WE LEAD

BASELINE REPORT

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1.0 INTRODUCTION

Hivos in collaboration with consortium partners; Positive Vibes, Restless Development, Marsa, FEMNET, and the Central American Women's Fund; is implementing the We Lead Program in nine countries in Africa, the Middle East and Central America: Kenya, Uganda, Nigeria, Niger, Mozambique, Lebanon, Jordan, Guatemala and Honduras. *We* Lead is a new, inspiring, innovative and powerful program that aims to improve the sexual and reproductive health and rights (SRH-R) of young women. It focuses on four specific groups of young women: those living with HIV, those with disabilities, those who identify as [redacted], and those affected by displacement. The project aims to ensure that the rights holder play a leading role in strengthened and inclusive organisations and movements that enjoy increased public support and have convinced duty-bearers and health-service providers to take steps towards implementing laws, policies and practices that respect and protect these young women's SRH-R by 2025. The program puts these young women as rights holders in the driver's seat while supporting them to make sustainable changes for their SRH-R. In each country, the **We Lead** program supports young women's groups and organizations to connect with each other in a local Communities of Action (CoA) and advises them to be better able to advocate, claim, protect and promote their SRH-Rs.

The **We Lead** program is underling by five key principles: Local Ownership, The art of power balancing, Youth leadership, Nothing about Us without Us and Inclusion.

We Lead is guided by an overarching Theory of change. Though a participatory, consultative and inclusive process, all the implementing countries engaged the community of actions (COAs), rightholders and other local stakeholders to contextualize the We Lead TOC into their local context. A context analysis was conducted which informed the priorities that the countries will focus on. Consequently, pathways for these priorities were agreed and strategies to reach these priorities. A result of the exercise was a results framework with the country outcomes. In additional baseline status of these outcomes was arrived at. This report is therefore a summary of the program benchmarks of indicators that will guide effective implementation of the program.

2.0: EXECUTIVE SUMMARY

2.1: General summary of each outcome area and rights holders

The project has 4 outcomes as follows:

Outcome 1: Strengthened CSOs are inclusive of or led by young women from four rightsholder groups, and work together in a CoA to defend and promote their SRH-R.
Outcome 2: The general public increasingly acknowledges and supports young women's SRH-R.
Outcome 3: Health-service providers are more aware of the SRH-R needs and situation of rightsholder groups, and increasingly provide accessible, comprehensive, high-quality, inclusive and respectful SRH-R information and services.
Outcome 4: Duty-bearers increasingly design, adopt and implement laws and policies that respect and protect the SRH-R of young women from rightsholder groups.

These outcomes aim at the realization of We Lead's desired overall goal of: *Resilient young women with disabilities, living with HIV, affected by displacement and/or identifying as [redacted] play a leading role in strengthened and inclusive organisations and movements that enjoy increased public support and have convinced duty-bearers and health-service providers to take steps towards implementing laws, policies and practices that respect and protect these young women's SRH-R.*

The general context related to each outcome can be summarised as follows:

Outcome 1. Strengthened CSOs are inclusive of or led by young women from four rightsholder groups, and work together in a CoA to defend and promote their SRH-R.

The general view in all the focus countries is that young women rightsholders and CSOs working on SRHR information and services are frequently not well connected to each other and amongst other organisations and networks. In Kenya, youth led CSOs with knowledge in SRH-R lack policy movers and shapers to provide leadership. There is so far no strong institution amongst the CSOs and COAs led by the Rights Holders to push forward their SRHR concerns. In Uganda, the young women voices are often disregarded and excluded from the decision-making processes due to the deep-rooted patriarchal norms and culture, power relations and misconceptions on SRHR. The representation of the young women amongst the 4 rights holder groups in COAs and CSOs is very minimal and not meaningful. In Mozambique, Organizations representing women, young women, women with disability, women living with HIV are free to self-organize and advocate for their rights without significant constraints or organized opposition, however in the recent past there have been restrictions from the government that is now affecting the space of the CSOs and COAs in which they operate. In Niger, young people lobbying for SRHR and related rights are organized on networks and associations, however these groups face serious discrimination and societal exclusion. In Nigeria, while some capable organisations and coalitions were educated about SRHR issues for relevant rights holders, there is inadequate inclusion of young people and right holders in leadership positions.

In the middle east, Lebanese women, feminists and CSOs working on human rights and gender equality have always been very active in advocating for their rights. However, the multiple crisis (political, socio-economic, health, Beirut port explosion, and refugees) that have been thorning Lebanon in the past two years, have disproportionately affected women and especially the four rightsholder groups. The rise of menstrual and hygiene and contraception's products as well as the unavailability of these products have further exacerbated social inequality. In Jordan, CSOs SRHR capacity and knowledge appear weak, in terms of quality of information and services provided as well as in terms of freedom to be inclusive and promote diversity. Moreover, CSOs working on SRH-R issues, feminists and adolescent girls have always faced challenges in fighting government policies and conservative attitudes that limit women reproductive rights, freedom and autonomy. CSOs working on SRH-R issues experience several limits and restrictions: they need to "play by the rules" and to adapt the language and content of their work to please the official discourse without criticism.

In Latin America, patriarchal, and "macho" culture as well as racist, sexists, and [redacted] attitudes and practices represent the predominant social values in both countries, Guatemala and Honduras. Moreover, discrimination, violence and repressive methods are frequent against feminists, and human rights fighters, as well as against CSOs and members of [redacted] community, those living with HIV/AIDS and women with disability. CSOs needs to be protected, physically and virtually through cybersecurity action.

Outcome 2: The general public increasingly acknowledges and supports young women's SRH-R.

In Kenya, social, religious, cultural/customs and political factors represent the major barriers to improve SRH-R of the different rights holders and undermine the SRH-R of young women. In Nigeria, social narrative and perceptions that influence access to SRHR services include negative perceptions on of rightsholders, negative gender norms that perpetuate violence against women and girls, negative stereotypes around the capabilities of women with disabilities which limit SRHR programs tailored to address their needs, negative attitudes of religious and traditional leaders, media stereotype of women, and discrimination of [redacted] and [redacted] persons. In Uganda, there are social cultural factors and practices that advance discrimination and exclusion of some of the rightsholder groups mostly the [redacted] and YWWD. In Mozambique, due to conservative socio and cultural norms, young women's voices generally struggle to be heard even in the broad women's movement. However, due to global and local SRH-R initiatives empowering young women, there have been slight positive changes in the public opinion about the weight of young women's voices on the issues that affect them, even in the rural areas.

In Niger, the whole agenda of sexuality is characterized by a great taboo from religious and socio-cultural perspective demonstrated by the stigmatization of young people who try to address the inequalities that exist.

The situation is not much different in the middle east and Central America countries. Indeed, in Lebanon and Jordan, CSOs working on SRH-R issues, feminists and adolescent girls have always faced challenges in fighting government policies and conservative attitudes that limit women reproductive rights, freedom and autonomy. Moreover, the health crisis has further deprioritized the importance of SRH-R conversations at institutional and community level. Women have always suffered discrimination, due to patriarchal system that undermines women rights, including their SRHR. In Latin America, violence against feminists and human rights defenders, members of [redacted] community, and discrimination against ethnic-minority groups and women with disability remain very high and SRHR issues still remains 'taboos', with conservative and authoritative attitudes.

Outcome 3: Health-service providers are more aware of the SRH-R needs and situation of rightsholder groups, and increasingly provide accessible, comprehensive, high-quality, inclusive and respectful SRH-R information and services.

Overall, even in country with quality healthcare services, the level of knowledge, capacity and quality of SRHR information and services provided by healthcare workers needs to be improved in order to be comprehensive and inclusive. Discrimination and negative attitudes amongst healthcare providers represent a barrier in accessing SRHR information services, especially for the four rightsholders group. Lack of comprehensive definition and education of what comprehensive and inclusive SRHR means among healthcare providers remains high. This gap in understanding SRHR issues is strictly linked to the patriarchal and/or authoritarian socio-political culture that underpin laws and policies in each country.

Outcome 4: Duty-bearers increasingly design, adopt and implement laws and policies that respect and protect the SRH-R of young women from rightsholder groups

In Kenya, there exists a number of laws, policies, and legal frameworks that support access to SRHR services to the young people (the rights holder groups include), despite these, much has not been done to address the SRH-R concerns of adolescent girls and young women due to inadequate policy formulations, implementation and political prioritization to meet these needs. In Uganda, the political and social environment is very restrictive of SRHR and human rights issues, especially for young women who identify as [redacted], live with HIV, with disabilities, and are affected by displacement. The civic space in Uganda is still precarious to the SRHR champions and practitioners

serving and working with these groups. In Nigeria, there exist laws and polices too however the ffactors that influence compliance and improvement of the SRHR regulations include lack of political will, corruption, unstable political landscape, non-prioritisation of SRHR, limited platforms for inclusion in decision making spaces among others. In Mozambique, the laws, regulations, and policies on SRHR in Mozambique are conducive to protecting women, young women, women living with HIV and women with disability. In addition, the country's Constitution, which in its article 35 prohibits discrimination based on gender, Mozambique has made significant strides in protecting women's rights. In Niger, the problem is far from the existence of policies and laws. It is mainly a problem of implementation and popularization in Niger.

In Lebanon, patriarchy and sectarianism are reflected in several discriminating laws, such as the "abortion law that basically criminalizes abortion in all its forms, law 220/2000 that discriminates PWD and article 534 of the penal code that is used to justify negative attitudes and discrimination against [redacted] community. Moreover, there is no legal protection for women refugees, since there is no legal framework that guarantees them fundamental rights. In Jordan, while the government has made several steps towards SRHR at international level, these commitments are not reflected at national level, since they are not in force and implemented. Indeed, even if Jordan has recently adopted (Dec. 2021) a National Strategy on Reproductive and sexual health 2020- 2030, the privatization and corporatization of health care system have affected the accessibility, affordability, and quality of healthcare, including for reproductive health needs, creating further social, economic, and geographical distances particularly for girls, young women and marginalized women communities.
In Latin America, the situation is not better. In Guatemala, the conservative attitude at political level is reflected in the laws and policies concerning SRH-R issues. For instance, in 2017, the Supreme Court of Justice blocked the distribution of a Manual on Sexual and Reproductive Rights and urged CSOs to stop issuing any manual or carrying out any activity that seeks to support and encourage abortion or abortive practices, although in the country abortion is allowed under certain circumstances. Moreover, in 2018, the Women's Commission of Congress gave an unfavorable edict about a Gender Identity Law proposed by organizations of [redacted]-women. Finally, in 2019, members of the Guatemalan congress have revived an initiative to pass the "Protecting Life and Family" law (Decree 5272) which seeks to criminalize abortion in all forms (including miscarriage) as well as same-sex marriage, and prohibits to both, private and public institutions, to promote comprehensive sex education and any issues related to sexual diversity and "gender identity'. In Honduras, authoritarianism and repression has been the norm. However, on a positive note, Honduras was recently forced by international institution, to adopt a law that recognizes gender identity. The ruling obliges the state among other to: viii) adopt a procedure for recognition of gender identity that allows people to adapt their identity data, in accordance to their self-perceived gender identity, in identity documents and in public records; ix) adopt a protocol for the investigation and administration of justice during criminal proceedings for cases of [redacted] victims of violence; x) design and implement a system of collection of data and figures related to cases of violence against [redacted] people.

2.2: General summary of rights holders

We lead programme focuses on four specific groups of young women: those living with HIV, those with disabilities, those who identify as [redacted], [redacted], [redacted] or [redacted], and those affected by displacement. In each of the countries there is a focus on the 4 rights holder groups, though with varying priorities based on the needs and supportive environment in each country. In Kenya, the focus is more on [redacted] group and YWWD who are affected more by discrimination, social cultural barriers, and unfavourable legal environment to access SRH – R services. The other two rights holder groups have a number of platforms and good policies that facilitate access, and the focus will be on ensuring that these opportunities are exploited. In Uganda, the focus is more on the [redacted] group that face discrimination, harsh laws and a lot of unfavourable environments that heavily violate their rights and access to SRH and related services. The focus in the other groups i.e., the YWWD, Young women living with HIV and those affected by displacements have conducive policy frameworks and laws that promote access to services and the focus is on operationalization of these policies and guidelines. In Nigeria the [redacted] group and YWWD are unequally affected compared to the other two rightsholders groups. The focus should therefore be on addressing the barriers to access for this [redacted] and YWWD and promoting the scale up to access for the young women with HIV

and those affected by displacement. In Niger the social cultural and religious barriers strongly affect the access to SRHR services for all the 4 rights holder groups targeted in this project. In Mozambique, the all the rights holder groups have a very conducive policy environment that promotes access to SRHR services that focus is therefore on operationalization of these policies and guidelines.

2.3: General observations on the localization of the TOC

The We Lead ToC was developed in a participatory and inclusive manner. A localization workshop was conducted with the CoA in order to contextualize the We Lead's overarching ToC according to the realities of each country. The workshops aimed at building connection and relationships among CoA members, outlining the laws, policies and regulations they will focus during the implementation of the project as well as conducing an initial context analysis on the status of SRH-R, general context, and potential pathways of change, with a particular focus on the four rightsholder groups. An in-depth context analysis and baseline assessment was also made for each country in order to validate the relevance and validity of the We Lead ToC, to identify initial assessments gaps and to envisage possible desired outcomes after the 4 years of the implementation period.

3.1: UGANDA

3.1.1: TOC Localization/Validation and Baseline process

Baseline context

Uganda has one of the fastest-growing population rates in the world, with an annual growth rate of 3% and a fertility rate of 5.4. The country's population as of June 2020 was estimated to be 41.6 million (UBOS, 2020). The country also has one of the youngest populations in the world with over 78% of its population falling within the age of 30 years and below. Adolescents and young people aged between 10-24 years constitute about 34.8% of Uganda's population, and over 48% of the population is aged below 15 years (UBOS, 2018). Furthermore, young people in Uganda become sexually active, marry, or start bearing children quite early in life. By 15 years of age, 18% of women have commenced sex and 62% by 18 years. By 20 years, 83% of women have had sexual intercourse. (UBOS, 2018). The country also has an unacceptably high rate of early and unwanted teenage pregnancy stagnated at 25%, and a high unmet need for modern contraception at 30.4% among 15-19-year-olds, and 29.3% among 20 - 24 years old. This situation has further worsened with the imposition of the Lockdown as a preventive measure for the COVID19 Pandemic that limited access to psychosocial support, Drop-in Centers, and other basic needs, especially for the already stigmatized minority groups.

Process of localization

The formative assessment of the TOC, through the localization of the Theory of Change process was conducted through two physical workshops where the COAs convened. These include (Rights Holders who identify as [redacted]: FEM Alliance Uganda (FEMA), Trans Advocacy Initiative Uganda (TAI), Uganda Key Population Consortium (UKPC), Women's Initiative Emancipation Renaissance organization (WERO). Resilience Uganda (RU), Rightsholders with Disability (3): Tunawezza Foundation, Integrated Women with Disabilities Uganda (IDIWA), National Union of Women with Disabilities Uganda (NOWUDU), Rights Holders affected by Displacement (3): Birungi Charities Uganda, Nile Girls Forum, Mentoring, and Empowerment Programme for Young Women (MEMPROW) and Rights Holders Living with HIV (3): Advocates for Sustainable Health and Wealth in Africa (ASHWA), Uganda Network of Young People Living with HIV/AIDS (UNYPA), Alliance of Women Advocating for Change (AWAC). The two workshops were aiding understanding of the unpacking the pathways, developing of strategies, agreeing on the multicomponent approach, agreeing on the geographical scope and budgeting process for the Uganda context.

General Context in line with the 4 outcomes

Outcome 1: Strengthened CSOs are inclusive of or led by young women from four rightsholder groups, and work together in a CoA to defend and promote their SRH-R

General attitudes towards young women expressing their views are not conducive because they are deemed incapable of contributing to discussions and decisions, thus their needs and demands are often ignored by duty-bearers within their families and communities, and at all levels of government. Yet, where participatory initiatives have been carried out in a meaningful way by national or international NGOs, the benefits of enabling young women's views to be heard are visible. Ultimately, the denial and limited action in addressing young women's SRHR in Uganda impedes the achievement of the National Development Program (NDP) targets and the Global Goals (SDGs) by contributing to the high Maternal Mortality Rate (MMR), high Infant Mortality Rate (IMR), high under-five mortality, high Total Fertility Rate (TFR), high population growth rate, high school dropout levels, reduced productivity and increased poverty, increased rates of SGBV, high HIV prevalence rates and discriminatory access to information and services.

Outcome 2: The general public increasingly acknowledges and supports young women's SRH-R.

The Young women who identify as [redacted], Live with HIV, with Disability, and are affected by displacement have limited access to SRHR information and services due to structural barriers such as existing gender inequalities, power dynamics, harmful Socio-cultural norms/practices that exacerbate violence, stigma, exclusion, and discrimination against them. According to UNHCR, 81% of Uganda's 1.4 million refugees are women and children, who are at high risk of gender-based violence (GBV), including sexual exploitation and abuse (SEA), rape, forced and child marriage, and intimate partner violence (IPV). Host communities face similar challenges. Compared with a national average of 51%, the 2016 Uganda Demographic and Health Survey showed that 64% of women ages 15–49 in the refugee-hosting West Nile subregion report having experienced physical, sexual, or emotional violence perpetrated by their current or most recent spouse or partner. In response to the 2018 National Violence Against Children Survey, one in four girls and one in 10 boys reported having experienced sexual violence in the 12 months prior.

Outcome 3: Health-service providers are more aware of the SRH-R needs and situation of rightsholder groups, and increasingly provide accessible, comprehensive, high-quality, inclusive and respectful SRH-R information and services.

The girls' (10-19) and young women's (20-24) voices are often disregarded and excluded from the decision-making processes that determine the environment they live in and future. This is due to the deep patriarchal norms and culture, power relations, misconceptions, and views on SRHR, GBV, and HIV which affect girls and young women especially those in refugee settlements and host communities in Uganda. Given their diverse gender identities, they are often faced with the brunt of widespread sexual- and gender-based violence (SGBV). These vulnerabilities are exacerbated by worsening social, political, cultural, and economic demographic indicators which include; high school dropout rates for girls and young women, low and unequal access to gender-sensitive service delivery (in the health and justice systems), inadequate access to accurate and reliable information on their human rights and limited meaningful political participation and representation, non-progressive laws and policies on gender-based violence, poor implementation of existing laws as well as lack of political commitment to issues of gender-based violence. Equally, there is an increasing number of young [redacted] persons in Uganda although not documented. These have unique SRHR needs that predispose them to vast health vulnerabilities including the risk of HIV and sexually transmitted infection infections, family pressure to marry or have children heterosexually, "corrective" / "conversion" rape, Sexual Gender-Based Violence, unsafe abortion, and maternal deaths, among others.

Outcome 4: Duty-bearers increasingly design, adopt and implement laws and policies that respect and protect the SRH-R of young women from rightsholder groups.

The Ugandan political and social environment is very restrictive of SRHR and human rights issues, especially for young women who identify as [redacted], live with HIV, with disabilities, and are affected by displacement. The civic space in Uganda is still precarious to the SRHR champions and practitioners serving and working with these groups.

For instance, from the legal perspective, the contradicting laws i.e., the HIV prevention and Control Act with the provision on compulsory testing and intentional infection criminalize people living with HIV and AIDS. Though repealed, Uganda security agencies continue to use provisions of the [redacted] (2014) Act to discriminate, harass and criminalize [redacted] persons. In addition, CSOs and champions of safe abortion are always targeted with the pretext that abortion is illegal in Uganda despite the few exceptions. Threats of deregistration, limited freedoms of assembly for minority focused CSOs, freezing bank accounts, frequent media censorship, and gagging of social media. However, despite these threats, several enabling factors are also in place; several CSOs serving and working with sexual minorities have known offices, are fully registered, have access to policy spaces, have engaged the government to the extent of litigation for Human Rights Violations.

TOC – Theory of Change Adaptations

After the localization of the TOC, a team comprising of SRHR experts and right holders and consortium members that did not participate in the localizations process joined the consortium members to validate the localized TOC. The validation process was aimed at understanding whether the strategies are realistic and operable in the local context, whether the COAs have the capacity to execute the strategies and if the project have sufficient resources to execute the strategies. During the presentation of the TOC, it was noted that other MOFA - funded programs were put into consideration during the TOC development of the strategies and identification of the geographical scope. The CoAs highlighted that it was important to incorporate the term "Key populations" to mean rightsholders who identify as "[redacted]" given the Ugandan discriminative and criminative environment for the rightsholders' safety and security. A report from the validation committee confirmed that; the Uganda TOC was realistic and spoke to the SRH-R context. The committee guided that it was important for the program teams to support the CoA to fully understand, articulate and own the ToC. The committee proposed to adopt strategies that speak to the growing need of digital health and should be able to meet the needs of the different rightsholders targeted by the program, the committee advised "outside the box thinking", to explore alternative approaches to deliver the programme amidst the COVID19 restrictions which would mitigate risks of COVID 19 infections and low budget performance.

