Finnish Red Cross



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Programme Report 2022–2025

Annual Programme Report 2025

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Yhteenveto ohjelmasta

Vuosi 2025 oli Suomen Punaisen Ristin ulkoministeriön rahoittaman kehitysyhteistyöohjelman (2022–2025) nelivuotisen ohjelmakauden viimeinen toteutusvuosi. Ohjelman tavoitteena oli vahvistaa ihmisten ja yhteisöjen resilienssiä terveysuhkien, katastrofien ja konfliktien keskellä neljän temaattisen painopisteen kautta: 1) ilmastoviisas katastrofiriskeihin varautuminen ja niiden vähentäminen, 2) naisten ja tyttöjen terveyden edistäminen, 3) humanitaarisen avun ja kehitysyhteistyön välisen yhteyden vahvistaminen sekä 4) vahvojen ja osallistavien paikallisten toimijoiden rakentaminen.

Ohjelmakauden aikana ohjelma tavoitti yhteensä yli 3,1 miljoonaa ihmistä kuudentoista maan alueella, joista vuoden 2025 aikana noin 734 000 ihmistä. Ohjelma keskittyi erityisesti konflikti- ja kriisialueisiin hauraissa sekä vähiten kehittyneissä maissa. Vuonna 2025 yksitoista ohjelmamaata sijaitsi Afrikassa, ja 69 prosenttia ohjelman rahoituksesta kohdentui sinne. Vähiten kehittyneisiin maihin kohdistui 80 prosenttia ohjelman rahoituksesta.

Ilmastoviisaan katastrofivalmiuden ja riskienhallinnan osalta ohjelma vahvisti yhteisöjen kykyä ennakoida ja vähentää ilmastonmuutoksen ja sään ääri-ilmiöiden vaikutuksia. Ohjelmakauden aikana yli 635 000 ihmistä hyötyi parannetuista sää-, ilmasto- ja ennakkovaroituspalveluista, ja yli 313 000 ihmistä osallistui yhteisölähtöisiin varautumistoimiin. Vuonna 2025 ohjelmassa painotettiin erityisesti osallistavia ennakkovaroitusjärjestelmiä, ennakoivaa toimintaa sekä yhteisöjen omistajuutta katastrofiriskien hallinnassa.

Naisten ja tyttöjen terveyttä edistävä työ tuotti merkittäviä tuloksia koko ohjelmakauden ajan. Ohjelman avulla yli 314 000 ihmistä sai laadukkaita seksuaali- ja lisääntymisterveyspalveluja. Yhteisöterveyden toimintamallit, vapaaehtoisverkostot, naisten ryhmät sekä yhteisöjen johtajien osallistaminen vahvistivat terveystietoa, hoitoon hakeutumista ja palvelujen käyttöä. Kriisi- ja konfliktialueilla paikalliset Punaisen Ristin ja Punaisen Puolikuun yhdistykset kykenivät tarjoamaan välttämättömiä terveyspalveluja vaikeista toimintaympäristöistä huolimatta. Samalla vesi-, sanitaatio- ja hygieniatoimilla parannettiin pitkäjänteisesti terveyttä ja ehkäistiin sairauksia.

Humanitaarisen avun ja kehitysyhteistyön välisen yhteyden vahvistaminen säilyi ohjelman keskeisenä painopisteenä. Ohjelmassa tuettiin terveyspalvelujen jatkuvuutta Afganistanissa, Somaliassa, Burkina Fasossa ja Myanmarissa. Safer Access Framework -toimintamallia laajennettiin ja sillä vahvistettiin kansallisten yhdistysten viestintä-, turvallisuus- ja kriisinhallintavalmiuksia. Ohjelma auttoi paikallisia toimijoita ylläpitämään pääsyä haavoittuviin yhteisöihin konflikti- ja kriisialueilla sekä torjumaan väärää tietoa ja vahvistamaan luottamusta humanitaarisiin toimijoihin.

Paikallisten Punaisen Ristin ja Punaisen Puolikuun yhdistysten kapasiteetin vahvistaminen oli ohjelman keskeinen lähtökohta. Ohjelmakauden aikana tukea suunnattiin erityisesti järjestökehitykseen, vapaaehtoistoiminnan kehittämiseen, paikallisostojen vahvistamiseen, taloushallintoon, riskienhallintaan ja taloudellisen kestävyyden kehittämiseen. Tuki perustui kumppanijärjestöjen omiin prioriteetteihin ja vahvisti niiden kykyä toimia pitkäjänteisinä, vastuullisina ja paikallisesti johdettuina humanitaarisina toimijoina.

Sukupuolten tasa-arvoa, osallisuutta ja suojelua edistettiin ohjelman kaikilla tasoilla. Kansallisia yhdistyksiä tuettiin kehittämään suojelu-, sukupuoli- ja osallisuuslinjauksia, vahvistamaan häirinnän ja hyväksikäytön ehkäisyä sekä lisäämään vammaisten henkilöiden osallistumista ohjelmatyöhön. Yhteistyö Abiliksen, CBM:n ja paikallisten vammaisjärjestöjen kanssa vahvisti esteettömyyttä, saavutettavuutta ja osallistavia toimintamalleja useissa maissa.

Vuonna 2025 Suomen Punainen Risti jatkoi aktiivista vaikuttamistyötä ilmastonmuutoksen humanitaarisista vaikutuksista, osallistavista ennakkovaroitusjärjestelmistä, globaalista terveydestä sekä vammaisten henkilöiden oikeuksista. Vaikuttamistyö perustui ohjelmatyöstä tuotettuun näyttöön, tutkimuksiin ja politiikkasuosituksiin. Kehitysyhteistyöstä viestittiin laajasti Suomessa, ja ohjelman tuloksia tuotiin esille eri viestintäkanavissa, oppimateriaaleissa ja tapahtumissa.

