Most of the interactions were in SuomiAreena and the International Day of the Girl Child event at the parliament. The impact of the youth activists was significant and efficient, since several of the activists were invited to represent their group at events, in the news, and at seminars.

3.2.5 Outcome 5

The general public understands the importance of equality and equity in achieving sustainable development goals and is motivated to support them.

In 2024, Plan International Finland's communications remained dedicated to advocating for gender equality and the rights of girls and women, while actively contributing to the achievement of the Sustainable Development Goals. We continued to create impactful communication materials and enhance our media work with research-based insights to foster nationwide discussions in the media, adapting our strategies and activities to the changing media landscape.

Recognizing the importance of providing tailored content for the Finnish audience, we organized communication and filming trips to our program countries. One of these was a content production trip to Uganda, where we documented our SRHR projects and highlighted themes such as positive masculinity and our work with boys and men as advocates for gender equality. We recognize this as an important theme that has emerged in discussions, particularly in response to the questions we receive regarding the role of boys and men in our work.

Throughout the year, we produced content and engaged in media work related to various campaigns, including the International Day of Zero Tolerance for Female Genital Mutilation, International Women's Day, Menstrual Hygiene Day, and the International Day of the Girl. These occasions provided opportunities to raise awareness and advocate for change. Our media engagement efforts intensified, positioning us as a more influential voice in discussions surrounding gender equality, girls' rights, and sustainable development. We provided valuable insights, press releases, and op-eds to the media to shape the narrative on these critical issues. Media engagement resulted in 500 media hits with a potential reach of 179.2 million, while earned social media coverage included 3,350 mentions with a potential reach of 10.4 million.

Our social media presence continued to grow, engaging audiences across Facebook, Instagram, LinkedIn, TikTok, and YouTube. We focused on impactful

content that drives meaningful discussions and inspires action. We have developed our TikTok into an engaging new platform, allowing us to reach a younger and more diverse audience while harnessing its creative and viral potential to raise awareness about gender equality, girls' rights, and sustainable development. Additionally, we made the ethical decision to discontinue the use of X (formerly Twitter) and reallocate our resources to other platforms better aligned with our values. The reach of our own social media channels totaled 1.95 million people.

Our communication efforts extended across a variety of channels, including social media platforms, online articles, newsletters, and blogs. We remained dedicated to telling compelling stories while providing a holistic perspective on global development issues. In an increasingly polarized societal climate, we sought new and more impactful ways to engage in discussions and keep critical gender equality themes visible. We also explored the potential of artificial intelligence to enhance the efficiency of our work. By harnessing the power of effective storytelling, research, and strategic media engagement, we continued to drive positive change and advocate for the rights of girls and women globally.

4. Programme management

4.1. Localization and ownership

Partners' involvement in decision-making and contribution to their priorities and capacities

Across all project countries, collaborative decision-making was key to promoting local ownership, contextual relevance, and shared accountability. In each context, local partners actively shaped strategies, contributed community insights, and participated in regular planning and review processes. This inclusive approach ensured strengthened collective learning and adaptation, and it contributed to partners' capacities and individual priorities (capacity strengthening process described in detail in chapter 3.1.4 related to Outcome 4). Partner involvement extended to the MEAL strategy. Findings were regularly shared and discussed, enabling ongoing reflection and ensuring that data informed decisions, improvements, and accountability throughout the project lifecycle.

Youth Involvement

Youth were actively involved and consulted in project decision-making across countries, particularly in shaping advocacy and awareness activities. In Uganda, young people defined their advocacy priorities through regular quarterly and monthly consultations, focusing on SRHR service monitoring. In Zimbabwe, adolescents with disabilities led youth advocacy dialogues and engaged directly with government stakeholders, influencing both services and perceptions. Peer mentors and community mobilizers, including youth with disabilities, played key roles in organizing awareness events and disability fairs. In Laos, student clubs contributed to activity design, promoting SRHR and inclusion through peer-led sessions and school events. Similarly, in Myanmar, Youth-Friendly Centers facilitated youth-led planning and implementation. Across all settings, youth were not just participants but drivers of change, designing, leading, and influencing project activities to reflect their realities and needs.