Risks/Stressors and Key assumptions that are significant to the program

Risk1: Growing opposition to young women and adolescent girls SRHR amidst unsupportive laws and policies that hamper the operations of CSO's and criminalize/discriminate against sexual and gender minorities. This will be mitigated by measures including: Evidence-based advocacy targeting policymakers and influential stakeholders, Continuous sensitization of communities and different stakeholders on SRHR through safe space dialogues and other forums, Meaningful engagement of stakeholders in program interventions and processes, ensuring that the Host Organization and all CoA are compliant with the NGO Board requirements and are accountable to important government actors by sharing important documents and meeting statutory obligations.

Risk2: Compromise of Safety and Security of CoAs and Rights Holders ie; (Cyberbullying, Police brutality, Office closure, etc). These will be mitigated by; Conducting safety and security training for CoAs, CoAF and Host organisation, Continuous policy, legislative and environment analysis including (Policy research, Media audits, Accountability Forums)

Risk3: High turnover of personnel in the program implementing team (CoAF, CoA & Host Organisation, SRH-Educators) which may result in inconsistency in upholding the values of the WE Lead program. This will be mitigated by ensuring that CoAs have more than one staff participating in the capacity building interventions of the program, Continuous training of project staff, motivation, and timely constructive feedback.

Assumptions:

1. CoAs, (CSOs and movements) use the acquired knowledge and skills to empower rightsholders, to seek out SRH-R information and services and are willing to claim their SRH-R, generate data for evidence-based programming that strengthens advocacy efforts.
2. Policy makers and influential stakeholders are able to enact, adapt and implement progressive and non-discriminative laws, policies and practices that promote rights holders' SRH-R.

These assumptions will form the learning questions that will act as reference during the annual review of the Uganda country TOC.

3.2: KENYA

3.2.1: TOC Localization/Validation and Baseline process

Baseline context

Adolescents and young people (10-24 years) make up 24% of the Kenya's population (MOH, 2016). Adolescent girls and young women are particularly vulnerable, due to various factors that include gender inequality, discriminatory gender norms, and lack of access to sexual and reproductive health (SRH) services and HIV prevention and information (Samuels etal 2020). The 2014 Kenya Demographic and Health Survey (KDHS) determined that, 1 in every 5 teenage girls between the ages of 15-19 have begun child bearing; contraceptive prevalence rate among sexually active unmarried girls aged 15-19 years was 49% and 64% among those aged 20-24 years; the age of sexual debut had dropped with 12% of young women and 21% of young men aged between 15-24 years having had sexual intercourse before age 15, while 47% of young women and 55% of young men between the ages of 18-24 years have had sexual intercourse before age 18 years though with county level variations, e.g. Migori, Homabay and Samburu having medians above 15.5, 15.7 and 15.7 years respectively; comprehensive knowledge of HIV among youth stood at 57% for young women and 64% for young men. Condom use was 61% and 75% among young men and young women respectively (KNBS, 2015). Unsafe abortion remains the leading cause of maternal mortality and morbidity especially among girls below 20 years with about 20,000 girls seeking care for abortion related complications annually. A study on abortion complication severity and associated factors in Kenya established a high abortion complication fatality rate with adolescents aged between 12 and 19 years constituted approximately 34% of patients presenting for post-abortion care in Kenya. (Ushie etal. 2018). The National AIDS Control Council (NACC) further estimates that 29,000 youth aged between 15-24 years get infected with HIV every year while 17% of all AIDS related deaths occur among adolescents and young people (MOH, 2016).

Process of localization

A formative assessment process of the TOC was conducted in Kenya through a localization of TOC methodology. The highly participatory and inclusive virtual workshop was held with participation of 9 COA and rights holder's representatives. A semi-structured blended methodology involving both plenary and breakout sessions were preferred as it encouraged participants' interaction and fostered a deeper engagement with complex issues. Through an in-depth reflection and sharing session, the participants brainstormed on the current context in relation to the four pathways (1) Stronger youth led SRH-R CSOs and movements, (2) Public support for rights holders SRH-R, (3) Accessible SRH-R information and services and (4) Laws and policies respect and protect young women's SRH-R. and rights holders. The group later set out priorities that they felt was important for Kenya and would deliver maximum impact. Different change pathways for each of the selected priorities were agreed upon and intervention strategies that would bring about maximum impact within their local context were identified Assumptions and risks that may impact the project were also outlined and prioritized.

General Context in line with the 4 outcomes

Outcome 1: Strengthened CSOs are inclusive of or led by young women from four rightsholder groups, and work together in a CoA to defend and promote their SRH-R.

In Kenya, youth champions at the CSO levels are perceived to have the pre-requisite SRH-R knowledge but lack policy movers and entrepreneurs to provide technical leadership and innovative approaches to address their SRH-R issues with the policy makers. Additionally, it was established that CSOs led by young people lacked unity of purpose to front their SRH-R agenda and are more often than not in competition with each other. With respect to CSOs and Community of Actions (CoAs) representation, no powerful institutions have emerged to guide the rights-holders' SRH-R concerns. Moreover, meaningful youth participation is achieved by involving rights holders not only in decision making but in influencing the decision-making processes and their desired SRH-R outcomes (Women Deliver, 2018). Major challenges include the understanding of meaningful youth engagement during policy making and the lack of resources to support and build the capacity of CSOs at all levels to engage with policy makers

Outcome 2: The general public increasingly acknowledges and supports young women's SRH-R.

Social, religious, Cultural, Customs and political factors are highly rated as major influencers regarding the compliance of SRH-R of the different rights holders and undermines the SRH-R of young women. For instance, young women living with HIV are perceived to be promiscuous with insinuations that the virus was sexually transmitted and disabilities in some communities are also considered a curse. Of greater concern is for young women who identify as [redacted] in Kenya, they were reported to be facing a disproportionate range of challenges compared to the other three rights holders including criminalizing laws towards the [redacted] community, violence and discrimination on grounds of sexual orientation and religious beliefs that [redacted] practices are ungodly. The resulting effects of these challenges are usually lower levels of access to SRH-R services for fear of discrimination. Fostering safe and supportive spaces for the rights-holders is a vital aspect in the uptake of SRH-R information and services. The safe spaces are meant to help the rights holders express themselves and to feel comfortable. In Kenya, interventions on safe and protective spaces seek to engage young women separately from other community members, in their own confidential spaces. In these spaces, women and girls have an opportunity to speak openly and express themselves freely, to discuss taboo subjects, ask sensitive questions without fear of judgement or intimidation, seek services, and build skills and confidence in managing health inequalities including SRH-R (Ministry of Public Service Youth and Gender Affairs, 2019). Safe spaces in Kenya are however largely available as a response measure to young women and children who've gone through gross violation of their human rights mainly caused by gender-based violence. Little or no regard to availability of safe spaces is given to the *We Lead* project targeted rights holders.

The focus on structural change at the community level is rooted in the basic public health principle that creating change at the population level will have a greater impact (Thomson-de Boor, 2019). Across the four rights holders' group, the general public specifically lack awareness on [redacted] SRH-R needs. CSOs advocating for the SRH-R of [redacted] reported to be experiencing stigma from fellow young people as well. Also stated is the lack of recognition that like everyone else, young women with disabilities too have sexual desires and needs for intimacy, pleasure, childbearing among other reproductive health needs. Young women living with disabilities reported to know of their peers who've experienced unconsented controls mainly through medicalization such as forced/coerced sterilizations and forced abortions. Young women living with HIV, although facing SRH-R challenges reported to be getting their medication as required but were shy to seek for other services, for instance they reported to be lacking the courage to go for contraception for fear of stigmatization from HCPs since they are known to be on ART.

Outcome 3: Health-service providers are more aware of the SRH-R needs and situation of rightsholder groups, and increasingly provide accessible, comprehensive, high-quality, inclusive and respectful SRH-R information and services.

The Kenya Service Provision Assessment Survey of 2010 determined that only 7% of all health facilities provided youth friendly services (National Coordinating Agency for Population and Development (NCAPD - K, 2010). This limited coverage of adolescents' and young people's friendly services has been attributed to; limited number of trained service providers on adolescents and youth friendly service provision; shortage of health personnel; inadequate infrastructure for provision of AYFS; and limited resources to support the establishment of adolescents and youth friendly facilities (MOH - Kenya, 2016).Sexual and reproductive health services are therefore largely not tailored to the needs of young people. Other factors, including cultural barriers, stigma, attitudes of healthcare workers, have been attributed to inaccessibility of SRH-R services to young women more so for displaced young women, the [redacted] community, those living with HIV and various forms of disabilities. (UNFPA, 2017).

Furthermore, inadequate data and lack of evidence on adolescents' and young women SRH-R issues is still a challenge. For instance, there's lack of evidence on the adolescent maternal mortality and on the sexual and reproductive health of marginalized and vulnerable adolescents including young adolescents aged 10-15 years, adolescents and young women living with HIV and those living with disabilities (AFIDEP, 2015). The lack of segregated data by levels of vulnerability coupled with young women's SRH-R knowledge gaps limit the ability of young women and girls to claim their sexual and reproductive health and rights from the government and health facilities. There is therefore need to not only collect SRH-R data but also have a good understanding of which data to collect (segregated by levels of vulnerabilities) and effective data collection systems accessible to the rights-holders and policy makers. Young women's data in Kenya is lumped up together with no segregations (ages, pregnant and lactating adolescents) by levels of vulnerabilities for right holders thereby making it difficult to utilize it for inclusive decision making.

Outcome 4: Duty-bearers increasingly design, adopt and implement laws and policies that respect and protect the SRH-R of young women from rightsholder groups.

The concepts of sexual and reproductive health (SRH) and rights were adopted for the first time by governments under the guidance of the United Nations at the International Conference on Population and Development (ICPD) in Cairo in 1994 (Chandra-Mouli et al., 2015). The ICPD program of Action revealed that much greater and urgent action was needed to reduce maternal morbidity and mortality, address the sexual and reproductive health needs of adolescents and young people, prevent the spread of HIV/AIDS, and provide reproductive health care to women and youth in emergency situations (UNFPA, 2004). Kenya is among the African states that recognize the fundamental need to address the adolescent girls' and young women's SRH-R needs. The country is also a signatory to several international treaties and declarations addressing the plight of children including adolescent girls and guaranteed the need for promoting access to SRH-R services for this population. These include Convention on the Elimination of all forms of Discrimination against Women (1979), Convention on the Rights of the Child (1989); Convention on the Rights of Persons with Disabilities (2006); The African Charter on Human and Peoples' Rights (1981) and Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa or the "Maputo protocol (2003).

At the national level, in the Kenyan constitution article 43 (1) (a) states that "Every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care". the Constitution has a number of Acts of Parliament that seek to promote and protect sexual and reproductive health and rights, which include the Sexual Offences Act 2003, the Children's Act 2001, Prohibition of Female Genital Mutilation Act 2011 among others (KNCHR, 2012). There are also a number of policies and strategies on sexual and reproductive health including the National Adolescents Sexual and Reproductive Health Policy (MOH, 2015), National Reproductive Health Policy and the National guidelines for provision of Adolescents and youth friendly services (AYFS) in Kenya, 2005 among others.

Despite these, much has not been done to address the SRH-R concerns of adolescent girls and young women due to inadequate policy formulations, implementation and political prioritization to meet these needs. It's imperative to note that while favourable policies and laws are important, they cannot cause long-term and sustainable change on their own, as an integral first step, they should be followed up with effective implementation (Thomson-de Boor, 2019). A recent analysis of policies and political contexts in Kenya determined that the level of political priority for adolescents' and young women's SRH-R is still low (Onono et al., 2019). Furthermore, the lack of detailed guidelines for programming and concerns from health care providers (HCPs) regarding the legal implications of providing SRH-R services to young people especially adolescent girls have continued to impede service access. Most of adolescent girls and young women's health programmes including SRH-R are donor funded (Samuels et al., 2020) meaning they are still not a priority at the national and county levels. Sexuality and SRH-R of adolescents and young women living with disabilities are usually overlooked in policy making and program designs. This largely stems from the lack of existing nuanced and credible data .In order to increase political attention to adolescent girls' and young women's SRH-R in Kenya, there is an urgent need for policy actors to: 1) create a more cohesive community of advocates across sectors, 2) develop a clearer public positioning of adolescent SRH, 3) agree on a set of precise approaches that will resonate with the political system, and 4) identify and nurture policy entrepreneurs to facilitate the coupling of adolescent SRH with potential solutions when windows of opportunity arise (Onono et al., 2019).

TOC – Theory of Change Adaptations

The localised TOC in Kenya is generally in line with the global TOC and has captured all the outcome areas of the programme. The Localized TOC responds to the needs and challenges in Kenya on access to SRH – R service for the four Rights holder groups. It is based on the fundamental logic that the desired changes are dynamic and non-linear. Given the unpredictable space in which the rights holders operate, the change pathways from outputs to intermediate outcomes are dependent on a combination of mutually overlapping change levers, learnings, skills, metrics, and knowledge from rights holders, policy makers and other relevant stakeholders. Following the localization of the Toc, it was noted that the COA organizations would require capacity strengthening to deliver on the outlined outcomes. Further, 5 additional COA organizations that have a national scope have been selected following an endorsement through a country coordination team meeting comprising of the Host organization, Community of Action Facilitators and Consortium members, to complement the smaller COA organizations. The targeted organizations will contribute to the COAs gaps in advocacy, legal services, engagement of health care workers and the public, digitalization following the localization of the Theory of Change. The capacity of the local organizations will be built overtime to ensure that they fully contribute to the four We Lead Outcomes by 2023. One notable gap is the Kenya TOC lacks a strong focus on the full and meaningful involvement of the Rights Holder groups as envisaged on the programme with the mantra '***Nothing about us without us.'***

The following are the notable gaps and proposed changes:

Outcome 1: Stronger Inclusive youth led SRH – R CSOs and movements. From the pathway of change, it is not clear how the CSOs will be made Inclusive, and Youth led. The strategic interventions and outputs are focused on generic CSO capacity strengthening and misses the point of bringing onboard the youths and other rights holder groups to lead and run these CSOs. On the other hand, there is an assumption that youth led CSOs would automatically include the Rights holder groups, this isn't entirely true. It would be more strategic and impactful to focus on strengthening Rights Holder group led CSOs. There is therefore need to relook at the strategic interventions and have a targeted selection of CSOs that are youth led and more so those led by the Rights Holder groups.

Outcome 2: The general public increasingly acknowledges and supports young women's SRH-R.; The focus here from the pathway is on only Rights holder group the [redacted] yet the other groups such as the Young Women with

Disability also face similar challenges of societal exclusion and stigmatization. The recommendation here is to include the other Rights Holder groups especially the young women with disability in this pathway of change.

Outcome 3: Accessibility to SRH – R service and information: The Pathway of change for this outcome is very generic and misses out addressing the key strategies and focus for the targeted Rights Holder groups. For instance, the main challenge for SRHR service access for the YWWD is skills of the health care workers to communicate with and provide services to this groups. Communication is a big barrier to access and hasn't been addressed. The main challenge for [redacted] is privacy in Health care facilities. There have been proven strategies such as the use of Drop-in Centres that encourage access to SRHR services for this group. This kind of Rights Holder sensitive strategies are missing in this outcome.

Outcome 4: Laws and Policies respect and protect young women's SRHR: There should be more focus on working with Rights holder groups networks and organization to push the advocacy and policy agenda on SRHR services specific for their groups, thereby fully responding to the main mantra of this programme – ***Nothing for us without us***.

Risks/Stressors and Key assumptions that are significant to the programme

Risk1. The COVID 19 pandemic has had a negative impact on project implementation due to various restriction that hinder mobilization. Further, the response to the pandemic has redirected resources and focuses from other public health issues such as SRHR limiting the rights holders access to SRHR information and services. To mitigate this, the rights holders and COAs will be empowered to effectively protect them selves and deploying innovative approaches to build resilience and ensure compliance.

Risk2. Kenya will have the presidential and general elections in 2022, with possibility of unrest during and after the election process. The possibility and extent of potential unrest and instability following election processes cannot be foreseen by the program. However, taking into consideration current context and past experience, the program can anticipate some challenges during these processes. In addition, the changes in government (local and national) generally brings more work to organizations, as it implies changes in authorities with whom a relation and collaboration has been already created. Mitigation measures include; having contingency plans for the programme execution in the event of major issues like post-election violence; create strong links with champions identified at different levels of the governments; prioritize the safety and well-being of RHs and program staff; and monitor the local situation to foresee potential escalation of the crises

Risk3. According the Civicus Monitor, Kenya is identified as one of the countries whose civic space is obstructed and is recognized for the lack of respect of human rights, particularly for *We Lead* rightsholder groups. The impact of the risk on the program is moderate; this situation is not new to local civil society organizations in the country nor to *We Lead* consortium partners. The program will liaise with human rights defenders' organizations and allies, in country and internationally, allowing for support networks to be in place; maintain regular communication with organizations in country, and have open channels to receive any notification when risks emerge; and maintain regular communication with Dutch embassies about human rights and civic space issues, and when needed, request support (diplomacy

Assumptions:

- Existing leaders (religious leaders, youth leaders, political leaders) will be supportive of inclusive SRH-R campaigns in order to have inclusive and progressive national and county level dialogues and legislations and advocacy campaigns will be supported by community and religious leaders to positively influence the attitudes and reshape social values to while promoting the SRH-R of the targeted right holders' group
- The social and political environment will be conducive and allow for implementation of polices as stipulated in the national and international policies

3.2: NIGERIA

3.3: TOC Localization/Validation and Baseline process

Baseline context

The context of SRHR in Nigeria was analysed by the 4 domains of the We Lead Programme (WLP). The first domain sought **stronger, inclusive youth-led SRHR CSOs and movements**. Under this domain, Gender norms, myths and misconceptions, stigma and discrimination, increased displacement due to climate change, closing spaces, lack of awareness of SRHR, lack of funding, limited opportunities for inter-generational leadership, and SRHR is not a sellable political agenda were among the context-specific narratives identified. The context under the second domain on **accessible SRHR information and services** included the difficulty rightsholders face in claiming access to information and services under the SRHR. These include a lack of information in accessible formats, a lack of political will on the part of duty bearers, inaccessible infrastructure particularly for people with disabilities, and poor attitude of health service providers and law enforcement officers. The third domain seeks **public support for rightsholders' SRHR**. The context under this domain includes negative perceptions on of right holders, negative gender norms that perpetuate violence against women and girls, negative stereotypes around the capabilities of women with disabilities which limit SRHR programs for them, negative attitudes of religious and traditional leaders, media stereotype of women, and discrimination of [redacted] and [redacted] persons. The fourth domain was on **laws and policies that respect and protect young women's SRHR**. The context comprises lack of political will, corruption, unstable political landscape, election violence, non-prioritisation of SRHR, limited platforms for inclusion in decision making spaces among others.

Process of localization

The localization process included presentations and group work on key areas such as the global ToC, context analysis, paths to change, stakeholders' analysis, assumptions, risk analysis, and mitigation. Representatives of CoA organisations described the Nigerian context drawing from their work experience and the rights holders they serve. The context provided allowed the identification of outcomes, pathways to change, associated assumptions, and mitigation. The process ensured that the resulting TOC guided by the global domains represents the Nigerian context and pathways that can help achieve laid down goals for We Lead in Nigeria.

General Context in line with the 4 outcomes

Outcome 1: Strengthened CSOs are inclusive of or led by young women from four rightsholder groups, and work together in a CoA to defend and promote their SRH-R.

While some capable organisations and coalitions were educated about SRHR issues for relevant rights holders, there is a significant resource gap. Furthermore, there is a lack of technical capacity to target right holders, and the work that is being done is not sustainable because it is reliant on donor funds. Focus areas, differing levels of experience and capacity, and resource availability all contribute to differences between organisations. There is limited collaboration between organisations (due to llimited resources to collaborate, difference in organizational values and the culture of collaboration is not so common) and inadequate inclusion of young people and right holders in leadership positions.

Outcome 2: The general public increasingly acknowledges and supports young women's SRH-R.

Due to the disparity in educational levels and restrictive societal standards, access to knowledge is slightly better in the southern region compared to the North. Facilities are inaccessible to rights holders such as persons with disabilities and [redacted] women, and there are no inclusive policies in place. Sexual minority women face specific discrimination, and health care practitioners lack the necessary information to help them (Information on SRHR and needs of sexual minority women). Rightsholders are generally affected by several factors that contribute to gender inequality and discrimination. These are stigmatisation, discriminatory laws/policies, non-implementation

of existing laws or SOPs for some of these policies at the facility level, gender-based violence, insecurity, particularly for displaced women and [redacted] in the northern part of the country who have no access to SRH services, and lack of data for planning. Rightsholders face difficulty in claiming access to SRHR information and services due to lack of information in accessible formats, a lack of political will on the part of duty bearers, inaccessible infrastructure particularly for people with disabilities, and poor attitude of health service providers and law enforcement officers. Capacity building for service providers, stakeholder value clarifications, and strategic partnerships of CSOs working on SRHR were all suggested as possibilities.