Ohjelman toteutuneet kokonaiskustannukset olivat vuonna 2025 noin 8,9 miljoonaa euroa, josta 68 % rahoitti ulkoministeriö ja 32 % Suomen Punainen Risti. Ohjelmakaudella Suomen Punainen Risti ylitti omarahoitusvaatimukset turvatakseen pitkäjänteisen kumppanuustyön ja ohjelmien joustavan toteutuksen. Ohjelmakauden kokemukset, opit ja tulokset muodostivat perustan uudelle vuosien 2026–2029 ohjelmalle, jossa painottuvat entistä vahvemmin paikallisesti johdettu toiminta, kansallisten yhdistysten institutionaalinen vahvistaminen sekä humanitaarisen avun ja kehitysyhteistyön yhteys.

1. Programme progress in 2022–2025

1.1 Global context and geographical focus

Throughout the four-year programme period, global humanitarian needs have escalated. The sector has been in turmoil and the traditional development work as well as rules-based global order have been challenged. The major conflicts in Ukraine, Sudan and Gaza created both global and regional implications for food security, migration, donor priorities and deterioration of respect for international humanitarian law. Protracted crises in Afghanistan, Myanmar, the Sahel, Somalia and in many more of the Finnish Red Cross Programme's target contexts have continued to impact the lives of millions of people and hamper potential for more sustainable development gains. As the global humanitarian funding has significantly diminished, these underfunded and underreported crises are receiving less support than before.

In 2025, the official development assistance (ODA) decreased by 23.1% compared to 2024, while humanitarian funding fell by 35.8%. Particularly concerning is the decline in funding for the most vulnerable contexts: support to least developed countries (LDCs) fell by 25.8%. In 2025, LDCs received a combined USD 28.1 billion in development assistance, compared to USD 44.9 billion allocated to Ukraine alone. (OECD, 2025)

The geographical focus of the Finnish Red Cross Programme shifted slightly over the four years. At the start of the Programme, the Finnish Red Cross had fourteen long-term partners over three continents: Burundi, Ethiopia, Kenya, Somalia, South Sudan, Burkina Faso, Niger, Sierra Leone, Malawi, Zimbabwe, Afghanistan, Myanmar, Nepal and Yemen. In addition, the East Africa Regional Early Warning Early Action project targeted Rwanda and Tanzania.

During the programme cycle, the Finnish Red Cross did some geographical prioritisation. In the beginning of the Programme, a new partnership was started with the Burkinabe Red Cross Society as per the focus on the Sahel region. In the middle of the Programme, the long-term partnership in Malawi was phased out, in order for the Programme to be able to better focus on highly vulnerable and underfunded contexts. In addition, the programmes in Kenya and Yemen with the Ministry for Foreign Affairs (MFA) programme-based funding ended at the end of 2025, in line with the Finnish Red Cross approach of scaling up individual country portfolios for impact and scale.



Figure 1. Geographical coverage of the Finnish Red Cross Programme 2022-2025

During the final year of the Programme, different projects were implemented in fifteen countries. Eleven of them were in Africa, with 69% of the total funding channelled there. Thirteen of the target countries were among LDCs, with 80% of the total funding allocated to them. During the whole programme period, the Finnish Red Cross reached 3,113,788 individuals in sixteen countries through a variety of community actions.

Table 1. People reached directly by the Programme during 2022–2025

2022	2023	2024	2025
910 329	650 000	819 000	734 459

Throughout the programme period, the Finnish Red Cross has allocated more than the required level of co-funding, on average 27% per year. As the Finnish Red Cross sees the MFA-funded Development Programme as a fundamental basis of its long-term programming and support to key partner National Societies, the Finnish Red Cross has been

investing more to allow the scaling up of country programmes, increasing their reach and responding more flexibly to rapidly changing contexts, beyond the possibilities of grant funding and minimum co-funding. The MFA funding and the Programme itself are essential in ensuring the continuity and long-term nature of the development work and strengthening strategic partnerships with the local partners. This strong and stable programme base enables National Societies to access additional funding opportunities, such as DG ECHO financing for preparedness and humanitarian operations, and facilitates the channelling of funding from other Red Cross partners to them through Finnish Red Cross led country programmes, as demonstrated for example in Somalia.

Risk management and safeguarding

The defining characteristic of the Finnish Red Cross Development Programme over the four years is that it was implemented in volatile, fragile and high-risk contexts. The global risks aggregated at the Programme level were regularly updated in the Programme-level Risk Matrix, with the last update for this Programme attached in annex 2.

During the four years, the Finnish Red Cross risk management policy remained unchanged in its foundations but evolved constantly to better identify, address and mitigate risks in a rapidly changing operational environment. At the organisational level, the Finnish Red Cross hired a Controller with a focus on internal control and risk management, and updated its risk management policy in 2025. The organisational-level risk management categorises risks into strategic, financial, operational and damage risks, and covers aspects of safety, security, programmatic risks, integrity, corruption, financial mismanagement and safeguarding against violence and abuse. At organisational level, high-level risks were updated annually at a minimum and regularly reported to the Finnish Red Cross Board.

The International Aid Department continued to use the Project Information Management System (PIMS) for documenting, rating, escalating and monitoring risks of international operations. The International Aid management team discussed key risks in its meetings biweekly. Fraud and corruption allegations were handled according to specific guidelines and reported swiftly to the back donor. The internal auditor investigates all claims raised via the Finnish Red Cross whistleblowing channel, and findings are reported to the organisation's Audit Committee.