4.2 Monitoring, Evaluation, Accountability and Learning

Monitoring

In 2024, we continued to strengthen our Monitoring and Evaluation (M&E) systems to effectively track both participation and programme outcomes. Activity monitoring was anchored in a robust system of attendance templates tailored to different intervention types, linked with the Activity Tracker reporting system embedded in Kobo Toolbox. All team members from Plan and partner organizations actively participated in data collection and reporting, fostering a culture of quality-driven data management that enabled systematic tracking of activities and participant data, accurate analysis of key metrics like completion and drop-out rates, and minimized double-counting in our reports.

To measure outcomes, we used established tools, including five surveys for children, adolescents, youth, community members, teachers, and service providers, plus three additional surveys on life skills, participation, and Innovation Hub satisfaction. We also assessed health facilities, civil society organizations, and Innovation Hubs. Data was collected mainly through post-tests, with some pre-tests and an annual round, using CommCare and Kobo Toolbox, and visualized in Power BI. In 2024, 5,086 surveys were completed, including responses from 2,540 young people and 1,327 adults. Qualitative insights were gathered through focus group discussions, enriching and validating the quantitative data. Structured workshops helped teams interpret findings and apply them to improve implementation.

Evaluation

In the first quarter of 2024, we completed the Mid-Term Review (MTR) process for International SRHR programmes, which started in 2023. The MTR provided a space for joint reflection, learning, and decision-making among Plan International staff and partners across six countries. A key workshop in Zimbabwe brought everyone together to share lessons, address challenges, and develop recommendations for the programme's final two years. The MTR focused on three main goals: reviewing the MBMF2 gender-transformative Theory of Change and core values, assessing key learnings from MBMF2 strategies to improve future phases, and evaluating partnerships to boost collaboration. The findings were shared widely and used to create management response plans at both programme and country levels, ensuring practical follow-up and action. An MTR process was conducted with the Domestic programme, also to analyze the pertinence of their Theory of Change and strategies.

Accountability

Each country facilitated structured feedback processes involving participants, including children, adolescents, youth, and community members, to gather insights on what aspects of the project they valued most, what they found less effective, and their suggestions for improvement. These feedback mechanisms varied by country and included activities such as quarterly feedback meetings and After-Action-Review sessions, often conducted in sex- and age-disaggregated groups during the annual data collection. This participatory feedback supports identifying areas for adaptation and improvement, and is closely integrated into the programme's broader learning strategy.

Learning

The learning strategy covers structured reflection, documentation, and use of lessons learned and good practices across three levels: programme-wide learning sessions, project-level Learning Harvesting Workshops, and ongoing reflective tools like Activity Reporting Templates. The Learning Harvesting Workshops are central, bringing together Plan and partner teams to review progress, identify challenges, and plan next steps. In 2024, Country MEAL coordinators facilitated these workshops, with outcomes captured in Lessons Learnt Briefs and Action Trackers to guide programme decisions. The MEAL Community of Practice was also strengthened through regular online meetings and workshops.

4.3 Compliance and Risk Management

During the reporting period, risks as well as mitigation actions were regularly reviewed and assessed by country offices, implementing partners, and Plan International Finland. Risk matrices guided the analysis and were reviewed and updated twice during the year as part of the annual reporting and planning processes. The programme was able to mitigate the impact of several risks through measures identified as part of the risk analysis, as analysed below.