Outcome 3: Health-service providers are more aware of the SRH-R needs and situation of rightsholder groups, and increasingly provide accessible, comprehensive, high-quality, inclusive and respectful SRH-R information and services.

On social narratives that limit or potentiate compliance with the SRHR of different rights holders, participants shared negative perceptions on of right holders, negative gender norms that perpetuate violence against women and girls, negative stereotypes around the capabilities of women with disabilities which limit SRHR programs for them, negative attitudes of religious and traditional leaders, media stereotype of women, and discrimination of [redacted] and [redacted] persons.

Outcome 4: Duty-bearers increasingly design, adopt and implement laws and policies that respect and protect the SRH-R of young women from rightsholder groups.

The Factors that influence compliance and improvement of the SRHR regulations include lack of political will, corruption, unstable political landscape, election violence, non-prioritisation of SRHR, limited platforms for inclusion in decision making spaces among others. On access to spaces, it was noted that [redacted] women have indirect access to national and direct access to international spaces. Women who are affected by displacement do not have access to national and international advocacy spaces. Persons with disabilities have limited access to national and international advocacy spaces. Other rightsholders such as women living with HIV have access to national and international spaces. On the experience of rights holders in the development and promotion of laws and public policies, participants revealed that rights holders are often excluded from decision making spaces. Bureaucratic bottlenecks in institutions that develop and implement policies, inadequate mentorship and capacity were identified as factors that limit the experience of right holders.

TOC – Theory of Change Adaptations

The context analysis of SRHR in Nigeria served as a major foundation for the adoption of the We Lead Program global theory of change (ToC). The validity of the resulting localised ToC was ensured through three major approaches which were the thorough participatory methodology of the localisation process, the use of literature to validate context and gaps in SRHR, and the validation of TOC by subject matter experts.

The validity of the TOC was ensured through the methodology of the localisation process, the use of literature to validate context and gaps in SRHR and the validation of TOC by subject matter experts

3.4: NIGER

3.4.1: TOC Localization/Validation and Baseline process

Baseline context

Among a global population of 24.2 million people in 2020, young people from 0 to 14 represent more than 49.67%, of which 13.34% are girls aged 10 to 14 (3.2 million) and 10, 76% are girls are between 15 and 19 (2.6 million). In this country, HIV prevalence is 1% among the same age group (0.7% population-wide). Before the pandemic, 3 out of 4 girls were forcibly married before they were 18. And more than ¾ of women today aged 20 to 24 were married before they were 18, putting Niger at the top of countries with the highest rate of child marriage.

Girls who married before the age of 18 represent more than 70% of cases of domestic violence in some parts of the country. Other effects of marriage and early pregnancy is no doubt the rapid population growth, with 7.2 children per woman, Niger has one of the highest birth rates in the world. Contraceptive prevalence is 5.9% among married adolescent girls aged 15 to 19 years and while 77.4% have heard of a modern method of contraception, among them, only 3.7% have ever used a contraceptive method to avoid pregnancy.

41% of adolescent girls aged 15 to 19 have already started their fertile life: one girl out three has had at least one child and 8% are pregnant with a first child. The consequences of this practice are disastrous because this same population contributes to 25% of maternal deaths recorded in the country. There is no comprehensive national data on the prevalence of genital fistula, but early marriage, harmful traditional practices (excision) and early pregnancies increase the prevalence of this disease in Niger: However, the Ministry of Health estimates that there are approximately 760 new cases each year. Early marriage also causes the girl to drop out of school.

Faced with this alarming situation, many interventions are carried out by partners and the Nigerien government to defend and promote SRHR among young girls. Indeed, given the stakes, the country has ratified numerous international conventions on the promotion of young people SRHR, which has become one of the priorities of the Ministry of Health. At the local level, numerous legislative texts have been developed and adopted to provide a framework for youth SRHR. i.e., in 2006, a law on sexual and reproductive health was adopted, which makes access to information and care on sexual and reproductive health a right. This law has been revised in 2019. Recently, the National Budgeted Action Plan for Family Planning have been revised for the period 2021-2025). And in 2016, to fight against young girls' early marriage, a decree was passed to keep girls in school until they are 16.

Also training and coaching of implementation actors (State agents and community actors), pedagogical coaches, school health focal points and other actors, have been led by Government and technical partners. Moreover, many projects to strengthen life skills, youth leadership, and the advocacy capacity of youth associations are being implemented throughout the country

Nevertheless, while the legislative framework exists, much remains to be done in its implementation. Indeed, many girls continue to be taken out of school to be married, without any consequences for the perpetrators.

Process of localization

In October 2021, a roundtable discussion was held with experts in sexual and reproductive health, including representatives from the Ministry of Health, civil society organizations promoting the rights of young women and adolescents, discriminated sexual minorities (including [redacted]), people living with HIV, and representatives from the Nigerian Federation of People Living with Disabilities. During this meeting, a presentation of the We-lead program was made as well as the program's overall theory of change. The purpose of this meeting was to reflect on the validity of the theory of change and to determine the axes that could guide COA organizations in localizing this theory of change and adapting it to the context.

During this meeting, partners presented a legal context that has gaps but provides a wide variety of laws, policies and conventions that Niger has ratified that allow for the promotion and prevention of sexual and reproductive rights. However, due to a lack of resources, mostly financial, most of these laws are not enforced. In addition, the difficult socio-cultural context of the country (strong lobbying by religious leaders, deep-rooted traditional and customary beliefs) hinders the implementation of these texts and can impact the implementation of the program. As a first step, the experts identified various laws on which the CoA could rely, and also some ways to address the civic space which is quite difficult.

General Context in line with the 4 outcomes

Outcome 1 Strengthened CSOs are inclusive of or led by young women from four rights holder groups and work together in a CoA to defend and promote their SRH-R.

Niger is full of an important number of young people who are willing to fight for their rights. They are often grouped in networks, associations, NGOs or any other type of grouping according to ideological reasons. Many of these organizations are federated in a network called "youth ambassador network for SRH/FP.
The issue of SRH is a burning issue in Niger and is of interest to many young people regardless of gender or social status. The feeling of being left out or the expressed or unsatisfied needs have led informed young people to combine their efforts in order to wrest their rights related to the issue. There are organizations or associations whose ultimate goal is to secure their SRH rights.

However, the journey they have taken is often a slippery slope. Indeed, they are prey to all forms of discrimination. For many adults, SRH is not a matter for young people. In addition to this generational conflict, there is also discrimination based on the situation of the subjects: living with a disability or not, suffering from a certain type of disease or not (e.g. HIV-AIDS), residents or in placement, people according to their socio-cultural status and many others. In addition, there is the problem of self-financing or finding a technical or financial partner to accompany them in their noble ambitions. We must not lose sight of the fact that these organizations or associations suffer from a lack of material and intellectual capacity to carry out the fight.

Their strength and common point is that they believe in themselves and have no desire to lower their arms, because for them victory is at the end of the tunnel for a better and fatherly change. According to a respondent "Young people are not aware of their rights, they are eager to learn, they are curious and this curiosity must be exploited".

Outcome 2 The general public increasingly acknowledges and supports young women's SRH-R.
This whole agenda of sexuality is characterized by a great taboo from religious and socio-cultural perspective in Niger. This is manifested by the stigmatization of young people who try to venture into this subject. There is practically no interaction between young people and others on this subject. Even in the households the subject is to be avoided. This situation undoubtedly favors early and forced marriages. However, the socio-cultural context of Niger is still not very permeable to any initiative aimed at enabling adolescents and young people to better understand their body, to better understand the transformations it undergoes due to their age and to better identify the health risks. and social that may be linked to them.
Some of the service delivery programs for AYSRH have encountered various resistance from parents, parents' associations, faith-based and religious organizations, certain media and often students themselves. themselves, often leading to the suspension or even the outright stopping of initiatives that are nevertheless beneficial for the youngest.

Talking about sex and all that is close to it is still considered a taboo subject in Niger. However, cases of indecent assault, rape, sexual harassment, STI / HIV, sexual transactions including in schools, unwanted pregnancies and out of wedlock, dropping out of school due to unauthorized pregnancies. planned, maternal deaths during childbirth are no exception in Niger.

Outcome 3 Health-service providers are more aware of the SRH-R needs and situation of rights holder groups and increasingly provide accessible, comprehensive, high-quality, inclusive and respectful SRH-R information and services.
In Niger, SRH services are almost free but unfortunately not often accessible, especially for adolescents and young people. Barriers to SRH services are often related to poor reception, lack of availability of SRH services in some centers, lack of availability of inputs in quantity and quality, prejudice, distance to access, hours of availability (at 8:00 a.m. to 6:00 p.m., youth are often in school or other concerns. Their sexual activities often take place at night) and sometimes to adult staff who often discourage young people by shame or lack of courage.

Outcome 4 Duty-bearers increasingly design, adopt and implement laws and policies that respect and protect the SRH-R of young women from rights holder groups.

Law No. 2006-16 of 21 June 2006 on reproductive health in Niger provides in its article 2 of the universal nature of the right to reproductive health. « All individuals are equal in rights and dignity in matters of reproductive health. The right to reproductive health is a fundamental universal right guaranteed to all human beings, throughout their life, in all circumstances and in all places. No individual may be deprived of this right, which he enjoys without discrimination on the basis of age, sex, fortune, religion, ethnicity, marital status or any other situation. Since this historic call, all the national strategic orientation documents (five-year plans, health sector policy statements, health development plans, national education system orientation law, general policy statements of the various governments, orientation law education system, PDES) amongst others, have always made special mention of the health and social situation of adolescents and young people. All laws and policies that respect and protect the SRHR of young women in Niger are rooted in the Universal Declaration of Human Rights. We can cite among others the decree of laws to keep girls in school until the age of 16 of 2016 and the international convention on the rights of persons with disabilities (notably in its article 30) and its optional protocol ratified by Niger on June 08, 2008.
However, the problem is far from the existence of policies and laws. It is mainly a problem of implementation and popularization in Niger. Given the context of the country, the authorities even dodge certain debates on some of these laws. This favours the lack of knowledge and competence of the substance of certain laws. This also has consequences for the provision of SRH services. According to one respondent, "the poor SRH service in the health services is the result of a lack of knowledge of the texts by health workers or a refusal to apply them. According to another respondent, the SRH of disabled persons is not respected because the great majority do not know the laws.

TOC – Theory of Change Adaptations

The TOC hasn't been localized to the Niger context yet and there is need to undertake the localization process.
There are however a lot of relevant areas in line with the local context from the global TOC which include focus on the CSOs strengthening and addressing the Civic space for the Rights Holder groups in Niger.

During the round table discussion, a presentation of the different areas of results expected by the program was made, as well as the different strategies envisaged to achieve these results. These different aspects were all described in the program's overall theory of change.

The participants all recognized the relevance of this tool, which aligns with the programmatic objectives of the State concerning the health of young people in general. Indeed, the representatives of the ministry have recognized the neglect on the part of the authorities of the sexual and reproductive rights of young people in general, for many years. But recently, a clear will has been displayed by public decision-makers, to rectify this failure, which resulted in the drafting of the SAJ plan (Health Plan for Adolescents and Young People) which takes into account various health-related including the sexual and reproductive rights of young people. This plan was adopted for the period 2017-2021 and is currently being revised, which led all the experts present, in particular the representatives of the Ministry of Health, to show a clear desire to support the program during its implementation.

Risks/Stressors and Key assumptions that are significant to the program

Risk1. Religious barrier: Niger is a secular republic however more than 95% of the population is Muslim. Therefore there is a strong religious pressure on the socio-cultural environment. this strong religious pressure coexists with harmful cultural and traditional beliefs makes the environment particularly harsh, especially for young people and for women who are deprived of their rights. Addressing issues related to sexuality is taboo, and issues related to reproductive health are reserved only for married people. there is strong lobbying from religious and customary leaders. Speaking publicly about sexual and reproductive health exposes those who dare to do so to marginalization, discrimination and often even physical violence. This environment can impact on the activities of the organizations of the community of action and particularly concerning the sensitization of the general public

Risk2. Unstable security situation with significant terrorist activity: Niger shares borders with Mali, Burkina, Nigeria and Libya, which are all characterized by insecurity linked to the circulation of arms since the fall of the Libyan regime, and the rise of violent Islamist extremism, linked to activities of terrorist groups in particular the Boko Haram group operating in Nigeria and the Islamic State operating in Mali and Burkina. As a result, for some years Niger has been subject to violent terrorist attacks, leading certain areas to be considered as dangerous areas. travel to these parts of the country requires permits and military escort. these areas are also those most in need of humanitarian assistance.

Risk3. Post-election violence linked to the protest movement and the rejection of the new regime: the presidential elections organized in 2021 were the scene of strong post-election violence orchestrated by political opponents to challenge the legitimacy of the new regime in place. the situation seems to have calmed down in recent days, but the strong restriction of civic space with a systematic ban on all marches and the arrests of activists may lead to a resurgence of protest movements. During these demonstrations, amalgams are often made by the demonstrators who often attack the interests of foreign groups and religious minorities (vandalization of French establishments most of the time, and of churches). This can also lead to violence against groups of rights holders (particularly sexual minorities).

3.5: MOZAMBIQUE

3.5.1: TOC Localization/Validation and Baseline process

Baseline context

According to the Constitution, Mozambique is a democratic country that respects all diversity; all citizens are equal before the Law and should not be discriminated against. The country is a signatory of several Human Rights instruments such as the Universal Declaration of Human Rights, the African Charter on Human and Peoples Rights (1989), CERD - International Convention on the Elimination of All Forms of Racial Discrimination (1983). Moreover, according to the afro barometer (2016), Mozambique is more tolerant towards [redacted] people than most African countries. In addition, there is neither an organized [redacted] movement nor records of hate crimes targeting these community members. The legal framework enables the promotion and protection of the rights of adolescents and young women. Also, it is worth mentioning that the country has some form of protection against discrimination based on sexual orientation at the workplace. However, women, girls, PWD, PLHIV and sexual minorities face stigma, discrimination, psychological and physical violence, which prevents them from enjoying their Human Rights and attaining their fullest potential. For example, [redacted] women face discrimination at home, school, workplace, and place of worship, impacting their self-esteem and wellbeing, consequently hampering their chances to self-develop and meaningfully contribute as members of their communities.

Process of localizations

The process of locations was done through discussions with the CoAs represented in all regions of Mozambique (organizations from south, Centre and north). Through the roundtable discussion the CoAs was able to localize the ToC identifying challenges and opportunities for the implementation of the program We lead in Mozambique.The CoAs understand that their agenda should be able to create consensus and an understanding on how they position themselves beyond reproductive rights and public health. The CoAs should build a movement where the role of each organization complements the others and there is alignment of the agenda (looking in and out).

The objectives and activities proposed for the project We Lead are aligned with the CoAs expectation and ToC was confirmed and validated by all.

General Context in line with the 4 outcomes

Outcome 1 Strengthened CSOs are inclusive of or led by young women from four rights holder groups and work together in a CoA to defend and promote their SRH-R.

Organizations representing women, young women, women with disability, women living with HIV are free to self-organize and advocate for their rights without significant constraints or organized opposition. Civil Society has done great work in advocating decisions makers to approve laws that protect adolescents and young women, and from the strategy against early marriage was approved a Law to prevent and combat early marriage[1]. This strategy was also impacted in the Family Law, where marriage is only accepted for women aged 18. However, in recent years, due to Cabo Delgado instability and the government crackdown on dissident voices, the civic space for SCO has been shrinking, which affects their capacity to self-organize, take the public spaces, and influence public opinion.

The CSO leadership landscape is highly vertical, patriarchal, heteronormative, and male-dominated. Young women lead few feminist organizations, and the few exceptions lack the capacity and skills to navigate the relevant decision-making spaces. On the ideological side, there are not genuinely inclusive feminist organizations, demonstrated by the resistance to include and advocate for [redacted].

Outcome 2 The general public increasingly acknowledges and supports young women's SRH-R.

Due to conservative socio and cultural norms, young women's voices generally struggle to be heard even in the broad women's movement. However, due to global and local SRH-R initiatives empowering young women, there have been slight changes for the positive in the public opinion about the weight of young women's voices on the issues that affect them, even in the rural areas.

However, women, girls, PWD, PLHIV and sexual minorities face stigma, discrimination, psychological and physical violence, which prevents them from enjoying their Human Rights and attaining their fullest potential. For example, [redacted] women face discrimination at home, school, workplace, and place of worship, impacting their self-esteem and wellbeing, consequently hampering their chances to self-develop and meaningfully contribute as members of their communities.

Outcome 3 Health-service providers are more aware of the SRH-R needs and situation of rights holder groups and increasingly provide accessible, comprehensive, high-quality, inclusive and respectful SRH-R information and services.

The health providers' training curricula include SRH-R aspects much because of years of advocacy done by SCOs. However, stigma, discrimination, and poor service delivery are still a reality for many rightsholders who seek public health facilities. During the roundtable discussions, rightsholder's groups reported limited access to information. For example, no information or services target young women with disabilities, [redacted] women at all health services facilities. There are very few or even non-existence IEC materials for the visually impaired rightsholder's.

Addressing SRHR services for women living with disabilities is still a challenge due to a lack of professionals trained to attend to the specific needs of this target group. The inclusion of a particular training package for health professionals contributes to reducing this existing Gap. It is also essential to strengthen the local organization of women living with disability to empower them in governance and advocacy.

The country's HIV law guarantees the necessary prevention, protection, and HIV treatment for PLWHIV. Also, it protects the workers living with HIV, ensuring that none of them is mistreated either at job application or at the workplace. Regarding health services for PLHIV, Mozambique has an inclusive guideline that integrates HIV and AIDS Prevention, Care and Treatment Services for the Key Population[2]; however, as mentioned, they exclude [redacted].

[1] Lei nº 19/2019, Lei de Prevenção e Combate as Uniões Prematuras

[2] MISAU (2016). irectriz para Integração dos Serviços de Prevenção, Cuidados e Tratamento em HIV e SIDA para a População Chave no Sector da Saúde, DNAM.

Outcome 4: Duty-bearers increasingly design, adopt and implement laws and policies that respect and protect the SRH-R of young women from rights holder groups.

In general, the laws, regulations, and policies on SRHR in Mozambique are conducive to protecting women, young women, women living with HIV and women with disability. In addition, the country's Constitution, which in its article 35 prohibits discrimination based on gender, Mozambique has made significant strides in protecting women's rights. It is a signatory of the Convention on the Elimination of All Forms of Discrimination against Women (1997) the Maputo Protocol (2015). Also, it has decriminalized abortion (2014), it has adopted a Strategy for Gender Equality (2018)3 , and most recently, it has revoked the ministerial decree which banned pregnant adolescents from attending day classes (December 2018)4

However, conservative social norms regarding gender roles and sexuality, coupled with the lack of political will to tackle them, have contributed negatively to the fullest implementation of such progressive pieces of legislation and policies. For instance, [redacted] women are not included in many women's policies, exposing them to abuse, harassment by private and state actors, and lack adequate SRH services.

To exemplify the above, in 2011, the MoH (Ministry of Health) approved the National Policy of Sexual and Reproductive rights, with the intent to provide friendly SRH services to all without stigma and discrimination; however, the reality shows a different story. PWD, PLHIV and [redacted] report being discriminated and stigmatized against by health care providers when seeking services.

TOC – Theory of Change Adaptations

During the roundtable discussion the emphase was on overview of the project in which they identified challenges and opportunities. The CoAs discussed priorities for Mozambique and agreed that they aligned with activities identified by the Project We Lead. The CoAs understand the project We Lead will contribute to successful implementation of activities in Mozambique. The visibility of the CoA needs to be reinforced based on the challenges imposed in the context of Mozambique and the limitations imposed by the Covid-19 pandemic. The ToC localization need to be

The collaboration with local, national, and international movements will empower and strengthen the Community's agenda. There were not identified any programming shifts for the context of Mozambique.