In addition to investments in and focus on fraud and corruption prevention, the Finnish Red Cross has improved its safeguarding practices over the four years. The Finnish Red Cross has a zero-tolerance policy towards sexual harassment and abuse. The policy was updated in 2024, and mandatory staff training was conducted in 2025. Safeguarding measures are embedded in project contracts and community engagement activities as well as project-level risk matrices, with clear mitigation measures when interacting with communities and people in vulnerable situations.

An emerging trend in risk management is risk sharing, which the Finnish Red Cross is enforcing as part of its aim to more locally led and owned operations also from the compliance perspective. In South Sudan, for example, there is a National Society led exercise for this, aiming to jointly with all partners identify key risks, share findings and analyses as well as mitigation measures, including joint capacity building and improving of compliance processes.

The Finnish Red Cross generally cooperates with other Red Cross Red Crescent partners in sharing assessments and findings as well as in coordinating joint approaches for risk management, risk mitigation, handling confirmed cases as well as importantly for capacity building. In 2025, the Finnish Red Cross signed a memorandum of understanding (MoU) with the Norwegian Red Cross to provide a structured framework for cooperation and leveraging the technical expertise of the Norwegian Red Cross in Finance Development. In Burkina Faso, for example, training was provided for almost 70 staff on fiscal compliance and internal controls. Via risk management, financial oversight and accountability were strengthened, reducing errors and mitigating fraud and corruption risks.

Globally, as a member of the International Federation of Red Cross and Red Crescent Societies (IFRC) Donor Advisory Group (DAG), both the Finnish Red Cross and Finland's MFA had access to the IFRC's Office of Internal Audit and Investigations (OIAI) regular briefings on their global capacity-building efforts and open investigations and cases.

Despite robust measures in place, cases have regularly emerged during the four years. In addition to the risk management developments listed above, the Finnish Red Cross has taken stock on the cases and has, for example, increased oversight measures in contexts with higher risk for fraud and corruption, addressed and supported the National Societies and wider network through the IFRC on governance and independence issues, including as

needed, more oversight or division of decision-making responsibility on, for example, procurement and programmatic targeting.

As the civil society space and the role of the Red Cross and Red Crescent Societies have been challenged in many contexts, the Finnish Red Cross has increased its efforts on humanitarian diplomacy and actively advocated and shared information with key stakeholders, including Embassies in the regions.

Humanitarian work continued to be dangerous and humanitarian access challenged in 2025. The verified data is only until end of 2024 but it shows a steady increase in the total number of incidents, number of deaths and number of Red Cross Red Crescent network staff and volunteers involved in incidents (AWSD, 2025). Finnish Red Cross staff did not experience any severe incidents in 2025 but its partners did face fatalities in Ethiopia and South Sudan during the year. Security management is a high priority for the Finnish Red Cross. In South Sudan, the overall situation declined and hampered access to programme sites. At the same time, the implemented Safer Access Framework (SAF) measures, such as continuous dialogue with communities and authorities, combined with visible neutrality signals like emblem painting and flag installation, enabled access in high-risk areas for local staff.

1.2 Programming and implementation overview

Building resilience, inclusion and local capacity: Programme Results 2022–2025

The Finnish Red Cross's Programme approach remained relevant in identifying localised and effective solutions for preparing for and mitigating impacts of disasters, increasing the capacity and resilience of local actors, and particularly supporting civil society's service delivery in protracted conflicts and crises. The Programme 2022–2025 was built on the broader resilience approach of the previous Programmes but with a specific focus on four thematic focus areas: 1) climate-smart disaster preparedness and risk reduction; 2) improving the health of women and girls; 3) reinforcing the interlinkages between humanitarian and development action; and 4) building strong and inclusive local actors.

In addition, a strong emphasis was put on increasing Protection, Gender and Inclusion (PGI) and on advocacy, both at the national and global levels. Over the four years, the Programme increasingly embedded climate resilience, gender-responsive health interventions, inclusion and community ownership. This approach supported in achieving the Programme goal of *'Strengthened resilience in health, natural disasters and conflicts of people of different gender, ages, abilities and backgrounds, enabled by inclusive and sustained local Red Cross Red Crescent action'.*

The first year of the Programme was characterised by a transition from the previous Programme to the new. Old projects were closed and evaluated while new projects were planned with the leadership of the National Societies. While in many countries the planning of new projects delayed the start of the implementation, this transition period was important as it established a basis for the Programme achievements in 2023–2025.

The Programme strengthened the resilience, health and inclusion of vulnerable communities through integrated and climate-smart programming. By combining community-led disaster preparedness, women's and girls' health initiatives, water, sanitation and hygiene (WASH) interventions, and PGI approaches, the Programme contributed to measurable improvements in preparedness capacities, health knowledge and care-seeking behaviours, access to safe water and sanitation, and social norm change. At the same time, the institutional capacities of National Red Cross and Red Crescent Societies were strengthened and collaboration expanded with public authorities and technical partners, supporting more sustainable, inclusive and locally led changes.

One of the key Programme developments across the period was the strengthening of the climate-smart approach. From initial planning and assessments, the Programme moved to support target communities and National Societies in climate-risk training, community awareness activities and simulations, integration of forecasts into local action, collaboration with national meteorological institutions and policy-level participation. By the end of the Programme, the climate-smart approach has become increasingly integrated and has moved beyond disaster preparedness activities towards resilience building and livelihoods support. By the end of 2025, the Programme was supporting climate-smart approaches at the community level while also contributing to broader early warning early action and anticipatory action at the national and global levels, including with active engagement with the Early Warnings for All platform.