Contextual Risks

Based on the risk analysis for the year 2024, the programme team closely monitored the situation in Ethiopia, Myanmar, and Mozambique, where the political situation was fragile or prone to acute conflicts in 2024. The situation in Amhara, Ethiopia, escalated to an acute conflict in August 2023, and the tensions continued in 2024. The programme implementation was adapted to the situation based on the scenario identified during the annual planning for 2024, towards activities that did not require high mobility and community gatherings. Project activities were postponed when needed; however, project implementation continued throughout the year as the local partners were able to access communities, and Plan International Ethiopia was able to secure permissions to operate through successful dialogue with all parties of the conflict.

In Myanmar, the security risks increased during the reporting period. In response, the project strengthened safeguarding measures and adapted implementation strategies to ensure the safety of staff, peer leaders, and beneficiaries. Safeguarding training was provided to partners, peer leaders, and SRHR committee members. The project conducted security and safeguarding risk assessments before implementing any activity. Additionally, virtual engagement and decentralized leadership were prioritized to maintain programming while minimizing risks. Implementation of project activities was postponed when needed. Plan International Myanmar's registration was approved in April 2024, which reduced the operational risk level to some extent.

As indicated in the risk analysis for 2024, elections in Mozambique caused political instability in the country. As a mitigation measure, community meetings were avoided to prevent confusion with political events during the electoral campaign, and project participants and staff remained safe. However, as explained in chapter 2.3., the situation remained volatile longer than expected after the election, and mitigation measures had to be continued longer than expected.

The risk matrix recognizes restrictive policies and shrinking of civil society space as risks that cause backlash on young people's and/or gender activists' civic engagement and activism. As explained in chapter 2.6, legislative changes in Zimbabwe in 2024 brought further restrictions in the CSO operating space, and limited the rights of individuals of diverse sexual orientations. As a risk mitigation measure, we paid special attention to the arrangements of the MTR workshop in Zimbabwe to be safe for all participants.

Climate-related risks materialized in 2024 in terms of drought and flooding in Uganda, Zimbabwe, and Laos. DRR planning supported coping in these situations. In some cases, for example, canoes were used to deliver SRHR services to some of the most affected communities. To mitigate the impacts of climate change, the projects also actively raised awareness about climate risks and promoted adaptive coping mechanisms among community groups and school clubs.

Programmatic Risks

Due to the strengthened anti-gender movement and growing restrictions of the rights of gender and sexual minorities, the risk of rejection of SRHR messaging, especially on questions related to LGBTQIA+, continued to be monitored carefully. In Zimbabwe, the tensions forced the programme to downgrade the work with the LGBTQIA+ community in Kwekwe and focus more on other activities. Stronger emphasis was placed on the work with the LGBTQIA+ community in Bulawayo.

In Uganda, on the other hand, contextualization of the project content has been successful, and the risks have not materialized due to close collaboration with local authorities and teachers, for example. At the same time, the MBMF2 project in Uganda continues the commitment to uphold Plan's organisational values and ensure that its activities do not harm young people irrespective of their status. The project also continues to ensure that staff have all the support they need, and at service points, all CAY continue to receive non-judgemental and non-discriminatory services.

Institutional Risks

Staff turnover and transfer of government staff have been identified as risks to the project quality. In 2024, Uganda faced high levels of transfer of trained teachers and health workers in project districts, which negatively impacted service delivery. Several health facilities and schools were left with personnel who had not received training by the project, which affected the quality and consistency of implementation. The project also experienced high staff turnover, particularly among positions such as project officers, Champions of Change facilitators, and accounts assistants. This turnover disrupted the pace of implementation, as new staff members required onboarding, training, and mentoring to effectively take over their roles.

On-going remote technical support was also given to country teams throughout the year by Plan Finland, to support quality and to ensure that the project and financial management meets the MFA compliance requirements and adheres to Plan's global approach and guidelines, including child protection and safeguarding, and prevention of sexual harassment, and the general principles of good governance. The support included monitoring and technical support visits to all the projects during 2024. One incident conflicting with Plan International's rules and regulations on financial management and safeguarding was reported and managed in 2024, including reporting to the MFA as per grant conditions.