3.6: LEBANON

3.6.1: TOC Localization/Validation and Baseline process

Baseline context

The baseline assessment analysed the current Lebanese SRH-R status, in the light of the multiple-crisis affecting Lebanon and the impact of these crises on the promotion and provision of SRH-R information and services. Indeed, the analysis highlights that in the past two years, corruption that has led to the protests and to political instability, the socio-economic crisis, exacerbated by the Syrian crisis and the dramatic devaluation of the Lebanese Pound, together with the outbreak of the pandemic of Covid-19 and the explosion at the port of Beirut on the 4th of August 2020, have disproportionately affected women and especially the four rightsholder groups targeted by the We Lead project: [redacted] community, people with disabilities (PWDs), people living with HIV/AIDS and

3 http://forumulher.org.mz/wp-content/uploads/2018/09/POLITICA-DE-GENERO-e-Estrategia-Implementacao-APROVADA-CM-11.09.2018ooo.pdf

4 Despacho nº 39/GM/2003,

displaced/refugees girls and women. Accessibility and availability of SRH-R information and services in Lebanon vary depending on nationality (Lebanese vs. Syrian/Palestinian refugees), socio-economic status (upper-middle class vs. lower- level class), legal status (married vs. unmarried), sex orientation and gender identity, geographical area (urban vs. rural) and level of ability (women with disability). Patriarchy and sectarianism, which are reflected in several discriminating laws and social norms were also identify as potential target for advocacy purpose, including the "abortion law, law 220/2000 that discriminates PWD and article 534 of the penal code that is used to justify negative attitudes and discrimination against [redacted] community. Lack of comprehensive SRH-R education, especially amongst healthcare providers, pour coordination at ministry level and scarcity of human and financial resources among CSOs working on SRH-R issues also affect the promotion and provision of SRH-R information and services. Thus, strengthening knowledge and capacity of CSOs, activists and youth groups from the four rightsholder groups is essential, especially in the area of right-based approach and evidence-based approach, the use of inclusive language and digital content for digital platforms and networks.

Process of localizations

The baseline report was submitted to Hivos, gathering information from a comprehensive desk review of the most updated data and information available on SRH-R status in Lebanon. The baseline Report incorporated information and inputs from an initial inclusive four-day workshop and localization exercise that involved 6 CSOs representing the four rightsholder group as well as the SRH-R Roundtable Report that provides SRH-R inputs from experts from various CSOs in Lebanon working in the field of these rights and members from the rightsholder groups. These reports also aimed at identify key priority areas that We Lead partners will focus on in 2022-2025.

General Context in line with the 4 outcomes

Outcome 1. Strengthened CSOs are inclusive of or led by young women from four rightsholder groups, and work together in a CoA to defend and promote their SRH-R.

Despite all the challenges that Lebanese women, including the four targeted groups, have been facing especially in the past few years, young women, feminists and activists have been active, especially through social media platforms, demonstrating resilience and perseverance in fighting for their rights and changes in society. At the same time the explosion at the Beirut Port in August 2020 together with the economic and health crises have affected women and youth mental health and psychosocial wellbeing, leaving them in a status of fear and hopelessness as never before. As a consequence, strengthening CSOs, especially those led by the four rightsholder groups, on participatory and inclusive advocacy and lobbying capacity, focusing on research-based knowledge, is essential to improve the current status of the four rightsholders groups. Thus, bringing together CSOs led by young women from the four targeted groups to create a community of Action (CoA) with a unity of purpose that can develop a strategic advocacy campaign that relies on existing national and international human rights frameworks related to SRH-R issues is relevant and feasible. This unified voice, can also play a role in pushing forward and shedding light on SRH-R issues at institutional and political level. Moreover, cooperation and coordination among CSOs and UN Agencies that provide SRH-R information and services needs to be strengthened, in order to avoid duplication of interventions.

Decentralization and tailored intervention according to the geographical areas are essential, considering the differences existing between Beirut and other cities and rural areas in the provision of SRHR services as well as in the level of discrimination and marginalization of women from the four targeted groups in different governorates. In this sense, online and social media platforms, especially youth-led platforms and those working closely with activists on the ground can play a fundamental role in challenging mainstream narratives by pushing and promoting critical and alternative perspectives and providing critical up-to-date information. Example of these platforms include Kohl Journal, that is part of the CoA.

Outcome 2. The general public increasingly acknowledges and supports young women's SRH-R.

Institutional barriers as well as the economic and health crisis have deprioritized the importance of SRH-R conversations at institutional and community level. However, sensitization and capacity building to improve and promote an inclusive language used by media and online digital platforms regarding SRH-R issues is vital to change

the mainstream narrative and start a normalization of conversations around SRH-R issues. To this end, engaging social media providers on promoting inclusive online platforms and building partnerships between media platforms/houses and RHs/CSOs on SRH-R issues as well as promoting a rights holder's participatory bottom-up approach in the community, are well recognised approaches and interventions. Engagement of media personalities, youth leaders, social influencers from the 4 rightsholder groups is also important to reach a wider public.

Outcome 3: Health-service providers are more aware of the SRH-R needs and situation of rightsholder groups, and increasingly provide accessible, comprehensive, high-quality, inclusive and respectful SRH-R information and services.

Interventions to train and building knowledge and capacity related to inclusive SRH-R, including the 4 rightsholder groups in Lebanon, among healthcare providers is essential to improve accessibility, availability and high-quality of SRH-R information and services. Thus, a bottom-up approach that engages SRH experts, including rightsholder activists from the four targeted groups, and feminists' health care providers appear reasonable and a good approach. The development of an inclusive SRH-R curriculum on specific information and skills, led by right holders themselves, can be a tool for undertaking case management taking into consideration rightsholders perspectives and needs. It could also be good to link the inclusive SRHR curriculum to the one developed by the Ministry of Health. However, assumptions, such as the prioritization of SRH issues in budgeting by government actors and a political and economic support to inclusive and right-based SRH-R interventions, do not seem to fully reflect the current SRH-R situation in Lebanon. By relying on these over-optimistic assumptions, pathways identified in the ToC to achieve this outcome risk lacking consequential steps.

Outcome 4: Duty-bearers increasingly design, adopt and implement laws and policies that respect and protect the SRH-R of young women from rightsholder groups

The fact that abortion is still illegal, discrimination against [redacted] community remains high and depends on an arbitrary interpretation of the criminal law and the fact that Lebanon has not ratified the Convention of the right of people with disability as well as the high discrimination against refugees, are just examples that give a clear picture of what is the current socio- political context in Lebanon. Moreover, all the assumptions underpinning the desired outcome are not realistic considering the Lebanese sectarian and patriarchal system. Nonetheless, the need to change this reality is also high. Thus, strengthening participatory strategic engagement with policy makers by drafting policies brief developed in participatory and inclusive manners are essential tools in order to achieve some positive changes in the reality. In this sense, the criminalisation of harassment behaviours adopted with a decree in 2020, could be seen as a positive first step in this direction. Along the same line, advocacy and designing policy brief to tackle some of the laws mentioned above would be essential to improve gender equality and moving forward to a more social justice society.

TOC – Theory of Change Adaptations

The relevance of ToC and the importance of improving access to inclusive quality SRHR information and services is unquestionable, especially for the rightsholder groups selected, considering that the demand of SRH-R information, services and supplies has been exponentially increasing since 2019, as demonstrated by the higher number of unintended pregnancy due to lower access to contraception, the higher rate of SGBV and lower access to treatment for those women living with HIV as well as to pre and post exposure procedures. Women with disability and refugees' women and girls have also suffered more by experiencing less accessibility and availability of SRH supplies.

Country priorities were informed through a comprehensive analysis of the initial SRH-R assessment report made by the CoA of six CSOs representing the four rightsholder groups as well as a roundtable SRH-R report presented by CSOs working on these rights in Lebanon, including members of the four rightsholder groups. Moreover, the project falls under the overarching umbrella of the Strengthening Civil Society (SCS) policy framework that requires to all partnerships and programs to be compliant with the "Strengthening Civil Society IATI indicator guidelines on

Sexual and Reproductive Health & Rights" provided by the Ministry of Foreign Affairs. The obligation to monitor and report project implementation according to the indicator guidelines can be seen as a sign of prioritisation of SRH-R intervention.

No changes or adaptation of the TOC were made yet. However, the overall objective appears ambitious to be achieved considering the time frame of the project (4 years implementation) and the current Lebanese context. Indeed, a simplification of the Lebanese socio- economic and political context related to SRHR issues, particularly related to the 4 rightsholder groups can at times contribute to affect the validity and feasibility of the ToC. Moreover, some pathways do not provide a clear picture of what are the expected outputs and the related activities for each expected intermediate outcome and there are at times unclear logical steps on how to achieve the foreseen outcomes, given that the ToC developed in September is still a draft and has not been finalized or validated yet, a comprehensive work plan on the necessary pathways will be developed by CoAs end of February 2022.

Risks/Stressors and Key assumptions that are significant to the program

Risk1. "Existence of a conducive environment to work on SRH- R: socially, economically and politically" and "Openness of communities to exchanging information and having open conversations on SRH issues": high risk. There is no enabling environment to work on SRH-R: socially, economically and politically. Moreover, due to religious beliefs and social norms, SRH-R are still 'taboo', as also demonstrated and reinforced by the data that shows low level of knowledge of SRH-R among women in Lebanon and by the high level of discrimination and stigmatisation against minority groups.

Risk2. All the assumptions: "Openness and acceptance of the general community of inclusive conversations on SRH-R issues", "Absence of institutional barriers in the community" and "People are willing to prioritise SRH-R conversations (in midst of the economic crisis)": medium and high risks for the same reasons mentioned above.

Risk3. "A conducive political and economic environment to support inclusive and right-based SRH-R conversations and interventions" and "Prioritization of SRH issues in budgeting by government actors in order to ensure higher allocation of funds to SRH-R projects for different actors": high risks. Since there is no political will and no SRH-R policy and/or action plan, it is hard to foreseen higher budget allocation to SRH-R intervention.

Risk4. All the assumptions "Conducive and supportive civic space for SRH-R inclusive policy making and review", "Existence of an active legislative process around SRH issues", "Recognition and prioritization of SRH-R laws and policies in by government actors", "Leadership of RHs in the e policy-making arena around SRH-R issues", "Willingness of duty-bearers to implement and monitor laws" and "Publication of research that informs SRH-R policy-making or reform": high risk.

3.7: JORDAN

3.7.1: TOC Localization/Validation and Baseline process

Baseline context

In the past few years, Jordan made several important steps to improve SRH-R status, especially at international level. For instance, at the International Conference on Population and Development (ICPD) 2019, Jordan pledged to "end all preventable maternal and child deaths" and "gender-based violence" against women, girls, and young people, and "meet the family planning needs" as a right for millions of women. Moreover, Jordan is a member of the Share-Net International Digital Platform, which is a global, centralized knowledge-sharing space for people working and interested in SRH-R and HIV. At national level, Jordan has recently adopted (Dec. 2021) a National Strategy on Reproductive and sexual health 2020 – 2030 that is considered as a milestone document that can improve SRH-R information and services in Jordan. However, the efforts and commitments made at international and national level are not yet translated into action and implemented on the ground. Indeed, public health system in Jordan is challenged by a range of issues, including low public investment, shortage of medicines, poor infrastructure and diagnostics tools as well as inadequate skilled human resources. Additionally, in the past decades, the privatization and corporatization of health care system have affected the accessibility, affordability, and quality of healthcare, including for reproductive health needs, creating further social, economic, and geographical distances particularly for girls, young women and marginalized women communities. Inequities in access reproductive healthcare services and in health outcomes are significant especially for vulnerable groups, as well as according to the geographical areas (urban vs. rural).

The level of SRH-R information is low, especially among the youth, due to the lack of accessible comprehensive and inclusive SRH-R information and services, social and cultural norms that still consider discussions about sexual and reproductive health a "taboo" and due to the poor quality and unskilled healthcare providers in the health sector, including in the private sector. Moreover, the COVID-19 pandemic has curtailed access to social and health services in Jordan, especially for women, exacerbating existing gender inequalities, especially for the most vulnerable communities such as refugees and displaced people, persons with disabilities, and youth girls.

SRH-R lack comprehensive programs, thus their implementation through the health, education and social sector remains low. Indeed, access to safe and quality services, including information, counselling, and post-abortion care ere significantly lacking. Reproductive morbidities remain neglected within service providers' schemes. Similarly, early marriage and its negative outcomes for reproductive health and rights have also remained a neglected area.

Process of localizations

The baseline assessment was the result of a mixed-method approach that entailed the collection and analysis of primary data as well as secondary information and analysis. Primary data were collected through KIIs and FGDs with members from the four rightsholders groups from relevant geographic areas, organizations, and stakeholders. An analytical research and desk review also informed the baseline assessment and provided data and information. The desk review included, but was not limited to, the following documents: The round table discussion report, conducted by Hivos with mains stakeholders in Jordan; the Jordan's National Strategy SRH-R 2020-2030 and the Policy brief "Empowering women and girls and gender equality by ensuring the provision of sexual and reproductive health and reproductive rights".

General Context in line with the 4 outcomes

Outcome 1: Strengthened CSOs are inclusive of or led by young women from four rightsholder groups, and work together in a CoA to defend and promote their SRH-R.

Overall, CSOs capacity and knowledge appear weak, in terms of quality of information and services provided as well as in terms of freedom to be inclusive and promote diversity. Indeed, CSOs working on SRH-R issues, feminists and adolescent girls have always faced challenges in fighting government policies and conservative attitudes that limit women reproductive rights, freedom and autonomy. CSOs working on SRH-R issues experience several limits and restrictions: they need to "play by the rules" and to adapt the language and content of their work to please the official discourse without criticism. Moreover, the availability of SRHR services and products has decreased due to the pandemic, that has affected SRH-R in different ways, from shortages of contraceptive supplies to increases in sexual violence, especially among the most vulnerable groups, including women refugees. Demand for family planning services has increased among both, the Syrian refugees and the host communities.

However, the work of SRHR CSOs has been instrumental for health sector reforms and gender equality and must be supported during the pandemic as well as beyond it in order to continue to advocate for improved reproductive justice.

Outcome 2: The general public increasingly acknowledges and supports young women's SRH-R.
SRH-R issues are still new concepts in the Jordan context, considering its patriarchal and gender-stereotyped social and political structure, where SRH-R are still "taboos" and remain sensitive topics. As a result of the community-wide reluctance to participate and engage with SRHR-related discussion, many people have developed misconceptions concerning sexual and reproductive health. Religious leaders, parents and other CBOs such as faith-based organisations still play an important role as opposing voices towards a more inclusive and gender-equality society. Moreover, differences in availability and acceptance of SRH-R information and services is registered between urban and rural areas. In the rural areas there is a trusted relationship between the local community and the CBOs when it comes to counselling on such topic. Thus, there is a need to engage and collaborate with CBOs in order to raising awareness and change the narratives about specific SRH-R issues such as early marriage, relative marriage, and family planning.

Outcome 3: Health-service providers are more aware of the SRH-R needs and situation of rightsholder groups, and increasingly provide accessible, comprehensive, high-quality, inclusive and respectful SRH-R information and services.

Jordan lacks of specialized and integrated SRH-R services that address the most vulnerable groups such as people with special needs, victims of rape and sexual violence, HIV/AIDS patients, and refugees. In particular, there has been a shortage of sexual and adolescent health providers and insufficient specialized training programs for healthcare providers. Health care providers negative attitudes and lack of comprehensive knowledge and information about SRH-R issues represent an important barrier to access SRH-R information and services, especially for the most vulnerable groups and young women. Young people are diverse and so too are their sexual and reproductive health needs. They may require information on and access to modern contraception, emergency contraception, menstruation, HIV/AIDS and STI (sexually transmitted infection) testing and treatment, pregnancy testing and counselling, GBV and other harmful practices counselling, and referral systems. However, health-service providers do not take them seriously, are not aware of their needs and do not know what information youth need, and are not trained to answer youth questions, thus looking at their questions as inappropriate. Moreover, there is a difference between urban and rural areas, where SRH-R services are absent due to the link between population density and the presence of healthcare facilities. SRH-R are also neglected in the private sector. Indeed, despite the fact that private health care sector covers 40% of the healthcare provision, its contribution to SRH-R is significantly low or absent.

Outcome 4: Duty-bearers increasingly design, adopt and implement laws and policies that respect and protect the SRH-R of young women from rightsholder groups.
Despite its international commitment and national improvement, the institutional landscape of SRH-R information and services in Jordan has shown weak legislation and programs that implement rights-based approach in the provision of SRH-R information and services. Moreover, the lack of coordination between international donor

organizations that finance SRH-R, including family planning programs, the absence of a unified official arm to coordinate and monitor the work of these organizations and the lack of SRH-R information systems in the country negatively affect the promotion and protection of SRH-R issues. This is largely due to a complex system of social norms involving the household, extended family, communities, and society at large that contributes to low rates of political, social, and economic participation of women and youth. Such norms and values inhibit the enforcement of policies and regulations that facilitate their implementation.

As mentioned above, social norms and religious discourse are limiting SRH-R progress in a way that the community and the society at large still consider SRH-R a 'taboo'. Thus, discussions about topic such as abortion, sexual identity and sex outside marriage are not open and need to be addressed at their root causes, by engaging all levels of the society, including households, community and religious leaders. Moreover, at institutional level, the lack of indicators to monitor the implementation of the SRH strategy, and the absence of specific budget allocated to SRH-R information and services make difficult to evaluate the effectiveness of the policies. In addition, there is the need to create an inclusive database that identifies gaps and opportunities for SRH-R improvements and collect disaggregated data about different rightsholder group's needs.

TOC – Theory of Change Adaptations

The relevance of ToC and the importance of improving access to inclusive quality SRH-R information and services is confirmed, especially for the rightsholder groups selected. Indeed, in the light of the newly adopted National Strategy on Reproductive and sexual health 2020 – 2030, it is crucial that CSOs and rightsholder groups member take the momentum. Moreover, the strategy identifies four strategic pillars (an enabling environment; services and information; sustainability and governance; and society) which are in line with the We Lead project ToC and its expected outcomes. Country priorities were informed by a) the National Strategy on Reproductive and sexual health 2020 – 2030, b) primary data collection from representatives of rightsholder groups and experts working on SRH-R issues in different geographical areas, and c) secondary data and information that shows and highlights the main SRH-R concerns, with a special focus on the four rightsholder groups targeted by the We Lead project.

No adaptations or changes to the ToC are envisaged. However, some suggestions were made in order to guarantee a contextualized implementation of project activity and to achieve the expected outcomes. The importance to focus on achieving "reproductive justice", that refers to the empowerment of young women, especially those from the four rightsholder groups, to enjoy their sexual and reproductive health and rights in autonomy and with self-determination. The program should target women lead CBOs since these CBOs are very close to the local communities who are the key and entry points to SRH-R discourse.

Risks/Stressors and Key assumptions that are significant to the program

Risk1. Openness of communities to exchanging information and having open conversations on SRH issues: High risk. Resistance from Stakeholders and community members towards SRH-R can stem in the lack of knowledge and misinformation about what comprehensive SRH-R definition means as well as in the social/ cultural and religious environment and beliefs. As a result, people may have concerns or fears. Mitigating measures: showing what comprehensive sexuality definition and education is, what it teaches to young women of different ages, and what the benefits are, those concerns and fears might be taken away.

Risk2. Actors or people believe that SRHR issues that the We Lead program addresses are conflicting with their or their society's cultural or religious beliefs and norms. High risk. Mitigating measures: The We Lead program needs to take the time to explore and understand where these concerns are coming from. It is often a result of how those that resist frame their messages. The program needs to think of ways that it can explain how its work does reflect the local values, morals, and culture.

Risk3. Inclusion also means to engage at all different levels and with different stakeholders. This also means to involve traditional leaders, religious leaders, or parents, as well as to involve or inform government

representatives. Medium risk. Mitigating measures: Advocates and other civil society representatives should try to consider involving representatives of a certain constituency or community in discussions about a particular issue.

3.8: GUATEMALA

3.8.1 TOC Localization/Validation and Baseline process

Baseline context

Guatemala is a multi-ethnic, multicultural and multilingual country, where 56% of the population identifies as Ladino, 41.7% as Mayan, 1.8% are Inca, 0.2% are Afro-descendant, and 0.1% Garifuna. Key issues affecting youth in Guatemala, that represent the majority of the total population, include deprivation of rights, limited access to education, health, security, and civic participation. The latest maternal and child health survey reported that 8% of women have their first sexual intercourse before the age of 15 and that one in five women has their first child between 15 to 19 years (MSPAS, 2017).

Guatemala is a conservative country where patriarchal, and "macho" culture as well as racist, sexists, and hetero-normative and [redacted] attitudes and practices are still in place and represent the predominant social values. Thus, SRH-R issues are still considered taboos. Access to quality SRH-R services and information for women can vary depending on the legal and social status. However, it remains a challenge for the four rightsholder groups targeted by the project. Indeed, adolescents' girls and young women living in rural areas are discriminated and face challenges in accessing SRH-R information and services due to the predominance of patriarchal society that hinders young women from civil and political participation and to the requirement of having parental or legal guardian consent to access healthcare services.

Considering that Guatemala has twenty-four different spoken languages, linguistic barriers also affect access to SRH-R information and services particularly for indigenous and other ethnic-minority groups, especially in rural areas. Women with disability also face discrimination and marginalization and are not recognized as rightsholder. Their rights to have a sexual life, to understand their bodies, and have children are basically ignored.