Another clear Programme success was the improvement of the health of women and girls by strengthening community-based approaches. The Programme focused on improving access to and quality of healthcare, and had a strong emphasis on prevention activities. The Programme practised culturally embedded approaches and engaged women and girls directly while involving husbands and male community members as well as religious leaders to ensure their acceptance. In addition, the Programme mobilised traditional or village birth attendants and community health workers. Several assessments conducted during the Programme suggest that the Programme succeeded in moving beyond activity reporting into measurable behavioural and knowledge change. Reported outcomes include, for example, increased antenatal and postnatal care attendance, improved breastfeeding practices, better family planning knowledge and improved maternal healthcare-seeking behaviour.

Some progress in the outcomes was also highly attributed to WASH being increasingly integrated into broader resilience and health programming, the emphasis it put on ensuring sustainable community management committees and how WASH linked with hygiene promotion and menstrual hygiene management (MHM). The Finnish Red Cross's approach to strengthen PGI at global, national and community level contributed to the results achieved regarding the health of women and girls, and the Programme increasingly addressed issues such as child, early and forced marriage (CEFM), female genital mutilation (FGM), sexual and gender-based violence (SGBV), safeguarding and disability inclusion. PGI was also embedded into institutional capacity building of the National Societies.

To strengthen the humanitarian–development nexus, the Programme aimed at enabling National Red Cross Red Crescent Societies to continue development work and deliver humanitarian assistance in contexts affected by conflicts and protracted crises. The nexus approach focused on two main pillars: enhancing safe access and delivery of aid through the Safer Access Framework (SAF), and support to maintaining essential health services in conflict-affected areas. During the Programme, the Finnish Red Cross expanded SAF to new countries, strengthened communication and crisis management capacities of the National Societies, and supported the continuation of essential health services for vulnerable populations in conflict-affected settings. While capacity constraints, insecurity and political instability remained as challenges, the nexus approach improved the resilience and continuity of services in difficult operating environments. The Programme also confirmed that strong, locally rooted National Societies are critical for maintaining humanitarian access in settings where other international actors face restrictions.

During 2022–2025, the Finnish Red Cross refined and strengthened its National Society Development (NSD) approach, ensuring that support remained partner led and tailored to each National Society's priorities and context. The NSD approach moved from stand-alone capacity-building activities to more strategic organisational transformation and focused especially on branch development, volunteer engagement and financial sustainability initiatives, with an emphasis on locally led capacity strengthening. While gains were made in these, challenges related to funding, sustainability, governance and fragile operating environments remained.



SDG icons © United Nations

Figure 2. SDGs supported by the Programme

Through support directed to disaster preparedness and risk reduction, health, nexus and institutional capacity building of the National Societies, the Programme contributed to a total of 10 Sustainable Development Goals (SDGs): directly to Goal 1 (no poverty) and Goal 11 (sustainable cities and communities), and through the thematic focus areas to Goal 2 (zero hunger), Goal 3 (good health and well-being), Goal 5 (gender equality), Goal 6 (clean water and sanitation), Goal 10 (reduced inequalities), Goal 13 (climate action), Goal 16 (peace, justice and strong institutions) and Goal 17 (partnerships for the goals).

Learning and accountability

The Programme emphasised continuous learning throughout the programme cycle, and regular evaluations, midterm reviews and case studies were carried out. In addition, monitoring visits and meetings with stakeholders

resulted in recommendations and changes in projects' approaches. In 2025, a midterm review was conducted in Somalia, Myanmar, Zimbabwe and Burkina Faso and a final evaluation in Sierra Leone. In 2025, the Finnish Red Cross also commissioned a learning-oriented final evaluation of the Programme that covered the three-year period of 2022–2024. Furthermore, at the beginning of 2026, evaluations were conducted in Burundi, Niger, South Sudan and Ethiopia, covering the entire 2022-2025 programme period.

The final evaluation highlighted achievements of the Programme and identified opportunities for improvements. The evaluation reported strong relevance to the needs of communities and National Societies, as well as alignment with national priorities and National Society strategies and Finland's development policy. The Programme framework was found to be broad enough to be relevant across different contexts while allowing flexibility for National Societies to adapt locally. While the integration across technical areas was uneven in the Programme design, it was strong in the implementation where country projects often linked disaster preparedness, health, livelihoods, and water and sanitation in ways that produced tangible results, such as improved resilience, reduced child mortality and enhanced gender equality. Some examples of these include savings and loan groups that helped sustain health outcomes, water points that reduced the burden on women and children, and climate-smart agriculture that supported nutrition and livelihoods. The evaluation found that a significant proportion of the intended results was achieved although there was variety across focus areas: over half of the indicators in climate-smart/disaster preparedness (focus area one), health of women and girls (focus area two), and nexus activities (focus area three) met or exceeded their targets, while progress in financial sustainability and National Society Development (focus area four) was limited.

The evaluation suggested that factors contributing to the effectiveness of the Programme were Finnish Red Cross's locally led approach, strong partnerships, internal culture of monitoring and learning, commitment of the staff and volunteers of the National Societies as well as collaboration with external stakeholders such as Abilis Consulting and the Finnish Meteorological Institute. A notable strength of the Programme was its flexible funding, as due to budget reallocations and crisis modifiers National Societies were able to respond effectively to changing contexts.

The evaluation also found that the Programme had a significant impact. Women's increased participation, education and decision-making contributed to shifts in gender equity and power dynamics. Resilience was strengthened by livelihoods and economic empowerment mechanisms. Access to health improved and harmful practices such as child marriage and female genital mutilation were addressed, enabling behaviour change and advancing gender equality. Global advocacy and technical guidance on disability inclusion had an important role in the Programme. At the country level, the Programme strengthened the recognition of the National Societies and fostered stronger partnerships with authorities. The evaluation found that participatory approaches, strong community ownership, flexible funding mechanisms and focus on women's empowerment were the key enablers of impact. The evaluation also found that the Programme mainstreamed sustainability across all areas, by focusing on NSD, including at the branch level through strengthened policies, branch management, volunteer systems and financial management to support the continuity of services. In addition, the Programme fostered community ownership throughout the project cycle and community capacities to sustain services, income-generating activities and livelihoods diversification, as well as improved monitoring and knowledge development.