4.4 Financial management

The implementation of projects during the third year of the programme proceeded steadily. The main challenge across most countries was ensuring sufficient funding due to the effects of inflation and the euro exchange rate. Although the euro began to recover against the US dollar in the previous year, the effects of its earlier depreciation were still evident in project operations. More significant than the residual impact of the weak euro was the high inflation, which had decreased the purchasing power of both projects and consumers. This led to a lasting increase in consumer prices and wage costs for project staff.

While inflation and the euro exchange rate showed signs of improvement in early 2024, the carry-over of €316,717 from 2023 was also used to help mitigate these

effects. As a risk mitigation measure, we also remained proactive in consumption forecasting.

In mid-2024, the Ethiopian birr experienced a sharp devaluation, which triggered high inflation, increasing the cost of living and reducing the purchasing power of local staff and partner organizations. Although the value of our funding remained unchanged, its purchasing power in birr increased, theoretically allowing more local activities to be funded; however, inflation and rising prices limited the real benefits. Zimbabwe also faced severe inflation and currency instability. The Zimbabwean dollar continued to weaken against the euro, making imported goods and services considerably more expensive in local terms. As a result, our project encountered some budget deficits, which were managed through careful budget monitoring.

During the reporting year, one case of misuse of funds amounting to €173.90 was found. The case investigation was completed in accordance with the policies of the MFA and Plan International.

The programme expenditure in 2024 was €7.1 million, out of which MFA funding consisted of €6 million. The expenditure rate was 95%, and the total carryover to 2025 was €290,278 (MFA share of the funding).

52% of the funds allocated to the disability inclusion budget line remained unused because parts of the training and good practice mapping on disability inclusion planned for 2024 were delayed and finalised in 2025. As a result, costs related to the assignment were also paid in 2025, leading to underutilization of the budget in 2024.

5. Financial report

MFA Financial Report 2024

		Budget	Expenditure	"Expenditure vs. budget %"	MFA costs	Self-funding	Self-funding %
Mozambique	Mandziku - My Future (259PL149)	892,564	829,558	93	705,124	124,434	15%
Uganda	An amoko tama - I Decide (285PL150)	918,370	972,011	106	826,209	145,802	15%
Ethiopia	Yene Raey - My Future (238PL151)	1,121,893	996,012	89	846,610	149,402	15%
Zimbabwe	My Body My Future (265PL153)	657,040	652,199	99	554,369	97,830	15%
	East and Southern Africa Total	**3,589,867**	**3,449,780**	**96**	**2,932,313**	**517,467**	**15%**
Laos	Anakhot khong-khoi - My Future (745PL224)	960,771	910,771	95	774,155	136,616	15%
Myanmar	Me Me Kanda, Me Me Anagat Pa - My Body My Future (635PL225)	353,262	319,344	90	271,442	47,902	15%
	Asia Total	**1,314,033**	**1,230,115**	**94**	**1,045,598**	**184,517**	**15%**
Global	Gender and SRHR (998PL515)	83,630	75,571	90	64,235	11,336	15%
Global	Disability inclusion (998PL517)	25,000	11,922	48	10,134	1,788	15%
Global	Climate resilience (998PL512)	5,402	5,590	103	4,752	839	15%
Finland	Global citizenship education (998PL501)	388,784	352,150	91	299,328	52,823	15%
Finland	Policy advocacy in Finland (998PL501)	176,907	186,952	106	158,909	28,043	15%
	Global thematic Total	**679,723**	**632,185**	**93**	**537,357**	**94,828**	**15%**
	GRAND TOTAL	**5,583,623**	**5,312,080**	**95**	**4,515,268**	**796,812**	**15%**