[redacted] women are harassed in their families, schools, healthcare facilities, and workplaces. Indeed, Guatemala's Human Rights Ombudsman (prosecutor) reported cases where students with diverse SO/GIE/SC were denied their right to education. Moreover, violence, arbitrary detainment and assassination of transwomen occur quite regularly. Women living with HIV/AIDS also suffer a high level of stigmatization and discrimination that can lead to isolation. Thus, these women are frequently afraid to disclose their HIV/AIDS status to their own families and communities and their access to comprehensive SRH-R services is still limited.

For migrant women, their legal status, language barriers as well as racists and discriminating attitudes limit their access to services and even denial of health care. Sexual violence, including rape and sexual assault, is an emerging SRH-R concern that requires an organized intervention with protocols and procedures to protect these women during their migration process.

Process of localization

The validation of the ToC for Guatemala took place in August 2021, during two online workshops and a joint review of the document with the 12 organizations currently part of the CoA (OCAC Guatemala, Red Juvenil de Amugen, Mujeres en Movimienta, Redmutrans Guatemala, Otrans-RN, Cuirpoétikas, Mujeres con Capacidad de Soñar a Colores, Sector de Mujeres, Asociación IDEI, Vidas Paralelas, Incidejoven, Tan Ux'il) as well as members of the consortium such as Hivos, FCAM and Restless Development. During the ToC workshop, the CoA identified favorable and non-favorable legislation and policies around SRH-R for the rightsholders and made a preliminary list of legislation towards which advocacy could be undertaken. In September 2021, an external Validation Committee was installed to undertake a review of the CoA and give feedback to the expected outcomes, the pathways

envisaged to achieve them and the key assumptions underlying them. The observations made by the Validation Committee are currently (January 2022) being incorporated to the ToC by the local team.

General Context in line with the 4 outcomes

Outcome 1: Strengthened CSOs are inclusive of or led by young women from four rightsholder groups, and work together in a CoA to defend and promote their SRH-R.

The Organizations part of the CoA have experience in advocacy and are aware and knowledgeable about the status of laws and policies concerning their constituencies. Moreover, they are active in promoting and creating networks that push for changes in the society and policies and defend SRH-R, especially for the four rightsholder groups targeted by the We lead Project. However, individual and collective leadership of the rightsholders groups needs to be increased. As mentioned above, patriarchal, 'machista' culture as well as sexual and racist practices still shape civil and political power within society at all levels. Thus, this socio-political structure needs to be dismantled even within women's movement. Feminist practices of self and mutual care, and feminist power analysis are considered important tools to deconstruct these oppressing structures, to support and strengthen leadership of young women, and to establish alliances and a joint agenda among rightsholder groups and organizations.

Outcome 2: The general public increasingly acknowledges and supports young women's SRH-R

Civic space is obstructed in Guatemala and criminalisation of social protests has been increased, especially in recent years. Indeed, between 2017 and 2018, Guatemala registered 473 attacks on women rights defenders. For instance, a criminal complaint was recently filed against Incide-Joven, an SRH-R organisation part of the CoA, for sharing information on safe abortion during the International Day for Safe and Legal Abortion in Latin America (September 28, 2020). Thus, CSOs and other women's rights defenders recognise the need to improve their awareness to protect their personal and organizational security and safety, especially when they become public figures, in order to protect themselves from both cyber and physical threats and attacks.

The outbreak of COVID-19 has also limited the ability of feminists and activists to defend women's rights as well as it has affected their general economic, psychosocial, and health status and wellbeing.

Finally, in May 2021, a contested decree known as the 'NGO Act' has been enforced. The law puts additional fiscal and administrative regulations to NGOs, which, according to the Interamerican Human Rights Commission, restricts public space, contravenes the rights of association, freedom of expression and disproportionately hinders public participation and the defence of human rights.

Outcome 3: Health-service providers are more aware of the SRH-R needs and situation of rightsholder groups, and increasingly provide accessible, comprehensive, high-quality, inclusive and respectful SRH-R information and services.

Discrimination and stigmatization by health service providers represents a barrier in accessing SRH-R information and services for all the four rightsholder groups. Indeed, lack of information, knowledge and protocols on comprehensive SRH-R issues by health service providers at all levels, including at Ministry level, contribute to undermine SRH-R availability, accessibility and quality of information and services provided. Rural areas are the most affected in terms of accessibility. There is an urgent need to strengthen healthcare workers' understanding and responsiveness to the SRH-R needs of rightsholders, to push for better protocols and their implementation and to improve monitoring system to obtain better data on the type and quality of services delivered. In order to be accessible, SRH-R services should be youth-friendly, inclusive and culturally appropriate. Indeed, information on SRH-R should be offered in different languages, including sign-language/braille, confidentiality should be guaranteed and the informal 'Comadronas' system of midwifes operating in indigenous communities should be engaged in order to provide tailored and culturally appropriate SRH-R information and services.

Outcome 4: Duty-bearers increasingly design, adopt and implement laws and policies that respect and protect the SRH-R of young women from rightsholder groups.

In Guatemala, conservative parties and movements have been gaining power over the last years, co-opting several spaces in the government and in state institutions. The conservative attitude at political level is reflected in the laws and policies concerning SRH-R issues. For instance, in 2017, the Supreme Court of Justice blocked the distribution of a Manual on Sexual and Reproductive Rights and urged CSOs to stop issuing any manual or carrying out any activity that seeks to support and encourage abortion or abortive practices, although in the country abortion is allowed under certain circumstances. Moreover, in 2018, the Women's Commission of Congress gave an unfavorable edict about a Gender Identity Law proposed by organizations of [redacted]-women. Finally, in 2019, members of the Guatemalan congress have revived an initiative to pass the "Protecting Life and Family" law (Decree 5272) which seeks to criminalize abortion in all forms (including miscarriage) as well as same-sex marriage, and prohibits to both, private and public institutions, to promote comprehensive sex education and any issues related to sexual diversity and "gender identity'. The law would also require doctors to register miscarriages in the National Registry of Persons (RENAP), turning them into 'police officer'. This proposal has currently advanced to second lecture within the Congress. On a positive note, Congress unsuccessfully sought dismissal of the Ombudsman (prosecutor) for defending the rights of [redacted] people and access to abortion.
Considering that Guatemala will go under election in 2023 and that it is foreseen that conservative parties will remain in power, the best way to improve SRH-R status seems to be by working on the incorporation of SRH-R elements in existing policies and in the implementation of existing laws, rather than by promoting new legislations that require approval by the Congress. In particular, the Women Secretariat and the Ministry of Health can be engaged to support the inclusion and expansion of SRH-R issues in the current legal and political setting.

TOC – Theory of Change Adaptations
The relevance of the TOC and the outcomes envisaged were confirmed during the validation process. Country priorities were informed mainly through the joint analysis of the CoA members workshop, including representatives of the four rightsholders groups and other stakeholders in the country, such as organizations that work at both, local (municipal) and national level. Research undertaken by some CoA organizations, such as Incide-Joven and Flacso, have also confirmed the rising of anti-rights groups with conservative nature, which operate to deny and prevent progress towards more democratic laws and policies addressing SRH-R issues.

The ToC didn't suffer changes in terms of objectives or outcomes. However, some key point and suggestions were pointed out by the CoA as follows: a) taking into account the differences between urban and rural areas b) including minority groups such as indigenous and afro-descendent populations; c) adopting an intersectional approach across all objectives. To this end, it will be important to engage the so called 'Comadronas' (midwifes) who work at community level in indigenous territories and are not part of the formal health system. Moreover, it will be essential to engage and work with Municipalities and ancestral leaders at community level since they have already been registered as good entry points for previous localized policies and prevention advocacy efforts around HIV/AIDS.

Risks/Stressors and Key assumptions that are significant to the program

Risk1. CSOs led by young women are able and willing to develop and implement joint advocacy activities: medium risk since young women use diverse strategy and not necessarily advocacy. Mitigating measures: strengthening capacity on political advocacy through training and capacity building to youth women and rightsholder groups.

Risk2. It is possible to improve the safety and security of young women, their organizations and data: medium risk since security depends on external elements. Mitigating measures: Promote security and protection protocols (defense, cybersecurity) in state institutions.

Risk3. The available civic space allows the implementation of public campaigns: medium risk because media and social media are subjected to control and censorship, especially when it comes to advocate for [redacted] community and other rightsholders groups. Mitigating measures: increase safety and security, especially cybersecurity as mentioned above.

Risk4. Strengthening the community system through the development of local campaigns is essential to increase safety and protection of women activists and rightsholder groups: medium risk. Mitigating measures: Creating campaigns together with people in the community and establishing community and neighbourhood alliances before the implementation of the project to mitigate risks of discrimination and violence within the community once the campaign will be implemented.

Risk5. Effective articulations with both local and national media to support the implementation of campaigns aimed at mobilizing public support for young women's SRH-R and to balance conservative narratives among traditional media: medium risk because the national media is co-opted by political and ecclesiastical conservatism. Mitigating measures: allied radio stations and social networks should be identified. Generate more radio broadcasting spaces.

Risk6. Institutional arrangements do not restrict health service providers at clinical level to improve services for young women: medium risk. Mitigating measures: no mitigating measures were identified.

Risk7. Health service providers are willing to interact with young women and change their practices. Mitigating measures: no measures have been identified.

Risk8. Duty bearers are willing to change their minds about SRH-R and act accordingly: High risk. Mitigating measures: monitoring coherence between speech and votes in Congress - show them publicly. Promote and make public support for SRH-R visible.

Risk9. Given the evolution and strengthening of new forms of religious participation in politics, it is necessary to create alliances with the Human Rights Ombudsman to carry out joint actions that mitigate the advance of conservative politicians, and approach specific commissions in Congress to pressure congressmen on the rights and rights of [redacted] people.

3.9 HONDURAS

3.9.1: TOC Localization/Validation and Baseline process

Baseline context

Honduras has an estimated population of 8.5 million of which 52% are below the age of 25. Currently, 48.3% of the population in Honduras live below the poverty line, and 22.9% in extreme poverty, especially in the rural areas. Inequality rate is the highest in Latin America. Data (2017) indicates a fertility rate of 103 births per 1,000 adolescents aged between 15 and 19. According to the World Survey on School Health (2012), 12.5% of students between 13 to 15 years have had sexual intercourse. Among these, 65% have had sexual intercourse before the age of 14. According to ENDESA 2012, 24% of adolescents aged 15-19 have already started their reproductive life, and 19% are already mothers. Adolescents' unmet need for contraception is at 18%, seven points above the national average for women".

In Honduras abortion has always been prohibited under any circumstances, including in the case of rape or incest. In January 2021, the National Congress of Honduras approved a reform of the Constitution that shields the absolute prohibition of abortion. Moreover, emergency contraception has also been banned since the coup d'état that took place in 2009, leaving women with no safe and legal options in case of unwanted pregnancies.

Civic space is repressed in Honduras, the country is on the Civicus Watch List because of the increased repression of peaceful protests since November 2017 elections. With new elections coming up in November 2021, the risk of increased authoritarianism, militarism, and repression grows. A worrisome sign is the approval by the Honduran Congress of the Legislative Decree number 130-2017 published in the Official Gazette "La Gaceta" on May 10, 2019, containing the new Criminal Code (popularly recognized as "The Code of Impunity") that, after years of discussion in Congress, objections and suspense, entered into force on June 25, 2020, in the midst of the Covid health crisis when the country faced restrictions to fundamental guarantees derived from the emergency decrees and the state of siege declared by the Government of the Republic of Honduras.

The Covid measures have been putting at risk the continuity of essential health services for women and medical care for newborns. This exacerbated the vulnerability of the poorest women, youth, girls, those living in rural areas, and those belonging to indigenous and Afro-descendant groups. Due to Covid-19, around 240,000 women of reproductive age who are using modern contraceptive methods could be affected by the lack of access to these methods, especially in municipalities with a higher number of cases: Villanueva, Choloma, San Pedro Sula (UNFPA 2020). In those municipalities, family planning services are closed or with limited opening hours. Because of movement restrictions, young people are currently not seeking contraceptives and condoms and the only viral load machine to follow-up on PLHIV has been used for Covid, affecting the monitoring of people living with HIV. The pandemic has revealed inequalities in access to the internet, limiting access to education, training, and work. [redacted] people have suffered setbacks, including increased threats to their life. Organizations have documented violence based on SO/GIE/SC. Cattrachas Observatory reports that at least 16 [redacted] Hondurans have been murdered in 2020: eight [redacted] men, seven [redacted] women, and a [redacted]. During the pandemic, the number of calls to 911 from women victims of violence increased significantly, mostly from women between 16-30 years. CDMs Observatory of women's rights also reports an increase of femicides during the pandemic.

Honduras has become one of the world's most dangerous countries for journalists, land and environmental defenders, [redacted], and Garifuna leaders. Two cities (San Pedro Sula and Tegucigalpa) are classified among "the most dangerous in the world." The country's murder rate is among the highest globally. Crime and violence are related to organized crime and drug, which is also the main push factor for young people to migrate. Government efforts to investigate and prosecute human rights abuses are minimal, and impunity remains the norm in Honduras. Although efforts have been made to reform the national police and security forces, there is little to no progress. Failed institutions (e.g., judiciary system) are coupled with endemic corruption and years-long abuse.

The Equality and Equity Law finalized as a first draft by the RHRN program, with [redacted] organizations, was presented to the Secretary of Human Rights to be considered and the Gender Identity Law promoted by [redacted] organizations was presented in the commission of Human Rights of the Congress to be admitted to the plenary in the past periods but the [redacted] community are still waiting for response. However, on March 26, 2021, a landmark sentence by the Interamerican Human Rights Court, held the State of Honduras responsible for the extrajudicial execution of [redacted] Vicky Hernández, and forces Honduras to create the long-awaited gender identity law that benefits the country's [redacted] population. The ruling obliges the state among other to: viii) adopt a procedure for recognition of gender identity that allows people to adapt their identity data, in accordance to their self-perceived gender identity, in identity documents and in public records; ix) adopt a protocol for the investigation and administration of justice during criminal proceedings for cases of [redacted] victims of violence; x) design and implement a system of collection of data and figures related to cases of violence against [redacted] people.

The upcoming elections pose direct threats to rightsholder, as the government has used excessive police force to stop all demonstrations violently. On the other hand, the narratives used by fundamentalist groups increase the pressure to the already restricted civic space, in which young women and their organizations cannot protect nor promote their SRH-R. Like other women, young women have the same, if not more SRH-R needs, as they are discriminated against because of their age and conservative perceptions around adulthood and adolescence. The participation of youth in the SRH-R agenda faces obstacles, among them, adult centrism, lack of local leadership

capacities, use of too technical language and information, high costs of mobilization, and the overall sexist, patriarchal, 'machista' culture.

In the case of Honduras elections will take place in November 28th 2021, and a new government is expected to take over in January 2022. The CoA will need to meet and develop another analysis of the context and discuss possibilities for change after this, when it will become clearer who got elected and how the new government and Congress will set the tone.

Process of localization

The country baseline information was initially gathered with the support of the CoA facilitator and experts from the regional team of Hivos. After that, in August 2021 a ToC workshop took place, with two online two days sessions, as well as joint review among the 8 current members of the CoA (Acción Joven Honduras, Asociación Feminista de Personas Trans- AFET, ARTEMISA Honduras, Centro de Estudios de la Mujer Honduras-CEMH, Centro de Promoción en Salud y Asistencia Familiar- CEPROSAF, Federación Nacional de Madres, Padres y familiares de Personas con Discapacidad en Honduras- FENAPAPEDISH, Fundación Llanto, Valor y Esfuerzo- LLAVES, Foro Nacional para la Migración en Honduras- FONAMIH) and the consortium members Hivos, FCAM and Restless Development, under the guidance of the CoA facilitator and an external consultant. Among other, the CoA did an exercise to identify a preliminary list of legislation towards which advocacy could be undertaken, which they categorized in primary and secondary level of urgency and strategic importance. The laws and policies that will be targeted by the advocacy campaigns by the CoA need further consultation, and will be subjected to monitoring of the CoA, particularly in view of the upcoming national elections in November 2021.

In September 2021 an external Validation Committee was installed to undertake a review of the CoA and give feedback to the outcomes chosen and the pathways to achieve them and the key assumptions made, especially those related to how to achieve the outcomes. Since Honduras was preparing for elections, the observations and questions of the Validation Committee have not been incorporated yet, as the political context will be changing in the coming months.

General Context in line with the 4 outcomes

Outcome 1: Strengthened CSOs are inclusive of or led by young women from four rightsholder groups, and work together in a CoA to defend and promote their SRH-R.

During the workshop, the participants discussed the fact that historical feminist organizations have contributed for years to the empowerment of young women from an intersectional approach, and that in Honduras there is a feminist and women's movement, including young women interested in learning and participating in spaces where SRH-R are analyzed and acted upon. They also confirmed the need to strengthen the capacities of young women in leadership, voice and ensuring their significant participation in intergenerational feminist dialogues and spaces (within the organizations and externally - of political advocacy) so they can speak for themselves. The participants noticed that there is a lot of activist work, but little context analysis done and that it is easier to work among young people. There are groups that already work in an intersectional way (HIV-[redacted], Disability-migration), however there is less knowledge about the context of migrant and disabled young women, and many of these groups work under the umbrella of other organizations, where their leadership is sometimes not visible. The non-compliance of SRHR of girls and women has repercussions on their mental health, which needs to be addressed. The CoA considers that to achieve outcome 1 the rightsholder must have spaces for psychosocial accompaniment (individual and collective, in rural and urban areas) to face their reality, work about the context and their experiences of discrimination and violence, strengthen their autonomy and capacities of resilience and advocacy, through supporting and reference networks. Accompanied by the above, they consider that the meaningful participation in intergenerational feminist dialogues, will allow them to strengthen their own voice and draw on experiences, insights and knowledge within the feminist movement and history. The CoA will also strengthen linkages with support networks, organizations and institutions to which they can go, to respond to possible violence in their homes and immediate surroundings and to ensure references to specific programs that serve other needs of rights

holders, such as the needs of adolescent mothers. The CoA will 1. strengthen the basis of personal well-being - rights-holder leadership and organizational strengthening 2. harness and increase advocacy skills, knowledge and capacities – generate and analyze data and research – facilitate sharing and learning 3. Increase security and protection.

Outcome 2. The general public increasingly recognizes and supports the SRHR of women young women.

The participants confirm that there is stigma and discrimination towards rightsholder group due to ignorance, misinformation and taboos, and that the CoA should both seek more public support from people close to the rightsholders through awareness raising and workshops at community level, as well as campaign at national level, with influencers and champions to install new narratives around SRHR, this implies working at both local and at national level. The premise to achieve this outcome is that rightsholders and duty bearers in rural and urban settings, should become more knowledgeable about SRHR and the feminist narratives to deconstruct patriarchy, machismo, sexism, stigma and discrimination, should know the laws, regulations and policies around SRHR of young women of rightsholder groups, and that they should know the public they want to influence and how the opposition works. This implies, having implemented communication strategies, with simple, clear, accessible language, and responding to the intersectionality's of young women. Given the importance of the support of the inner circle of the rightsholder (family, friends and community) to change perceptions and break stigmas in the direct and broader public, the CoA will reach out to these circles to change hearts and minds, apart from that, at the national level influencers, social leaders and alternative media will be used to reach out to the public at large. Further to this specific attention will be paid to ensure safety and security since backlashes may occur when people speak out about SRHR rights, particularly of [redacted] people.

Outcome 3. Health service providers are more aware of the SRHR needs and the situation of groups of rights holders, and they increasingly provide more information and comprehensive services, of high quality, inclusive and respectful of SRHR.

In terms of access to services, these are centralized in urban areas. In general, there is stigma (and lack of information) by ethnic group, by class condition, place of origin, on top of the specific situations of the 4 rightsholder groups. Others decide for young women, especially if they have a disability. There are not specific protocols for people with HIV, disability, [redacted] or migrants. So, their needs in sexual and reproductive health are not attended. In some health services women with HIV are still sterilized without being informed about it. Migrant women do not receive information of how to be safe in the migratory route, they can´t access to health service in other countries because they are asked for documents. Providers are not trained to address rightsholders needs and although research and monitoring have been done by organizations, these don't transform into concrete actions to improve the services. Implementation of existing policies and protocols is not backed by budgets (an issue that will be addressed in outcome 4). The CoA will strengthen the demand for friendly services by rightsholders, and will increase healthcare workers' understanding and responsiveness to the SRH-R of rightsholders by establishing dialogue with local and national duty bearers. Also, they will improve civic monitoring of the services to obtain better data, which will be discussed with service providers, for which support of key actors and new allies (for instance professional associations) will be sought.

Further, the CoA is going to promote the creation of SHSR protocol for women in the 4 rightsholder groups so the service providers have guidelines to all the diversity. They will strengthen the capacities, raise awareness and create a network of service providers in the local levels of health care attention.

Outcome 4. Duty bearers design, adopt and implement more laws and policies that respect and protect women's SRHR young people from groups of rights holders.