Regarding PGI, the evaluation found that it was mainstreamed across the Programme, guided by the Finnish Red Cross's PGI thematic roadmap, and addressed National Societies' institutional level, project and programme level, as well as advocacy and partnerships. At the institutional level, PGI was incorporated into National Societies' strategies, and organisational assessments and trainings were carried out. Sexual and gender-based violence prevention and response advanced through training, dialogues, safe spaces and livelihoods activities, while the evaluation did note that transition from awareness-raising to transformative approaches remains challenging.

The evaluation also provided recommendations and critical findings, which mainly focused on results frameworks, Monitoring, Evaluation, Accountability and Learning (MEAL) systems and standards as well as localisation.

The evaluation found that there was a need for better integration of country and Programme results frameworks, including indicators. Due to limited alignment, the Programme did not manage to systematically capture all the efforts and impact achieved at the country level. There were also limitations to measure long-term outcome indicators as well as impact indicators. The evaluation also found gaps in project-level monitoring, data collection

and quality control. The evaluation suggested that the monitoring system should be strengthened in order to improve collection and use of sex, age and disability disaggregated data.

These findings confirmed Finnish Red Cross's own experience of the results framework. Based on Finnish Red Cross's observation, the selected indicators, especially at the outcome level, were often too technical for the collected data to be reliable. In addition, as some of the projects ended and some started in the middle of the programme period, setting and monitoring of the baseline data and target level was challenging. The results framework was revised at the beginning of 2024 to better reflect the Programme but the above-mentioned challenges remained. Partly due to these challenges, the new Programme 2026–2029 is based on a fusion approach, combining outcome mapping with a logical framework approach and placing greater emphasis on progress markers and qualitative data.

While the Programme was found to be effective, internal factors such as limited capacities of the National Societies, delays in fund disbursements as well as external factors such as disasters, civil unrest and conflict hindered the achievement. The evaluation also commented that while the Programme used its resources efficiently, the human resource costs of Finnish Red Cross delegates and technical support exceeded projections every year. This has been noted by the Finnish Red Cross, and in the new Programme the human resource expenses will be more systematically monitored.

Regarding NSD and localisation, while the evaluation noted that the Finnish Red Cross approach was already localised, there are opportunities for better alignment with the priorities of partners, supporting financial sustainability and providing core funding, and moving towards more comprehensive NSD that focuses on institutional building. The evaluation found that the results framework indicators related to National Society financial capacities showed limited recorded achievements. These gaps will be addressed in the new Programme, which is based on strengthening the institutional capacity of the National Societies.

While the evaluation found that community engagement was strong especially during initial assessments and project design, the accountability mechanisms tended to rely on informal practices rather than systematic implementation. This was also reported by various project midterm reviews and evaluations, which highlighted the need to ensure functional and inclusive feedback and complaint mechanisms.

Locally led approach to programming

The Finnish Red Cross Programme was based on the four strategic drivers (impact-driven, adaptive, inclusive, localised) of the Strategic Framework for Finnish Red Cross international aid that was drafted in 2021 and informed the planning of the Programme 2022–2025. During the four years, the strategic driver of localisation became a foundational driver for Finnish Red Cross international aid and also guided the developing of locally led programming.

The Finnish Red Cross has been active in the global fora, including in the IFRC network's Way of Working (WoW) approach seeking to further emphasise the partner National Societies' strategic leadership role in their programming and becoming increasingly effective and streamlined in coordination with other Red Cross Red Crescent partners, for example in support planning and reporting requirements. For example in Ethiopia, the Finnish Red Cross supported the Ethiopian Red Cross Society through a comprehensive aligned approach, integrating institutional support to their broader Financial Development Strategy, coordinating SAF-related support with other Red Cross Red Crescent Movement partners and as part of the WoW pilot, strengthened strategic alignment with Ethiopian Red Cross priorities and advanced alignment in programming and reporting.

Globally, the Finnish Red Cross was active especially via the IFRC's DAG, of which Finland has been a member since 2022, actively promoting to donors, participating in discussions on and sharing with peer National Societies the locally led agenda. Outside of the Programme, the Finnish Red Cross seconded a Thematic Lead, National Society Leadership Development, to work on these files at the global network level. More importantly, the Finnish Red Cross has been looking at its own approaches, including finalising a localisation baseline and locally led action roadmap, including looking at Finnish Red Cross's business model. Crucially, the planning for the new programme phase 2026–2029 was guided by a focus on the nexus approach and locally led programming while building on the successes and learning of the programme 2022–2025.

Over the programme period 2022–2025, the Finnish Red Cross aimed to increase the agency of the Red Cross and Red Crescent National Societies. Initially, partners already played a central role in planning new projects but over time this evolved into a more structured, partner-led approach where programmes were increasingly aligned with National Societies' own strategies, priorities and systems, supported by flexible funding that enabled context-driven adaptation including via the more flexible budgeting, adaptive programming and e.g. crisis modifiers tools. At the same time, strengthened institutional capacities enhanced the partners' ability to take ownership of both operational and strategic decisions. However, while the local agency has increased, it remains uneven across contexts due to constraints such as limited institutional capacity, governance challenges and dependence on external funding, highlighting the need for continued investment in NSD and more systematic approaches to embedding partner leadership and accountability mechanisms in decision-making processes.