FINANCIAL SUMMARY	**Total budget**		**"Expenditure vs. budget %"**			
Programme activities	**5,583,623**	**5,312,080**	**75**	**4,515,268**	**796,812**	**15%**
Plan Finland						
MEAL and Quality assurance (998PL406)	78,964	77,312	98	65,715	11,597	15%
Communications in Finland (998PL516)	379,316	368,254	97	313,016	55,238	15%
Administration (998PL01)	743,143	708,993	95	602,644	106,349	15%
Plan Finland programme salaries: Programme management, thematic and MEAL support to the international programmes (998PL518)	646,386	623,290	96	529,797	93,494	15%
Total Plan Finland	**1,847,809**	**1,777,849**	**96**	**1,511,172**	**266,677**	**15%**
PROGRAMMES TOTAL 2023	**7,431,432**	**7,089,928**	**95**	**6,026,439**	**1,063,489**	**15%**
Max 10% unallocated						
Grant total	**7,431,432**	**7,089,928**	**95**	**6,026,439**	**1,063,489**	**15%**

MFA Financing	**€**
Transferred from 2023	316,717
Funds 2024	6,000,000
MFA funds available	**6,316,717**
Expenditure 2024	**-6,026,439**
Carry over to 2025	**290,278**

MFA Financial report 2024

Summary of Plan Finland costs

Quality Assurance		
Planning, monitoring, technical support and programme development	**77,312.00**	**77,312.00**
Global Citizenship Education and Policy advocacy		
Global Citizenship Education	352,150.00	
Policy advocacy in Finland	186,952.00	
	539,102.00	**539,102.00**
Communications in Finland		
Programme communications	**368,254.00**	**368,254.00**
Administration		
Programme related costs of administrative staff	**90,819.00**	
Share of administration cost of programme teams	**150,534.44**	
Fundraising activities	**119,526.28**	
Share of		
Premises	68,610.70	
IT	158,285.04	
Administration cost of management, premises and HR	116,888.42	
Misc.:Organization communication, donor education public, audits	48,578.04	
	392,362.20	
Administration costs total	**753,241.92**	
MFA approved administration costs 10%	**708,992.84**	**708,992.84**
Non-eligible administration costs	44,249.08	
PLAN FINLAND COSTS TOTAL		**1,693,660.84**

Self-funding 2024

1. Project specific self-funding	Donations
Mozambique - Mandziku - My Future (259PL149)	124,433.69
Ethiopia - Yene Raey - My Future (238PL151)	74,700.89
Zimbabwe - My Body My Future (265PL153)	97,829.87
Laos - Anakhot khong-khoi - My Future (745PL224)	136,615.65
Myanmar - Me Me Kanda, Me Me Anagat Pa - My Body My Future (635PL225)	47,901.58
Gender and SRHR (998PL515)	11,335.65
Disability inclusion (998PL517)	1,788.30
Climate resilience (998PL512)	838.50
PROJECT SPECIFIC SELF-FUNDING TOTAL	**495,444.13**

2. Project specific sponsorship funding	
Uganda - An amoko tama - I Decide (285PL150)	145,801.62
Ethiopia - Yene Raey - My Future (238PL151)	74,700.89
PROJECT SPECIFIC SPONSORSHIP FUNDING TOTAL	**220,502.51**

PROJECT SPECIFIC TOTAL	**715,946.64**

3. Plan Finland self-funding	
MEAL and Quality assurance (998PL406)	11,596.80
Communications in Finland (998PL516)	55,238.10
Plan Finland administration (998PL01)	106,348.93
Global citizenship education (998PL501)	52,822.50
Policy advocacy in Finland (998PL501)	28,042.80
Plan Finland programme salaries (998PL518)	93,493.50
PLAN FINLAND TOTAL	**347,542.63**

SELF-FUNDING TOTAL	**1,063,489.27**

Plan International is a children's rights and humanitarian organisation that improves the lives of the most vulnerable children, especially girls. Plan International strives for a just world where the rights of all children are fulfilled. Politically and religiously neutral, Plan International was founded in 1937 and began its activities in Finland in 1998. Plan International works in more than 80 countries.

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