The CoA sees this result, as the final result of a strong and sustained effort to raise awareness and train duty bearers about the importance of respecting the SRHR of the four groups of rights holders, and the support gained through campaigns, from the general public, exerting pressure on duty bearers to support and implement laws and policies that respect and protect the SRHR. (Related to outcome2). A mapping and diagnosis of legislation must be

implemented, and in addition, an advocacy strategy should be proposed, which takes into account the changing context, particularly after the national elections in 2021.
Several organizations that are part of the CoA have experience in advocacy, and are knowledgeable about the status of laws and policies concerning their constituencies, since they push for them, and form part of coalitions and networks that promote changes in policies and defend their rights. On the other hand, young women expressed the need to have more and better presence in the spaces where decisions are made and policies are developed. One of the strategies proposed by the CoA is to set up a Thematic Table on SRHR. These kinds of technical tables have proven successful for other issues in the past.

TOC – Theory of Change Adaptations
The ToC didn't suffer changes in terms of objectives or outcomes. In terms of planning, the CoA decided not to work on all intervention strategies, since they were not a priority (for instance strengthening of administrative capacities of organizations to be able to do SRHR work was not included). They stressed the importance to take into account the differences between urban and rural areas and the importance of the incorporation of an intersectional approach that also recognizes other identities, such a being indigenous, Garifuna or a young mother, throughout the objectives and the strategies.

Risks/Stressors and Key assumptions that are significant to the program
Risk1. It is possible to improve the safety and security of young women, their organizations and data: High. High risk because we can guarantee security in certain spaces, but in this context, the veracity of this assumption is beyond the control of organizations. Measures: Strengthen safe individual practices, outside organizational spaces. Other measures like not moving alone. Count on and activate protocols of security.

Risk2. Campaign strategies are sensitive to backlash. Medium risk. Measures: Have support networks between organizations, self-care (psychosocial support - mental health) and care group to ensure the safety of people and organization. Generate collaboration – networks to implement campaigns in the face of economic constraints. To be strategic when placing content and media selection.

Risk3. Local actors doing community advocacy through alternative media such as art, effectively approach the public of the communities and decision makers, to generate awareness messages and information sharing. Medium risk since there have been good previous experiences at the local level, however, they have not been evaluated. Involving community and reach territories without access is an important mechanism as it promotes the sense of belonging, and the motivation to participate in activism spaces and do activities in other places. Participation and intervention in other spaces is encouraged. Art as a tool to connect with the personal and emotional. It is to create alternative spaces to counter those of the church. The Pandemic factor must be considered when this strategy is carried out and sustained. We can also reach decision makers. It can be time-consuming, but allows you to work in the communities. Measures: It would be important to carry out previous Covid tests to activities. Some artistic activities can be virtual (reloads to participate - team). For security, artistic activities can be set up outside the community in which one belongs and map the situation specifically in communities. The strategy must be evaluated.

Risk4. Actors in non-traditional fields (specifically culture, sports, academia, students' groups, college of professionals in psychology, faculty of medicine of universities), are key and must be mobilized as allies, to move towards the support of the general public. Medium risk. Measures: Previous mapping of actors, how to get there and analysis of power relations

Risk5. To be effective, mobilization campaigns must consider the deconstruction of machismo and patriarchy, the rethinking of the social meaning of the experience of sexuality in women, and be based on social values. Medium

risk. Measures: undertake research before implementing and design the campaigns in order to know the way to talk with the population.

Risk6. Institutional arrangements do not restrict health service providers at the clinical level to improve services for young women. Medium. It is considered that the assumption is not completely true, because there are institutional provisions that restrict providers to improve their services. But nevertheless, it is considered that if it will be possible to make some changes to improve the accessibility and quality of the provision of these services, even when institutional restrictions exist. Measures: Carry out a diagnosis of the care that allow to identify the constraints

Risk7. Health service providers are willing to interact with young women and change their practices. Medium risk. Measures: training processes (not one way off training that do not generate changes). Work so that the fact that training for health providers is a requirement (mandate).

Risk 8. Duty bearers are willing to change their minds about SRHR and act accordingly. Medium risk. The risk comes from Congress being even more conservative after election Measures: lean on legality of the vote. Go through the substitutions

Risk9. Discrimination due to intersectionality's that come from different spaces and actors, hinder the greater participation of young women in spaces of national and international, which is why it is a fundamental factor to attend to, to create real possibilities for the participation of young women in these spaces. Medium risk. Measure: Gather and systematize data in a study that disclosed on how discrimination affects the participation in advocacy spaces.

4.0 Basket Indicators

SCS #1 and #2

Intermediate Outcome 3: Health-service providers are more aware of the SRH-R needs and situation of rights holder groups, and increasingly provide accessible, comprehensive, high-quality, inclusive and respectful SRH-R information and services. and Outcome 4: Duty-bearers increasingly design, adopt and implement laws and policies that respect and protect the SRH-R of young women from rightsholder groups of the We LEAD TOC focus on changes of laws, policies and regulations and their implementation. Next to Capacity Strengthening (SCS 5 and 6) are the back bone of WE LEAD and cannot be overlooked in measuring the project success. All countries will engage in lobby and advocacy activities that will ensure laws, policies and regulations at Government, private sector and international levels are blocked/ adopted/improved or better implemented to support the various we lead activities. The Milestones/changes gained during the project period will therefore be measured and reported regularly. Further to this, lessons and good practices on successful strategies from different countries will also be shared during linking and learning sessions.

SCS#5 and #6

Community of Action partners are core to the successful implementation and sustainability of the We Lead program. Having the right COAs on board not only ensures effectiveness and efficiency in program implementation but also that the right holders and organizations that represent them take the lead in driving their agenda and amplifying their voices. Despite being strategically place at the center of action and being a credible voice for the rightholders, majority of the local organizations within the COAs have inadequate capacity to lobby and advocate for their rights. Strengthening the capacity of the COAs was therefore adapted by We Lead as a keystone to building the resilience of COAs, exposing the COAS through strong movement building to amplify their voices and linking them up with like -minded organizations. These strategies informed the selection of SCS 5 & 6 as one of the

SCS indicators to report on because success in capacity strengthening will be a key pointer to several successes which include local ownership, strong coalitions and movements and sustainability. Though selection of participating local organizations is an ongoing process, with some countries already having on boarded the local organizations while others like Niger and Mozambique's still in the selection process, considerations are made to organizations that are women/youth led and support one or more of the intermediate outcomes or right holders.

4.2: Results Framework on the Basket indicators

COUNTRY	POLICY TITLE TYPE OF POLICY IMPLEMENTATION STATUS 2021	BASELINE DESCRIPTION UPDATED FOR JANUARY – JUNE 2021	TARGET DESCRIPTION FOR 2025
Basket indicator **SCS1** # of laws and policies for sustainable and inclusive development that are better implemented as a result of CSO engagement Basket indicator **SCS2** # of laws, policies blocked, adopted, improved for sustainable and inclusive development as a result of CSO engagement.			
Kenya			
	The Constitution of Kenya 2010 *SCS # 1: Better implemented Governments*	The Constitution was already **passed and is under implementation**. The constitution guarantees and provides the needed legal anchorage for the rights of an individual to the Highest attainable standard of Health, including reproductive health. The Constitution protects the rights to access to quality services to all the rights holder groups. It provides an anchor for defending and protecting the rightsholder's human rights	Kenyans and specifically the rightsholders that we work with do not access the highest standard of health from the public facilities and so efforts will be incorporated through advocacy to ensure the full implementation of the law under article 43 and 26 (4) and the clauses that speak to health in relation to WHO definition
	Health Act 2017 *SCS # 1: Improved Private Sector*	An Act of Parliament to establish a unified health system, to coordinate the inter-relationship between the national government and county government health systems, to provide for regulation of health care service and health care service providers, health products and health technologies and for connected purposes. This Act positive affects all the rights holder groups providing quality health services	The health act will be used to emphasize on the reference to the definition of health and support litigation work in line with sexual and reproductive health
	Reproductive Health Bill 2019 *SCS # 1: Better implemented Governments*	An Act of Parliament to provide for the right to reproductive health care; to set the standards of reproductive health; provide for the right to make decisions regarding reproductive health; and for connected purposes. The Bill affects all the rights holder groups.	The adoption of the Reproductive Health bill is important since it speaks to provision of all reproductive health services including abortion and artificial insemination which are critical services amongst others that will benefit the rightsholders we work with
	The new proposed reproductive health policy (2019)	The new proposed reproductive health policy (2019) by the ministry of health that is problematic in excluding vulnerable and marginalised	Lobby for change of the problematic clause this policy with a focus on all the Rights Holder

	SCS # 1: Better implemented Governments	populations and fails to address critical SRH issues and omits post - abortion care and menstrual hygiene. Clause 3.3 states that the policy supersedes all other previous policies on reproductive health matters in Kenya, some of which contain very progressive guidelines	groups.
	The 2015 ASRH policy: *SCS # 2: Improved Private sector*	Developed to provide guidance to the national and county governments, development partners and civil society organizations on how to respond to adolescents' SRH needs. The ASRH policy acknowledges persons with disability but not beyond information	Lobby for the inclusion of the details on access to SRH and rights the rightsholders that we work with and especially for AGYW that identify as [redacted] given the recent comments made by the CS education about students who are from the [redacted] community
	Persons with Disability Act 2003 *SCS # 1: Better implemented Governments and private sector*	An Act of Parliament that provides for the rights and rehabilitation of persons with disabilities; to achieve equalisation of opportunities for persons with disabilities; to establish the National Council for Persons with Disabilities; and for connected purposes. The clearly outlines the rights and privileges that persons with disability are entitled to and the We Lead Program will enforce its implementation to ensure that Persons with disabilities are entitled to a barrier- free and disability-friendly environment to enable them to have access SRHR services	Full implementation of all the provisions of this Act with a focus on the rights holders with disability
Uganda	The HIV/AIDS Prevention and control Act. *SCS:1 (The ACT needs to be improved & better Implemented by the government and private sector).* .	The ACT disproportionately targets women, it's discriminatory with high likelihood of exacerbating violence to rightsholders. Some of its clauses gear up stigma and discrimination. For instance, i) Forceful/Mandatory disclosure. Medical providers to disclose a patient's HIV status to his/her sexual partners, guardians, next-of-kin and workplace; ii) Unjust Criminalization of Transmission. Criminalization of HIV Transmission or transmission-attempt, or any other behavior that may lead to intended or unintended transmission of HIV to others; and others.	Adapting the Legal/Legislative Framework that is non discriminative putting in mind which point does protection of the rights of the infected and affected become an infringement on the rights of the non-infected?
	Adolescent Health Policy *SCS1: (The policy needs to be improved and better implemented by the government and private sector).*	The Policy is very progressive on issues of adolescents including the out-of-school adolescents. However, it exhibits limited inclusion of the diversities of Adolescents including those with Disability, those that identify as [redacted]/Key populations, and those affected by displacement, which groups are the focus of We-Lead program. The policy then poses a challenge of not addressing the core needs of all	The policy which is undergoing review needs to meet the current country context to include most vulnerable and marginalized groups of young women especially rightsholders affected by displacement and those identifying as [redacted].

		adolescents.	
	Out of School Sexuality Education framework *SCS2:(Support process of formulation and better* implementation of the guidelines by the government and private sector).	The framework is key in promoting sexuality education, addressing SRH-R needs of young people out-of-school. Though, it is not clear on the inclusion of the different marginalized diversities of young people including those with disability, those that identify as [redacted]/Key populations or affected by displacement; the framework can be leveraged on to progress the We-Lead program	The Out of School Sexuality Education framework which is in its early stages of development, The We Lead program can leverage on this to have marginalized diversities of young people including those with disability, those that identify as [redacted]/Key populations or affected by displacement fully integrated.
	HIV workplace Policy *SCS 1&2: The policy needs to be improved and better implemented).*	The Policy is very progressive on addressing stigma and discrimination for persons living with HIV at workplaces however many Private & Public sector institutions don't know about it and majority of them haven't adopted and institutionalized its operation.	The We Lead program can support in the rolling out of the HIV at Work Policy many persons living with HIV would feel much safer, convenient, and able to voluntarily disclose their HIV status
	Family Policy *SCS 2: Policy to be blocked*	The Policy has a strong limitation on women's bodily autonomy and integrity. It does not recognize families owned by [redacted] rightsholders or single parents and does not conform to the promotion of Abortion as a family planning method.	There is need to block this policy because it is a strong force in the promotion of the PRO-LIFE which is a limitation to the progress of SRHR.
	National Policy for Disaster Preparedness and Management, 2010. *SCS 2: Policy to be reviewed, adopted, improved and implemented.*	The policy only makes reference to the National Health Policy. This particular policy recognizes the need to place emphasis on the vulnerable groups and persons with special needs such as unaccompanied minors, the elderly, the mentally and physical disabled, victims of physical abuse or violence and the pregnant, the lactating and persons with HIV/AIDs.	This policy is silent about the young people who identify [redacted]. These young people are not only displaced in their own countries, but also internally from their countries. Modifications in this policy may make it more inclusive
	Persons with Disabilities Act, 2020. *SCS2: (ACT to be adopted and implemented).*	It might not be specific SRHR, but specific to persons with disability. The policy upholds the rights of persons with a disability to a home, to found a family, adopt, be a guardian or trustee of a child in accordance with the relevant laws and is entitled to: a) have sexual and other intimate relationships; b) equal rights at and in marriage, during marriage and at its dissolution; c) raise his or her child and shall not be separated from his or her child except in accordance with the law and best interests of the child. Also, it encourages nondiscriminatory health services provision. Promotion of such a	Disability Inclusion Policies are already in place though weak and not operationalized thus Our Advocacy initiatives will be direct to strengthening the adoption and operationalization of Disability inclusion policies at Local and District levels to ensure rightsholders with disability are not left behind.

		policy would progress the We-Lead Program	
Nigeria	The Same Sex Marriage (Prohibition) Act (SSMPA) LAW *SC2: Blocked National/Government Law*	The Same Sex Marriage (Prohibition) Act (SSMPA): It prohibits marriage between persons of the same sex. The law forbids any cohabitation between same-sex sexual partners and bans any "public show of same sex amorous relationship." The SSMPA imposes a 10-year prison sentence on anyone who "registers, operates or participates in [redacted] clubs, societies and organization" or "supports" the activities of such organizations. Punishments are ranging from 10 to 14 years in prison. Penal code and criminal code: The criminal code and the penal code (The Penal code applies to the northern states in Nigeria) provisions is contained in the code which relate to, any matter contained in the First Schedule to the Constitution of the Federal Republic of Nigeria. The code applies in relation to any offence against any order, Act, Law, or Statute and to all persons charged with any such offence. Constitution of the Federal Republic of Nigeria. These laws are discriminatory and they have negative implication on the SRHR of rightsholders	By 2025, it is expected that some provisions of the current discriminatory law would have been repealed to allow for freedom of association and assembly to allow for the comprehensive and inclusive SRHR for sexual minorities. Owing to the context of the country, it must be stated that repealing laws and policies could be a difficult and lengthy process. As a result, a suggestion that is being considered by the CoA is to consider a more subtle and effective approach such as advocating for reviewing/repealing sections especially in the case of the SSMPA as this might yield a faster result.
	Violence Against Persons (Prohibition) Act (VAPP) *SC1: Adopted National/Government Law*	The VAPP law is designed to tackle "all forms of violence against persons in private and public life" and provide "maximum protection and effective remedies for victims and punishment of offenders. SRHR policy at state levels and SRHR national policy on disability. This is to ensure that policies are domesticated at the state level.	The VAPP act has been passed as a legislative status (Bill) in 28 states in Nigeria while it has been assented by Executive status (Law) in 20 states. By 2025, it is expected that this act will be passed and assented by all the states in Nigeria.
	Discrimination Against Persons with Disabilities (Prohibition) Act National/Government Law *SC1: Adopted*	The Discrimination against Persons with Disabilities (Prohibition) Act 2018 outlaws' discrimination on the basis of one's physical, mental or sensory impairment. Signed into law in January 2019, the Act sets up a National Commission for Persons with Disabilities to oversee the inclusivity of persons with disabilities in society and uplift their well-being. While the Act provides a 5 years transitory period (from its enactment) to enable modification of public structures/services to meet the peculiar needs of persons with disabilities, other provisions are intended for immediate implementation	This Act has only been domesticated in 9 states in Nigeria. By 2025, we are looking to have the Act passed and assented in Benue, Delta and Enugu in Nigeria for PWD.

		Additionally, while this Act does not specifically outline SRHR for persons with disabilities (PWDs), it has provisions that are very important for the accessibility of SRHR. For example, there are provisions on the accessibility of physical structures, transportation, and the right to health (Section 21 &10). These provisions are very key to the realisation of robust and inclusive SRHR for PWDs.	
	National Policy on Health and Development of Adolescents and Young People. National/Government Policy SC1: Adopted	carefully outline the country targets regarding their SRHR by 2024. These targets include favourable expectations on pubertal development and health literacy, sexual activity, contraception and sexually transmitted infection, early child marriage, childbearing, and maternal mortality, maternal care for pregnant adolescents, sexual violence, and harmful practices	By 2025 we are looking at the implementation of this policy in major states in Nigeria
	National Gender in Health policy National/Government Policy *SC1: Adopted*	The gender in health policy on the other hand establishes key principles to set the course for expected targets such as gender equity and gender equality. Targets include gender-responsive healthcare services and a gender-friendly work environment. The two policies like most policies in Nigeria also outlines the strategies for implementation.	By 2025 we are looking at the implementation of this policy in major states in Nigeria
Niger	Decree of law on keeping young girls in school LAW public *SC1: Adopted* *Objective: Improve the implementation*	The purpose of this decree, in addition to increasing the school enrolment rate of young girls from different groups (living with disability, living with HIV), is to protect girls from forced marriage because when a girl is married, she drops out of school. Failure to comply with this legal text carries penalties ranging from fines to imprisonment. For People living with Disabilities, this law is supported by the circular of the Ministry of National Education, which instructs all schools to enroll children with disabilities until they are 12 years old. This decree protects disabled children from being rejected by schools when their parents come to register them. However, the effective application on the ground is insufficient, due to the lack of material and financial means, the lack of follow-up, the lack of knowledge of this legal text by the population (in particular young women who are the main ones concerned), the traditional and customary context (young people, in particular young women/girls,	By 2025, we hope that the actions of the community of action organizations will improve the popularization of this decree, its implementation and compliance at all social and professional levels, and in the areas of intervention of the We-Lead program, through sustained advocacy among traditional and religious leaders, and mass awareness campaigns among the population.

		have no decision-making power and owe respect and obedience to their elders and parents), and the strong lobbying of traditional and religious leaders. Yet all courts are instructed in this.	
	The international convention on the rights of persons with disability LAW public *SC1: Adopted* *Objective: Improve the implementation*	States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination based on disability. They take all appropriate measures to ensure their access to health services that take into account gender, including rehabilitation services	
	Convention on the Elimination of All Forms of Discrimination against Women (CEDEF) LAW public *SC1: Adopted* *Objective: Improve the implementation*	States that have ratified this convention undertake to eliminate all forms of discrimination against women by any enterprise, organization or person. Discrimination is defined as exclusion, rejection or restriction on the basis of sex, which hinders the recognition or enjoyment by women of universal and fundamental human rights, in all fields, regardless of their marital status. The application of this law, particularly in the health field, could eliminate or reduce the discrimination suffered by young women in health services. Indeed, one of the barriers blocking young women's access to sexual and reproductive health information and care is discrimination related to their marital status.	If COA organizations are committed to promoting this law, by 2025 we hope that it will help reduce discrimination related to young women's marital status in accessing sexual and reproductive health information and services
	Law of April 27, 2018 determining the fundamental principles of social protection *Law* *SC1: Adopted* *Objective: Improve the implementation*	The purpose of this law is to guarantee social protection to persons at risk of vulnerability and to vulnerable persons in accordance with the National Social Protection Policy. It ensures their full and complete enjoyment of the fundamental rights recognized to the human person.	By 2025, we hope that the actions of the community of action organizations will improve the popularization of this decree, its implementation and compliance at all social and professional levels, and in the areas of intervention of the We-Lead program, through sustained advocacy among traditional and religious leaders, and mass awareness campaigns among the population.
	Law of April 30, 2007 relating to the prevention, management and control of the Human	This law guarantees people living with HIV the right to health care, including confidentiality about their HIV status, the right to employment and social security, among others. It also prohibits all	In 2025, we hope that the actions of the community of action will improve the implementation of this law, especially in health