Partnerships at global and local level

The Finnish Red Cross partnership approach is the foundation of the relations with the implementing National Societies. The process includes a memorandum of understanding that defines mutual strategic objectives, and the partnership is maintained both daily with Finnish Red Cross in-country representatives as well as through regular reviews and formal partnership dialogue. Partnerships are widely perceived as strategic and reliable, coming with long-term commitment, adaptability and supporting National Societies' positioning, community reach and programme development (e.g. anticipatory action in Nepal and Zimbabwe, health system strengthening in Somalia, and community-based service delivery in Afghanistan and Burundi).

At the global level, the Finnish Red Cross partnership with the International Committee of the Red Cross (ICRC) has been central to advancing the nexus approach in fragile and conflict-affected contexts, implemented in this Programme via the SAF approach and scaling of the SAF partnership from project or context-based to a more strategic model. The Finnish Red Cross also has a global Partnership Framework Agreement (PFA) with the ICRC, which was reviewed and renewed in 2025, identifying new possible areas of cooperation, including disability inclusion and humanitarian diplomacy.

The Finnish Red Cross continued to build its key strategic partnerships with the Finnish Meteorological Institute and the Red Cross Climate Centre (RCCC) to ensure that its support to its National Society partners and the global policy processes are based on experience and evidence, to break the siloed ways of working and to co-create best impact. The Finnish Red Cross actively took part in the strategy revision of the RCCC as one of its core funders, ensuring it will continue to lead the Movement's science-policy-practice -combined approach on climate-related work. Active efforts were also taken to further strengthen its partnership with WWF Finland in the field of Nature-Based Solutions.

Cooperation with the Anticipation Hub and the Global Disaster Preparedness Centre also continued in 2025. Finnish Red Cross partnership with Abilis Consulting and CBM Global focused more than before on the policy and evidence base for advocacy. Partnerships with local Organisations of Persons with Disabilities (OPDs) evolved over the programme period from initial mapping exercises into more structured collaboration, strengthening accessibility, disability inclusion in programming, and the development of more inclusive services and data systems.

It is important to recognise that within the Programme framework, the Finnish Red Cross primarily operates in fragile and conflict-affected contexts, with a strong focus on supporting civil society actors and strengthening their capacity to fulfil their mandate across the humanitarian–development nexus. This makes traditional private sector collaboration challenging and market opportunities few. However, the Programme has also sought to highlight value-adding partnerships, including private-sector collaboration, within the given operational constraints. For example in 2024, the Finnish Red Cross, in cooperation with the ICRC, supported the introduction of the ALMANACH (ALgorithms for the MANagement of Acute CHildhood illnesses) system in clinics operated by the Somali Red Crescent Society, in cooperation with the ICRC and Swiss Tropical and Public Health Institute, with promising results.

2. Programme achievements per thematic focus areas

2.1 Focus area 1: Climate-smart disaster preparedness and risk reduction

Key trends and achievements in 2022–2025: From understanding risk to locally led disaster risk management

From 2022 to 2025, the Programme evolved from climate-aware programming and resilience-building components to embedding resilience within people-centred systems that function under stress. Across diverse contexts, the experiences showed that community resilience is strongest where inclusive, locally led systems link early warning, livelihoods, preparedness, health and institutional capacity in an integrated manner – and where flexibility enables timely action without losing long-term direction.

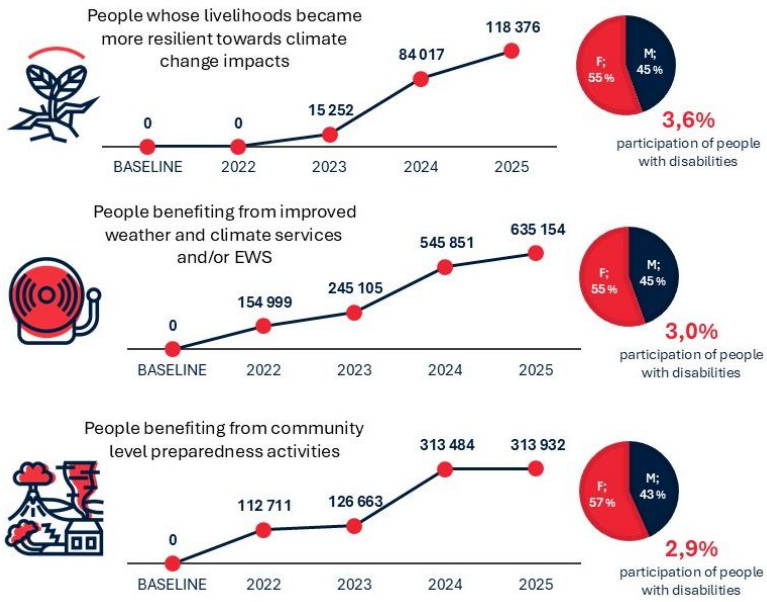


Figure 3. Key results - Focus Area 1

Improving early warning systems (EWS) was a consistent focus in many countries. Investments in climate analysis, community awareness and capacity building matured into operational Early Warning Early Action, anticipatory action and preparedness systems, and were increasingly embedded within National Society and government structures at the local levels. In Nepal, inclusive early warning and early action (EWEA) was established in ten vulnerable communities, with strong local ownership and integration into national disaster management structures. Communities' understanding and use of climate information improved significantly when forecasts and risk messages were localised, translated into local languages, and disseminated through trusted community structures. Across contexts, early warning systems increasingly moved beyond information provision toward supporting timely, forecast-based decisions and early actions by communities and local authorities.