	Immunodeficiency Virus (HIV). *SC1: Adopted* *Objective: Improve the implementation*	forms of discrimination (social, employment, etc.) against people living with HIV. However, there are shortcomings in the application of this law, especially with regard to women, who are more likely to be rejected than men.	services to fight against discrimination
	The national law on sexual and reproductive Health Public Law *SC2: Adopted* *Objective: improve some articles of the law*	The Law adopted on 2016 and revised en 2019 authorizes abortion only in two cases: - When the life of mother is threatened - When there is a high probability that the unborn child will have a particularly serious condition at the time of diagnosis. This law severely condemns any person who has recourse to or assisted a woman to have an abortion in a situation other than those listed in the two cases mentioned above. This forces many women to resort to clandestine abortion, particularly young girls and adolescent girls. The social climate is not in favor of promoting the sexual and reproductive health rights of young women and adolescents in general. Although defined as a secular republic, over 95% of the Nigerien population is Muslim. Passing a law allowing abortion will be quite difficult. However, the CoAs could work to change this law by advocating for the authorization of abortion also in cases of incest and rape, to begin with.	By 2025, if organizations are committed to changing this law, we hope that abortion will also be allowed in cases of rape and incest. This will allow young women from our target groups, especially those identifying as [redacted], those living with disabilities, or those affected by displacement, who often face rape because of their status, to benefit from this right.
	Article 44 of the Civil Code Public Law *SC2: Adopted* *Objective: change some articles of the law*	This article fixed the minimum age for marriage at 18 for men and 15 years for boys. It does not respect the principle of non-discrimination of the international convention on child's rights to which Niger has adhered. And has also contradictions within Niger's own legislation. It also perpetuates the tradition of early/forced marriage (most forced marriages are of teenage girls), which greatly affects the sexual and reproductive health of young girls, with all the consequences that can result from it. It provides a legal basis for those who perpetuate the tradition of early marriage.	We hope that by 2025, the actions of the organizations will reduce the legal age of marriage to 18 so that there is equity between girls and boys.
	Articles 12 and 13 of the constitution of 25 November 2010	According to this law, every Nigerien has the right to health, physical and moral integrity, and the State must ensure that the conditions	By 2025, we hope that the actions of the community of action organizations will

	Public Law *SC2: Adopted* *Objective: better implement some articles of the law*	are created to provide health care and services. However, we can observe today that the application of this law is lacking, because young people in general and rightsholders in particular are subjected to all forms of discrimination within society: Young women with disabilities, living with HIV, refugees or displaced persons and individuals identifying as [redacted] are daily subjected to degrading and inhumane moral abuse, and physical abuse ranging from forced marriage to rape and physical assault (particularly [redacted]) because of their status. These groups have little or no access to health services due to the lack of adequate medical facilities to accommodate them in health facilities as well as discrimination by health workers.	improve the popularization of this decree, its implementation and compliance at all social and professional levels, and in the areas of intervention of the We-Lead program, through sustained advocacy among traditional and religious leaders, and mass awareness campaigns among the population.
Mozambique	Penal code nº 35/2014 of 31 December *SCS 2: Reviewed National Law/Government*	The new Penal Code adopted in December 2014, decriminalized safe abortion and same-sex relationships. Also, aggravated hate-motivated crimes based on gender, race, age and ethnicity. However, it did not include sexual orientation in the category list, leaving [redacted] people, especially the young ones, unprotected by the law.	The Pena Code is reviewed and improved to become more inclusive.
Lebanon	Lebanese Penal Code criminalizes: 1. Abortion (Articles 539 to 549) *SCS 2: Amended National/Government Law* 2. Homosexuality (Article 534, in addition to other articles such as 209, 521, 526, 531, 532, and 533) & 3. Laws do not provide protection against discrimination on the basis of gender identity, sexual orientation or health status (e.g. those living with HIV/ AIDS). *SCS 2: Amended*	1. The Lebanese law does not clearly and explicitly acknowledge a person's right to freely use his/ her body, and it restricts women's freedom of action over their bodies, as abortion is prohibited and criminalized almost in in all its forms. 2. & 3. The Lebanese Penal Code still contains articles used to criminalize homosexuality, which is called "sexual intercourse against nature". The articles are used to arrest [redacted] community members. Such articles are used not only to criminalize homosexuality, but also to justify arbitrary arrests, ill treatment, and forced anal examinations. Moreover, the Lebanese legislation does not acknowledge the right to change the sexual identity. Lebanon also restricts the freedom of opinion and expression, especially on the basis of sexual identity.	1. Improved access to legal abortion, at least in some cases such as sexual and gender-based violence, including rape and marital rape. 2. &3. Improved consolidation of relevant jurisprudence that dismiss those files discriminating based on gender identity and sexual orientation.

	National/Government Law		
	Law 220 (2000) on the Rights of Persons with Disabilities *SCS 1: implemented* *National law*	The Law does not stem from the inclusive approach and does not include all rights as stipulated in the Convention on the Rights of Persons with Disabilities, which deprives persons with disabilities of their most prominent sexual and reproductive rights, as all children with intellectual disabilities are automatically deprived of the legal eligibility.	Improved people with disability access to rights, including SRH-R services through the promotion of gradual shift from medical to social definition and approach of disability as well as through compliance to international convention standards.
	Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). *SCS 1: properly implemented* *National law*	The reservations made by the government to important articles and clauses, such as personal status law, annul the purpose of the Convention itself, and maintain the status quo under patriarchal, sectarian/religious power and laws.	Improved women rights by advocating for compliance to the international standards and obligations set by the CEDAW.
	1951 Convention on Refugee Rights *SCS 1: properly implemented* *National law*	The Convention has never been ratified. The Lebanese state lacks a definition of the refugees and their rights.	
Jordan	Family protection law: *SCS 1: properly implemented* *National law*	The law does not explicitly include SRHR issues. It mentioned the services that can be provided to violated women in the health, education and social sector. Unfortunately, the law represents women as a weaker than men.	Improved SRHR issues through the inclusion of SRHR issues in to the law.
	The Law of the Midwifery Profession and Maternity and Child Care *SCS 1: properly implemented* *National law*	It tackles care for mothers and new-borns, reduce deaths and increase access to maternal and child health care services.	
	Jordan Penal Code: *SCS 1: properly implemented* *National law*	There is no specific prohibition of homosexual conduct in the Penal Code. There is lack of information about the application of criminal laws to penalize consensual same-sex conduct or expression of sexual orientation. However, the Sharia law always takes precedence	Improved consolidation of jurisprudence that dismiss files discriminating based on gender identity and sexual orientation.
	4.Constitution	Article 6 of the 1952 Constitution guarantees equality before the law.	

	SCS 2: Amended National/Government Law	The Constitution does not include an article addressing gender discrimination or prohibiting discrimination against women	
	Ministry of Health Strategy 2018 - 2022, SRHR Strategy 2020 – 2030 *SCS 1: properly implemented National law*	Both strategies address SRHR but are not entirely inclusive since they only capture men and women. The other gender identities are not mentioned or included	Improved SRHR strategies to be more inclusive, through the promotion and inclusion of different gender identities and other minority groups.
Guatemala	Law of Universal and Equitable Access to Family Planning Services and its Integration in the National Reproductive Health Program (Decree Nº 87/2005) *SCS1 (implementation)*	This law has been in force since 2005 and it created the Sexual and Reproductive Health Program in the MoH. Through this Program, "friendly spaces" were created and coordinated where SRHR care is provided to adolescents and young people. In addition, it is from where the purchase and distribution of family planning methods is coordinated with the funds that are generated from a percentage of the taxes on alcoholic beverages.	2025: positively influence the implementation and accountability of this law Sensitization processes with health providers at the level of clinics and decision makers, to influence changes and improvements in programs and policies linked to access to SRHR of the RH. Strengthening of Friendly Spaces. Incorporate indicators that reflect transparency and optimization in the use of resources for the purchase and distribution of contraceptive methods.
	Social Development Law (Decree No. 42-2001) *SCS1 (implementation)*	This law has been in force since 2001, and it is from it that the National Social Development Policy is created, which is constituted as an umbrella to serve social sectors such as women, migrants and people with disabilities. Based on the Policy, actions are promoted aimed at favoring access to SRHR of RH through the recognition of family planning and access to comprehensive sexuality education, as well as the importance of the implementation of prevention and care actions for people with HIV.	2025: Strengthen SRHR services in the Ministry of Health and Ministry of Education Sensitization processes with health providers at the level of clinics and decision makers, to influence changes and improvements in programs and policies linked to access to SRHR of the RH. Incorporate indicators that reflect transparency and optimization in the use of resources that are executed from the Sexual and Reproductive Health Program and HIV Program of MoH and the Gender Unit of MoE.

	General Law to Combat the HIV AIDS and the Promotion, Protection and Defense of Human Rights due to HIV/AIDS (Decree 27-2000) *SCS1 (implementation)*	This law has been in force since 2000 and it created the National Program for the Prevention and Control of STIs, HIV/AIDS in the MoH and has a budget item of five million quetzals from the general budget of the nation, in addition to of having the support of different international organizations that have contributed for years in the country, such as UNAIDS, the Global Fund and UNFPA. Although there have been efforts such as the development and approval of the Manual for the care of Sexual and Reproductive Health of women living with HIV and advanced HIV (AIDS), and the Comprehensive Care Strategy for the Health of [redacted] people; Organizations and RH still identify many limitations in the implementation of these guidelines due to the conservative positions of the authorities and health service providers at the clinical level. One of the limitations is that both documents need to incorporate the perspective of working with young RH women and deepen the right to decide that they have about their body and their sexuality, including the possibility of taking an HIV test without consent when these are under 18 years old	2025: strengthen SRHR services in the Ministry of Health through social audit Sensitization processes with health providers at the level of clinics and decision makers, to influence changes and improvements in programs and policies linked to access to SRHR of the RH. Incorporate indicators that reflect transparency and optimization in the use of resources executed from the MoH HIV Program.
	International Human Rights Mechanisms: Convention for the Elimination of all forms of Discrimination against Women CEDAW/ on the Rights of the Child / against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment / on the Rights of Persons with Disabilities / International Covenant on Economic, Social and Cultural Rights, International Covenant on Civil and Political Rights	Country has to present UPR to in 2023, others in 2025. The recommendations, though their implementation is limited, are important advocacy tools	2023: present shadow report to UPR. 2025: to other mechanism. Presentation of alternative reports on the implementation of the Convention in Guatemala, as well as the presentation of periodic communications to report on specific situations of violation of the human rights of the RH, mainly those related to SRHR.

	SCS 1 (implementation)		
	National Policy for the Promotion and Integral Development of Women *SCS 2: improved*	This policy expires in 2023, so it is important that CoA organizations can be involved in the process of updating or creating a new one. This policy is directed by the Presidential Secretariat for Women, where strong possibilities of alliance with CSOs exist. The risk with this process is to guarantee that the negotiations are completed before the change of government. This policy generates setting up Gender Units are in all the Ministries, which mean the possibility of implementing, directing or coordinating efforts in the implementation of public policies.	2023: Influence the updating processes of the National Policy for the Promotion and Integral Development of Women to incorporate elements that contribute to the SRHR of rightsholder young women
	Law initiative 5272 for the Protection of Life and Family *SCS 2 (blocked)*	Initiative which seeks to criminalize abortion in all forms (including miscarriage) as well as same-sex marriage, and prohibits comprehensive sex education and any issues related to sexual diversity and "gender ideology" being promoted in public and private institutions. Furthermore, the law would require doctors to register miscarriages in the National Registry of Persons (RENAP), effectively turning them into a kind of police. This proposal has advanced to second lecture in Congress.	2025: Prevent this bill from being read in the Plenary Session of the Congress or encourage any Commission of congressmen to issue an unfavorable opinion. If it is approved by this time, we must file a legal appeal with the Constitutional Court to determine that its content violates human rights and declare it unconstitutional.
	Law initiative 5940 for the Protection of Children and Adolescents against Gender Identity Disorders *SCS 2 (blocked)*	Presented in July 2021 to the plenary of the Congress. Although the proposal was barely known by the plenary, there will be three commissions that must analyze and issue an opinion in favor or against, the Commission on Human Rights, Education, Science and Technology and the Interior. Its progress has been slow, but has the support of congressmen such as Allan Rodríguez, president of Congress, and Shirley Rivera, who will take office next year.	2025: Prevent this bill from being read in the Plenary Session of the Congress or encourage any Commission of congressmen to issue an unfavorable opinion. If it is approved by commissions in three readings, we must file a legal appeal with the Constitutional Court to determine that its content violates human rights and declare it unconstitutional.
Honduras			
	Special Law about HIV/AIDS (Decree No. 25-2015)	Last reformed in 2015, needs further implementation and socialization	Implemented Handbook of care for adults and young people with HIV

	SCS 1 (implement)		2025: Increase in the budgets allocated to the implementation of national laws and policies, and to guarantee accessible and quality SRHR services to rights holders of the different prioritized groups (related to Outcome 3)
	Law for the protection of Honduran migrants and their families (decree 106-2013) *SCS 1 (implement)*	From 2013, needs further implementation	Implemented practical guide for the application of criteria for differentiated care with a psychosocial approach for people internally displaced by violence Honduras 2025: Increase in the budgets allocated to the implementation of national laws and policies, and to guarantee accessible and quality SRHR services to rights holders of the different prioritized groups (related to Outcome 3)
	Gender identity law (Anteproyecto de identidad de género en Honduras) *SCS2: (adopt)*	Currently gender identity is not recognized, people can only change their image (photo on their ID card), not their name. The IHRC ruled that Honduras should adopt regulation for recognition of GI. Organizations had already drafted a proposal that is with the HR commission of Congress	2025: approval of this law in the national congress
	Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW *SCS 2 (adopt)*	Honduras has not approved the CEDAW protocol, this can be an instrument for political advocacy and decriminalization of abortion.	2025: approval of the Optional Protocol
	New decree to create an Inter-institutional table of SRHR *SCS 2 (adopt)*	Currently no interinstitutional coordination mechanism exists around SRHR, which causes scattering of information and efforts to promote laws and policies around SRHR.	2025: To create and install the first interinstitutional working table for SRHR. In this working table laws and policies in favor of SRHR of the 4 rights holders are promoted and implemented. This table would be installed to work in a sustainable way after the 5 years of the program.
	Decree (54-2009) that prohibits Emergency contraceptives	Since 2009, there is a ban on the provision of emergency contraceptives in Honduras	Derogation of the Decree that prohibits emergency contraceptives

	SCS 2 (changed)		
	Comprehensive sexual education law *SCS 2 (promote)*	The draft has been presented twice in the congress with no resolution. Children in schools do not receive comprehensive sexuality education, teachers are not trained, for this reason a law is needed that creates compulsory nature at all educational levels	2023: Approbation of the draft law of Comprehensive sexual education in all school in Honduras
	Equality and comprehensive development law for people with a disability. (Decree no. 160-2005) *SCS 2 (changed)*	This law was adopted in 2005, but needs an update to include new concepts. It doesnt refer to SSR and youth. The new government included the reform of this law in its commitment for the first 100 days of being in power.	2022: Include SSR elements in the proposed reform of the law
	Public Policy for the Exercise of Rights and the Social Inclusion of the Honduran Population with Disabilities *SCS 2 (changed)*	Since 2013 Honduras developed a public policy, in the framework of the Convention for people with a disability and the decade of people with a disability. It doesn't include SSR aspects.	2025: Inclusion of SRHR aspects for young people, particularly women, in public policy for people with a disability
	Special Law about HIV/AIDS (Decree No. 25-2015) *SCS 1 (implement)*	Last reformed in 2015, needs further implementation and socialization	Implemented Handbook of care for adults and young people with HIV 2025: Increase in the budgets allocated to the implementation of national laws and policies, and to guarantee accessible and quality SRHR services to rights holders of the different prioritized groups (related to Outcome 3)
	Law for the protection of Honduran migrants and their families (decree 106-2013) *SCS 1 (implement)*	From 2013, needs further implementation	Implemented practical guide for the application of criteria for differentiated care with a psychosocial approach for people internally displaced by violence Honduras 2025: Increase in the budgets allocated to the implementation of national laws and policies, and to guarantee accessible and quality SRHR services to rights holders of the different prioritized groups (related to Outcome 3)

Basket Indicator 5 and 6 SCS 6: # of CSOs included in POVs programmes SCS 5 (*SRHR14 Indicator J*): # of communities, CSOs and advocacy networks with increased lobby & advocacy capacities		
Country	**COAs/CSOS**	
Uganda	14 COAS	Strong Rights Holder groups lead COAs and CSOs lacking in the Country
	Birungi Charities *Selected in August 2021, yet to be contracted.*	Organisation is Rightholders led and Grassroots. Still young and growing, has goodwill, passion for SHR-H Advocacy and huge potential to strengthen its Advocacy Capacity and Organisation systems from the program. Organisation is Rightholders led and Grassroots. Still young and growing, Has goodwill, passion for SHR-H Advocacy and huge potential to strengthen its Advocacy Capacity and Organisation systems from the program. Rightsholder led, Women Led & Youth- led.
	FEM Alliance Uganda (FEMA). *Selected in August 2021, yet to be contracted.*	The organization is a rightsholder-led Organisation and very passionate about SRH-R Advocacy for [redacted]-gender. Has a track-record in the mobilization of grassroots communities of [redacted]-gender persons in Central, Eastern and Western Uganda in SRH-R campaigns and other advocacy initiatives. *Rightsholder-led/focused and Youth / women-led.*
	Trans Advocacy Initiative - Uganda *Selected in August 2021, yet to be contracted.*	Organisation is rightholders led and grass root. Still young and growing, Has goodwill, passion for SHR-H Advocacy and huge potential to strengthen its Advocacy capacity and Organisation systems from the program. Rightsholder led/focused & *Youth / women-led.*
	Resilience Women's Health Uganda. *Selected in August 2021, yet to be contracted.*	Organization is grass root based and led by [redacted] women; it has a strong presence in the grass root communities of Lango Subregion in Northern Uganda. The organisation is growing and will benefit from the capacity strengthening under the We Lead Program. *Rightsholder/women led and youth led and focused.*

	Integrated Disabled Women Activities (IDIWA). S*elected in August 2021, yet to be contracted.*	The organization is rightsholder led and grassroot based with energetic and passionate youthful women with disability working with and for girls and young women with disability to promote disability inclusion and SRH-R of women with disability. *Rights-holder/women led and focused.*
	The Mentoring and Empowerment Programme for Young Women (MEMPROW) *Selected in August 2021, yet to be contracted.*	The organisation has strong visibility at Local and National level with a track record of programming for persons affected by Displacement through strengthening Youth-leadership and Mentorships for Youths who are Refugees. *Rights-holder/women focused and Youth focused.*
	Alliance of Women Advocating for Change. (AWAC). *Selected in August 2021, yet to be contracted.*	Organisation has a strong National Visibility and is rightsholder led and driven HIV Advocacy with a track record of various Advocacy campaigns and initiatives. Has a niche in Diverse HIV Programing for Young Female Sex workers and in ensuring the promotion of their rights. *Rightsholder/women led/ focused and youth focused. It is an advocacy network*
	Advocates for Sustainable Health and Wealth in Africa (ASHWA). *Selected in August 2021, yet to be contracted.*	Organisation is youth led and grass root situated at the Boarder of Uganda and Kenya (Busia District) having a Strong Youth-led and driven HIV and AGYW - Diverse programming and also providing an integrated approach to addressing SHR-R needs of AGYWs in their respective diversities. *Rightsholder/women /Youth led & Focused.*
	Nile Girls Forum (NGF). *Selected in August 2021, yet to be contracted.*	Organisations is both Rightsholder and Youth Led with strong visibility at grassroot level in West Nile Region. Is passionate about SRH-R for the Refugees and has strong potential of growth and strengthening its capacity around SRH-R from the program. Rightsholder/women led and Youth Led
	Women Initiatives for Emancipation and Renaissance Organisation (WERO) *Selected in August 2021, yet to be contracted*.	Organisation is rightsholder led, grassroot based and still growing. Is very passionate about SRH-R Advocacy and open to strengthening its capacity around the field. Has strong potential of grassroot mobilization of [redacted] Young Sex workers in Islands of Lake Victoria, slums of Kampala and brings on board an inclusion of service delivery and mental health Awareness for [redacted] women. *Rightsholder/women led/focused and youth focused.*
	National Union of Women with Disabilities of	Organisation has a strong National Visibility and Coordination of all networks of women with

	Uganda (NOWUDU). *Selected in August 2021, yet to be contracted.*	Disability. Has a strong niche Advocating for Rights of women with disability with a track record. Will play an important role in guiding national level advocacy within the COA. They further bring on board experience in mentoring small organisations, effective coordination and responding to emerging rights violations. They bring on board 75 District associations across the country. *Rightsholder/women focused and youth focused. This is an advocacy network*
	Uganda Network of Young people Living with HIV/AIDS. (UNYPA) *Selected in August 2021, yet to be contracted.*	Organisation has strong National and Local visibility in HIV Advocacy with series of success Advocacy Initiaties and has a track record of mobilization and meaningful engagement of Young People Living with HIV including Adolescent Girls and Young women through its Young Positives regional networks. Uses the Y+ Beauty Pageant model to strengthen Youth Mentorship and Leadership for Young people living with HIV. *Rightsholder/women-led, youth-led and youth focused. It is an advocacy network*
	Tunawezza Foundation Uganda *Selected in August 2021, yet to be contracted.*	The organization is rightsholder-led and grassroot based with energetic and passionate youthful women and disability working with girls and young women with disability to promote disability inclusion and SRHR of young women with disability *Rightsholder/women Led and youth led.*
	Uganda Key Population Consortium *Selected in August 2021, yet to be contracted.*	The Organisation is well grounded and has a strong niche in SRH-R Advocacy for [redacted] communities with a proven track record. They have a vast understanding of the [redacted] context - policy framework and relevant strategies that puts in to consideration the safety and security of the rightsholders. Because of the current context in Uganda, UKPC is the voice for all smaller organisations and association hence will be a critical member of the CoA in pushing the rights of this rightsholder group. They further bring on board experience in mentoring small organisations, effective coordination and responding to emerging rights violations. Youth-led & Youth Serving. It is an advocacy network
Kenya	Positive Young Women Voices *Contracted in September 2021*	They work with young women who identify as [redacted] and young women living with HIV in Nairobi County *Women led, youth led and rightsholder led organization*
	This Ability Trust *Contracted in September 2021*	They work with young women with disability in Nairobi County *Women led, youth led and rightsholder led organization*

	Action for Sustainability Initiative *Contracted in September 2021*	They work with young women with disability and young women living with HIV in Nairobi County Women led, youth led and rightsholder led organization
	Nyimine Empowerment CBO *Contracted in September 2021*	*They work with young women with disability and young women living with HIV in Siaya county* *Women led, youth led and rightsholder led organization*
	Udada Imara *Contracted in September 2021*	They work with young women who identify as [redacted] in Kisii county *Women led, youth led and rightsholder led organization*
	Stretchers Youth Organization *Contracted in September 2021*	They work with young women with disability, young women who identify as [redacted] and young women living with HIV in Mombasa County *Youth led and rightsholder led organization*
	Dream Achievers Youth Organization *Contracted in September 2021*	They work with young women with disability, young women who identify as [redacted] and young women living with HIV in Mombasa County *Youth led and rightsholder led organization*
	Resilience Action International *Contracted in September 2021*	They work with young women who have been affected by displacement in Turkana County in Kakuma camp *Youth led and rightsholder led organization*
	Inuka Success Organization *Contracted in September 2021*	They work with young women who have been affected by displacement in Garissa County in Dadaab camp *Youth led and rightsholder led organization*
Nigeria	The Initiative for Equal Rights (TIERS) *Selected in August 2021, yet to be contracted*	- Local organization - Women lead A non-for-profit organization working to create a society where human rights are guaranteed regardless of status, identity, orientation and affiliation. It exists to protect, uphold and promote the rights and humanity of all Nigerians through advocacy, empowerment, education, and the provision of safe platforms of convergence. Founded in 2005 as a response to the discrimination and marginalization of sexual minorities in both HIV prevention programming, human rights protection, advocacy, and mainstream human rights work.