The initial years of the Programme focused on building foundational understanding of climate and disaster risks through Enhanced Vulnerability and Capacity Assessments (EVCA), hazard perception studies, awareness raising and pilot approaches. Where baseline and endline data were available, results indicate substantial improvements in perceived resilience and access to early warning information, alongside adoption of safer practices and reduced livelihood sensitivity to climate shocks. These translated into behavioural change with communities, with volunteers and authorities increasingly able to address climate risks, interpret forecasts, anticipate impacts and take early action. This shift is reflected in both scale (sharp increases in people reached by preparedness and EWS) and quality (use of warnings to trigger concrete actions). By 2025, early warning systems were tested in emergencies in several countries (floods, droughts, heatwaves and earthquakes), confirming that prior investments translated into faster, more coordinated and locally led action.

Table 2. People reached by early warning systems and community preparedness activities during the Programme

Indicator	*Target*	*Endline*	*Achievement*
# of people benefiting from improved weather and climate services and/or early warning systems	*350,000*	*635,154*	*181%*
# of people who benefit from community-level preparedness activities and are prepared to withstand, respond to and recover from disasters and crises	*180,000*	*313,932*	*174%*

Flexibility became a strategic capability. Crisis modifiers and adaptive financing were increasingly embedded as core programme features. Repeated shocks across contexts highlighted the importance of adaptive programming and flexible financing. Crisis modifiers increasingly functioned as a bridge between development, preparedness and response, enabling early action and rapid response without undermining longer-term resilience objectives.

In Myanmar, recurrent shocks (Cyclone Mocha 2023, Typhoon Yagi 2024, Earthquake 2025) required repeated adjustments to programming. In 2025, through the repurposing request the Myanmar Red Cross Society supported earthquake response in Sagaing and Mandalay, funding non-food items (NFI) and multi-purpose cash. This flexibility enabled immediate scaling of Emergency Operations Centres (EOC) and rapid deployment of trained volunteers. In Nepal, the crisis modifier was activated for monsoon floods and landslides, allowing timely early action and response. In Sierra Leone, the crisis modifier reinforced emergency response and household coping capacity. In Somalia, the crisis modifier was activated to respond to a diphtheria outbreak. In Zimbabwe and Ethiopia, crisis modifiers and adaptive management supported reprioritisation in response to drought and shocks, while maintaining programme relevance.

Climate-smart livelihoods, water, sanitation and hygiene (WASH), health and environmental sustainability were increasingly integrated with disaster risk reduction (DRR) and preparedness, reinforcing the multisectoral nature of resilience. Evidence from evaluations and assessments shows that households combining livelihood diversification with preparedness measures were better able to absorb climate shocks and avoid negative coping strategies. Locally led disaster risk reduction resulted in tangible, measurable outcomes, with communities planning, implementing and sustaining actions that reduced exposure to floods, droughts and other hazards. These outcomes were strongest where technical measures were combined with continuous community engagement, volunteer mobilisation and collaboration with local authorities. Where baseline and endline data were available, results indicate substantial improvements in perceived resilience and access to early warning information, alongside the adoption of safer practices and reduced livelihood sensitivity to climate shocks.

Inclusion emerged as a performance driver due to increasing attention to gender, disability inclusion, youth engagement and accessibility. Targeted efforts on disability inclusion, engagement of ultra-poor households, youth participation and accessible communication consistently improved the reach, credibility and use of early warning and preparedness systems. Livelihood support functioned as a key enabler of preparedness participation, reinforcing dignity, trust and sustained engagement.

Anticipatory action evolved from aspiration to operational practice. Early Action Protocols (EAP) and simplified EAPs (sEAP) progressed from development, piloting and simulation to activation, review, simplification and expansion across multiple hazards. Learning became institutionalised with activations informing protocol revision, improved triggers and clearer roles.

What are Early Action Protocols (EAP)?

Early Action Protocols are formal plans produced by National Societies, which outline the early actions that will be taken when a specific hazard is forecast to impact communities.

An Early Action Protocol provides preapproved funding and includes the prepositioning of the stock needed to enable early actions, annual readiness activities for the National Society to be prepared and on standby to respond, and pre-agreed early action activities designed to save lives and livelihoods once a hazard is forecast.

Figure 4. Understanding Early Action Protocols

National Societies were progressively positioned as system actors. Over the programme period, National Societies strengthened their auxiliary role, moving from project implementation towards coordination, convening and policy influence in EWEA, anticipatory action and climate resilience. Engagement with National Meteorological and

Hydrological Services, disaster management authorities, Early Warnings for All platforms, and regional and global learning spaces increased steadily, supported by credible operational experience at community level.

Programme achievements in 2025

In 2025, across contexts, the Programme contributed to a measurable shift from awareness raising to practical, community-owned resilience actions that reduce exposure to climate and disaster risks and strengthen livelihoods. Community structures were established or strengthened to plan, implement and sustain risk reduction measures, with particular attention to inclusion, local ownership and links to local authorities for example in Burundi, Zimbabwe, Nepal and Myanmar.

Structural disaster risk reduction that protects lives, assets and dignity

Across country programmes, small-scale, community-identified structural measures reduced exposure to hazards while improving safety, access and inclusion. These included climate-resilient water systems, sanitation facilities accessible to persons with disabilities, seed banks, flood mitigation works, and protective infrastructure around critical water points. These measures delivered multiple dividends: reduced health risks, lower protection concerns (especially for women and persons with disabilities), improved continuity of basic services, and stronger community capacity to manage and maintain assets during shocks. Participation levels were high, signalling strong ownership and social cohesion, while complementary awareness and training reinforced behaviour change and preparedness at household level. In Burundi, community-led erosion control and watershed restoration engaged over 33,000 people and significantly reduced agricultural losses while improving food security and environmental stewardship.