	Intersex-Nigeria *Selected in August 2021, yet to be contracted*	- Local organization - Women and youth lead The Vision of Intersex Nigeria is the full integration, affirmation and respect of sex (body) variant persons; existence, human rights and culture within the society. Intersex Nigeria's mission is to contribute to creation of an overall societal environment striped of all forms of violence and discrimination that targets [redacted] persons, through awareness, development and implementation of medical, administrative and legal policies, procedures and practices respectful and inclusive of all sex (body) variant persons.
	Sustainable Impact and Development Initiative for Adolescent and Youth (SID) *Selected in August 2021, yet to be contracted*	- Local organization - Women and youth lead Sustainable Impact and Development (SID) Initiative for Adolescent and Youth is a youth led and youth focused non-profit organization dedicated to advancing the sexual reproductive health and wellbeing of young people in urban and rural communities in Nigeria through a three-point approach which are: Education, Advocacy and Capacity Building. SID's work is cross-cutting and there work is majorly focused on SRHR.
	Girls Power Initiative (GPI) *Selected in August 2021, yet to be contracted*	- Local organization - Women lead Girls' Power Initiative (GPI) was founded to intervene in the socialization of girls for the realisation of a society where women are visible and valued actors. Children and young women are the primary beneficiaries of GPI programs while adult males and other stakeholders are secondary beneficiaries as they are targeted mostly within the context of influencing them to become supportive actors for child protection and gender equality.
	Women's Health and Equal Rights Initiative (WHER) *Selected in August 2021, yet to be contracted*	- Local organization - Women lead WHER Initiative is a Nigerian feminist organization that brings together [redacted], [redacted] and other sexual minority women from all over the country to collectively take action to advance and promote their rights and wellbeing. Their programs provide psychosocial support, economic empowerment and leadership development, and also focus outwards to build alliances with the women's movement and other civil society sectors. They are also an actively engaged with advocacy to

		advance human rights for [redacted] people in Nigeria.
	Vision Spring Initiative (VSI) *Selected in August 2021, yet to be contracted*	- Local organization - Women lead Vision Spring Initiatives (VSI) is a not-for-profit human rights organization partnering with strategic stakeholders to achieve developmental rights of children, young people, and other vulnerable groups and supporting their attainment of these rights using a multipronged approach and diverse strategies.
	Disability Rights Advocacy Centre (DRAC) *Selected in August 2021, yet to be contracted*	- Local organization - Women lead DRAC works to facilitate the full participation of vulnerable groups especially persons with disabilities and women/girls while promoting and protecting their rights. DRAC works to facilitate the full participation of vulnerable groups especially persons with disabilities and women and girls in all aspects of life by addressing the drivers of discrimination and exclusion.
	Stand With a Girl Initiative (SWAG) *Selected in August 2021, yet to be contracted*	- Local organization - Women and youth lead Stand With A Girl (SWAG) Initiative is a youth led organization dedicated to ensuring that every girl in Nigeria no matter where she is born or found is empowered to fulfill her maximum potentials. Its goal is to promote a safe and supportive environment for the social, economic, academic and healthy development of girls in Nigeria.
	Today for Tomorrow Foundation (TTF) *Selected in August 2021, yet to be contracted*	- Local organization - Women and youth lead Today for Tomorrow (TFT) Foundation is a youth-led/youth-serving not- for- profit saddled with the responsibility of involving adolescents and young people in developing, planning and implementing solutions aimed towards improving the health, social, mental, and economic development of young people.
	Deaf Women Aloud Initiative (DWAI) *Selected in August 2021, yet to be contracted*	- Local organization - Women lead

		DWAI is a not-for-profit organization devoted to serving the interest of deaf women and girls in Nigeria with focus on education, sexual reproductive health, leadership training and economic empowerment. This organization believe that deaf women are the most marginalized group within the disability rights movement. This group have been working for over 10 years advocating for access to health care and also in the area of SGBV that these women experience.
	Greater Women Initiative for Health and Right (GWIHR) *Selected in August 2021, yet to be contracted*	- Local organization - Women and youth lead GWIHR is a young women led community-based organization. established to intervene for the rights and health needs of sex workers and other vulnerable women.
Niger	*Selection of these organizations is still in progress.*	Strong Rights Holder groups lead COAs and CSOs lacking in the Country. In Niger, the Community of Action has not yet been set up. Organizations intervening in the field of RH, in particular those working for the rights of disabled people and those of people living with HIV, for example, are grouped together in a network. This allows those with limited technical and financial capacities to benefit from not very high funding but also from technical support for the implementation of their activities. Due to the fairly difficult socio-cultural context, only one organization is openly campaigning for the defense and promotion of SRHR for sexual minorities, in particular people who identify as [redacted]. The other associations carry out their activities under cover of other interventions. In general, the selection of these organizations is still in progress.
Mozambique		Most COAs of the target Rights Holder groups are weak in governance and impact
	Forum Mulher – women led organization *Contract signed on December 2021*	Forum Mulher is a network of private and non-profit non-governmental organizations, created in 1993, with around 35 effective members, who are national civil society organizations. The organization defines itself as civil society, from a feminist perspective, with the role of mediator between civil society and the State in relations with government policies and in strengthening organizations that fight for women's rights. Your commitment is to fight for transformations of sociocultural principles and practices that make women inferior, facing hierarchical power relations between women and men having as a common denominator respect for human rights and the improvement of the position of women in society.
	Litsure – Youth led organization	Listuri is a youth organization that aims to contribute to the search for innovative and sustainable solutions to improve the living conditions of girls and young women and capitalize on the youth potential for transformative leadership.

	Probably will sign contract on March 2022	
	KUTENGA – Youth led organization *Probably will sign contract on March 2022*	Kutenga is a youth organization based on volunteering. In pursuit of its objectives, has prioritized vulnerable groups in the community, especially women living with HIV, to guarantee continuous assistance and access to health services and consequently guarantee the quality of life. Thematic areas: HIV prevention services, socio-economic empowerment, lobby and advocacy.
	POR ELA – Maputo [redacted] women *Probably will sign contract on March 2022*	Por ela is an Association for the promotion of the rights of [redacted], [redacted] and [redacted] women [redacted], founded in 2020. As an Association, they fight for the inclusion of the demands of the [redacted] community on the government's agenda, for the reduction of stigma and discrimination rates that fall on [redacted] women, through the consolidation of the [redacted] movement in Mozambique, a movement of politically empowered women with representation throughout the country.
	AMOFAS – Mozambican Association of families and friends of deaf people *Probably will sign contract on March 2022*	Beneficiaries: Parents and people with disabilities. AMOFAS was established in 1997. Mission: To advocate so that the deaf are integrated into society. Thematic areas: Lobby and advocacy, parents and young people empowerment
	MULEIDE – women led organization *Probably will sign contract on March 2022*	MULEIDE aims to raise the status of women through the dissemination of information on legal rights, campaigning against discriminatory laws, registration of births and marriages and training of community-based para-legal advisers. They provide training on HIV and STD prevention and work with PWA groups providing income support.
	AJODEMO – Mozambican Association Of Young People With Disabilities, Youth Led Organization *Probably will sign contract on March 2022*	Beneficiaries: Young people with disabilities. 70% of beneficiaries are young women with disabilities, of which 30% are blind. AJODEMO was established in 2017. Mission: To advocate for the inclusion of deaf people in Mozambican society. Thematic areas: Institutional strengthening, human rights advocacy, HIV prevention
	TRANSformar – Association of [redacted], youth led organization	Transformar seeks to integrate society into the sociopolitical, economic and -educational demands of the [redacted] Mozambican population through the fight against discrimination, respect, gender diversity and sexual diversity.

	Probably will sign contract on March 2022	
	Promura - women led organization *Probably will sign contract on March 2022* HIXICAMWE Association	
	Ophenta - women led organization *Probably will sign contract on March 2022* LAMBDA Association	Ophenta is an organization established in 2017. Mission: We are a responsible, proactive and socially committed Association that advocates and promotes gender equality, social and economic justice and the fight against violence, influencing decisions in governance processes in the formulation and implementation of human rights sensitive policies with a focus on women and girls. Description: LAMBDA is a membership organization established in 2006 by [redacted] Mozambican citizens to demand equal rights for [redacted] citizens, fight discrimination and prejudice against [redacted] citizens, educate the general public about the [redacted] community, and provide services and support to the [redacted] community, including counselling and sexual health. Mission: To lead the [redacted] movement and mobilize the society, making it favorable to the promotion and guarantee of the economic, political and social rights of [redacted] citizens. Thematic areas: [redacted] community (HIV prevention services, socio-economic empowerment), lobby and advocacy, civil society and institutional development. Legal registration: unregistered. Registration pending since 2008.
Lebanon		No initial networks with L%A capacities.
	Jeem *Contracting process in progress*	Jeem is a youth led website which produces knowledge as well as critical and cultural content about gender, sex and sexuality that challenges and transcends the prevalent discourse of the mainstream media. It is a project under the Goethe Institute. Jeem is [redacted] women-led. *Pending development of work plan and budget*
	Egna Legna	Egna Lega is a migrant women led organization that works on advocacy for MDW in Lebanon, as

	Contracting process in progress	well as, training on several topics related to migrant women. *Pending development of work plan and budget*
	Gharsah *Contracting process in progress*	A Syrian young women-led initiative working on education, PSS and women empowerment in the refugee community. *Pending development of work plan and budget*
	Kayani Project *Contracting process in progress*	Kayani is young-women led community-based organization, and it works on empowerment, capacity building, mentoring, and awareness on GBV and mental health. *Pending development of work plan and budget*
	Haltek *Contracting process in progress*	Women-led organization that tackles technology inclusion for persons with disability, in order to prepare them for the job market. It lends a special focus on young women with disability. *Pending development of work plan and budget*
	Jeyetna *Contracting process in progress*	Jeyetna is a youth and women led initiative led by a group of young women living in Lebanon, and it aims to tackle period poverty through advocacy, awareness and provision of sustainable menstruation products.
Jordan		
	Forearms of Change *Contracting process in progress*	Forearms of Change is a youth led Community Based Organization. Forearms of Change aims to empower local communities, and works to help people living with HIV/AIDS in Jordan through collaborative efforts with several Jordanian health service providers and partners. *Pending development of work plan and budget*
	Aman Space *Contracting process in progress*	Aman Space which literally translates to “Safe Space” in English is a youth led art and cultural space that is a safe artistic and cultural space in Jordan which aims to be a safe space and hub for feminist and [redacted] artists/activists. Aman grows organically through interaction, participation, and collaboration. *Pending development of work plan and budget*
	Drabzeen Human Development	Darabzeen is Youth led community organization. Darabzeen focuses on youth, gender, and

	Contracting process in progress	community initiative, through providing a forum for Jordanian youth across the Kingdom to discuss human rights, democracy, and political participation, through café talks, debating tools, and online media including Social-Media and video production. *Pending development of work plan and budget*
	Bushra *Contracting process in progress*	Bsuhra is women led Community Based Organization that seeks to further promote rights of women and children and empower women on the local level. Bushra aims to empower women and children and enable them to become active members of the society through positive engagement. *Pending development of work plan and budget*
	Y-Peer *Contracting process in progress*	Y-Peer is a youth led Peer Education Network, Y-Peer focuses through comprehensive youth-to-youth initiatives on many areas surrounding adolescent sexual and reproductive health. *Pending development of work plan and budget*
Guatemala	OCAC Guatemala *Contracted in October 2021*	Local organization Women led *El Observatorio contra el acoso callejero en Guatemala OCACGT*, is part of a network of observatories against street harassment in Latin America. It is a collective that highlights the problem of street harassment with the purpose of recovering public territories that are no longer safe for young women.
	Redjuamugen *Contracted in October 2021*	Local organization Young women led *Red Juvenil de Asociación de Mujeres Gente Nueva* – REDJUAMUGEN – is a network led by young women of binary and non-binary gender that acts for the sexual and reproductive rights of women who live and/or coexist with HIV and youth in rural and urban areas, to reduce stigma and discrimination against HIV and sexual and reproductive health in the young population.
	Mujeres en Movimienta *Contracted in October 2021*	Local organization Women led *Mujeres en Movimienta* is an organization of young, indigenous, mestizas and diverse women that work with art, historical memory, and healing. It was created as space for intersectional, decolonial and intergenerational dialogue between diverse women and students to create new ways of doing politics from joy and pleasure.

	Redmmutrans Guatemala *Contracted in October 2021*	Local organization Women led Red Multicultural de Mujeres *Trans de Guatemala (REDMMUTRANS*) promotes the protection and recognition of the rights of [redacted] women in Guatemala. They are a multicultural network led by Mayan, Garifuna, Xincas and Mestizas [redacted] women that work through political advocacy, capacity-building and leadership development.
	Otrans – RN *Contracted in October 2021*	Local organization Women led *OTRANS* is the leading and pioneering organization that works from, by and form [redacted] women in Guatemala. It actively contributes to the social, economic, and cultural development of [redacted] people in the country.
	Cuirpoétikas *Contracted in October 2021*	Local organization Women led C*uirpoétika*s is a collective of with corporalities that disagree with heteronormativity, homonormativity and gender binary that reproduces roles and behaviors conditioned from violence. They seek to promote artistic experimentation, training and political reflection around bodies and sexual subjectivities.
	Mujeres con Capacidad de Soñar a Colores *Contracted in October 2021*	Local organization Women Led *Mujeres con Capacidad de Soñar a Colores* is an organization of women with disabilities and allies who seek to influence their social, cultural, political and economic environment to make visible the violence they face and respond to it, increasing their political participation, organization and alliances with other women with disabilities.
	Sector de Mujeres *Contracted in October 2021*	Local organization Women Led The *Alianza Política Sector de Mujeres* is a political alliance of women's organizations of diverse identities, from different cultures, languages, feminists, and revolutionaries. They build their own thinking and strategies that are nourished by their life experiences and the wisdom of the indigenous women in Guatemala.
	Asociación IDEI *Contracted in October 2021*	Local organization *Association for Investigation, Development and Integral Education* (*Association IDEI*) is an

		organization that promotes human development in the Western Highlands in Guatemala, through quality health programs, critical education for Integral Development, and TB and HIV research with active community participation.
	Vidas Paralelas *Contracted in October 2021*	Local organization Women led *Vidas Paralelas* is the only legally constituted [redacted] women's organization in Guatemala. They work through the strengthening of citizenship and advocacy to guarantee the fulfillment of their human rights and gender equality.
	Incidejoven *Contracted in October 2021*	Local organization Youth led I*ncidejoven* is an organization of young people that works from feminism and youth perspective to promote and advocate on SRHR of young people in Guatemala, putting in the center the autonomy, freedom and citizenship of young women.
Honduras		
	Acción Joven *Contracted in October 2021*	Local organization Women led Youth led Works for the human development of the youth population, defense of human rights, promotion of reproductive sexual health, mental health, social change and the empowerment of adolescents and young people through voluntary service in national networks to achieve a fairer society, inclusive and participatory
	Asociación Feminista Trans- AFET *Contracted in October 2021*	Local organization Women led Youth led Is a [redacted] feminist, non-governmental, community-based, non-profit organization. Created for the institutional coordination of strategies to attract subsidy funds that provide support to develop all actions for the improvement of the living conditions of [redacted] women
	Artemisa Honduras *Contracted in October 2021*	Local organization Women led Youth led Is an autonomous, non-political, non-profit organization with a feminist approach; whose primary

		objective is to mobilize flexible resources to empower girls, adolescents and young women with knowledge, diverse in expressions, orientations and identities of the Central District on issues of Inclusion and Social Development to improve their living conditions
	Centro de Promoción en Salud y Asistencia familiar-Ceprosaf *Contracted in October 2021*	Local organization Women led IT is a non-governmental dedicated to the promotion of family health, committed to strengthening their quality of life and assistance in risk situations to preserve and preserve it in a healthy environment. Promote healthy living environments that guarantee families and communities the enjoyment of health from a comprehensive approach. Generate spaces for citizen coexistence to prevent violence in communities as a strategy to achieve human security. Strengthen institutional development, considering human talent, networks of community leaders articulated with other related ones.
	Centro de Estudios de la Mujer Honduras- CEMH *Contracted in October 2021*	Local organization Women led Is a feminist organization, autonomous from partisan ideological influence from religious institutions and political parties. It is constituted as an autonomous space from women for women, to share knowledge, knowledge and exercise a horizontal, creative, emancipatory collective power, which allows addressing the various violence, discrimination and oppression that women face in the Honduran patriarchal system
	Foro Nacional para las Migraciones – FONAMIH *Contracted in October 2021*	Local organization Women led Is a space for civil and private organizations, in collaboration and coordination with natural persons, governmental and non-governmental entities related to the migratory phenomenon. The objective is to promote respect and defense of the Human Rights of the migrant population and their families, by the Government of Honduras and society in general.
	Federación Nacional de madres, padres y familiares de personas con discapacidad *Contracted in October 2021*	Local organization Women led Is a National Federation of Mothers, Fathers and Families of Persons with Disabilities of Honduras, non-profit; that fully promotes and defends the enjoyment of the human rights that correspond to them in all fields of their actions; always striving to raise their degree of preparation effectively in the rehabilitation and comprehensive rehabilitation, inclusion, health, recreation, culture and sports; in order to guarantee its services when requested
	Fundación LLAVES *Contracted in October 2021*	Local organization Women led Is a non-profit organization that works in response to the particular needs of people with HIV, specifically in defense of the human rights of this population. LLAVES has developed experience in the area of communication and uses it as a vehicle to carry out work on primary and secondary

		prevention of HIV and other STIs, defense of human rights, political incidence, promotion of values, as well as the involvement of other key actors in the response to the epidemic, and its territorial scope of work is regional, national and international.
	Centro de Derechos de Mujeres (CDM)- Host Organization *Contracted in October 2021*	Local organization Women led Is a feminist, autonomous, critical, proactive organization that fights for the strengthening of autonomy, the exercise and enjoyment of rights, citizenship, equality and gender justice for women. The work for the human rights of women through a feminist proposal seeks to positively impact the lives of women, promote their autonomy and leadership.