Integrated community resilience through climate-smart livelihoods, youth engagement and environmental action

Evidence from the drought-prone context in Zimbabwe shows that households adopting climate-smart practices – such as water harvesting, soil conservation, drought-tolerant seeds – performed better during climate shocks than those relying on traditional methods, reinforcing sustained behaviour change. Targeted small-scale livelihood support proved particularly effective in enabling participation of ultra-poor households, women-headed households and persons with disabilities in preparedness and early warning activities. Climate-smart agriculture, small-scale income generation, and productive asset protection helped households absorb shocks, sustain engagement in preparedness activities and avoid negative coping strategies in Zimbabwe, Nepal, Ethiopia and Myanmar.

At school and youth level, targeted investments strengthened risk awareness and preparedness, positioning schools as hubs for disaster risk management and early warning dissemination. Youth-led approaches and school-based preparedness contributed to longer-term sustainability and intergenerational learning. DRR school assessments were conducted in 11 schools in Zimbabwe, raising awareness of structural safety risks, environmental hazards, WASH risks and inclusion gaps. In Nepal, 16 schools were more disaster resilient due to Junior Youth Red Cross Circles (JYRCs) actively promoting awareness on climate change and early warning systems, and through comprehensive school safety planning, DRR trainings and drills.

The Programme also contributed to reduced environmental impact and stronger community stewardship of natural resources. Environmental sustainability was addressed through practical, context-appropriate measures integrated into resilience and WASH programming, including reforestation, watershed protection, solarisation, climate-resilient infrastructure, waste management and nature-based solutions for example in Burundi, Ethiopia, Somalia, Afghanistan and Yemen. In Zimbabwe, indigenous and fruit trees were planted to support environmental restoration, erosion reduction, soil stability, and long-term climate change mitigation and adaptation, and energy-efficient cookstoves were promoted to reduce deforestation pressure and household reliance on firewood. In Nepal, key flood resilience measures included riverbank plantation using bio-engineering techniques such as bamboo, fruit trees and native vegetation, with strong participation from local leaders, schools, youth groups and volunteers – strengthening community ownership of long-term risk reduction. In addition, 14 traditional ponds were restored to support groundwater recharge through cost-sharing with local governments and communities, and two flood-damaged mud dams were repaired following damage from the October 2025 floods. This work was complemented by community orientation sessions enhancing awareness and shared maintenance responsibilities.

Early warnings were made more actionable, trusted and inclusive

Country programmes strengthened the full early warning early action value chain, with emphasis on accessible communication, community interpretation of forecasts, and clearly defined roles for early action. Early warning systems moved beyond information dissemination to support timely, forecast-based decisions by communities and authorities in Nepal, Zimbabwe, Burundi, Myanmar and Ethiopia. In Nepal and Myanmar, where the early warning early action systems were tested during emergencies, the systems demonstrably reduced impacts, enabling early relocation, protection of assets and safer response. In Nepal, inclusive early warning communication enabled timely evacuation ahead of flooding, reducing harm during the monsoon season. In Nepal, Zimbabwe and Burundi, inclusive, multi-channel communication – combining sirens, local languages, door-to-door outreach, schools, social gatherings, sports events, trusted leaders, radio, and digital platforms such as WhatsApp groups – improved reach and effectiveness, particularly for persons with disabilities and marginalised groups.

In 2025, the Programme strengthened National Societies' capacities and partnerships with National Meteorological and Hydrological Services (NMHS) to link scientific forecasts with community preparedness systems, ensuring that early warning information is relevant, trusted and actionable. This work was implemented in close coordination with national hydrometeorological services and aligned with national warning systems, supporting institutional sustainability and avoiding parallel structures. In Nepal, high-level coordination meetings strengthened collaboration among the Nepal Red Cross Society (NRCS), Department of Hydrology and Meteorology (DHM), provincial and district authorities, and other stakeholders, improving role clarity, resource sharing and operational readiness. In addition in Nepal, climate and weather-related disaster impacts were reduced in targeted vulnerable communities through the establishment of functional and inclusive Early Warning Early Action systems, integrated into local and national disaster management structures. Inclusive communication channels and coordinated dissemination enabled early relocation ahead of flooding during the monsoon season, demonstrating the life-saving value of operational EWEA systems. In 2025, following heavy rainfall forecasts from the DHM, local Emergency Operation Centres were activated and forecasts disseminated jointly with the NRCS through inclusive communication channels, including municipal and Red Cross social media. Multi-hazard sirens were activated, and volunteers conducted door-to-door information sharing and announcements in local languages.

Similarly, across Rwanda, Tanzania and Kenya, the Programme, in collaboration with the Finnish Meteorological Institute, contributed to strengthening people-centred and inclusive EWEA systems by bridging NMHS, National Societies and communities at risk. The focus was on enhancing the usability, accessibility and uptake of existing weather and climate services. A core contribution was the co-production of weather and climate information with end users, combining hazard perception studies, communication surveys and stakeholder discussions on impact thresholds. This ensured that forecasts and warnings reflected local risk understanding, decision-making needs, and accessibility requirements, rather than technical parameters alone. In Kenya and Tanzania, this process led to the development and testing of bespoke pilot flood forecast products, designed to complement national warning services with clearer risk interpretation and actionability at community level. In Rwanda, while a new product was not developed, the same co-production process strengthened the use and dissemination of existing rainfall and flood impact information within pilot communities, reaching 800 households and ensuring institutional alignment and continuity.

The Programme also strengthened the last-mile connectivity between national warning services and community action through Red Cross dissemination networks and existing coordination structures. Simple but durable communication mechanisms – including district-level communication groups and widely used digital tools – were embedded within local systems, enabling warnings to be received, understood and acted upon in a timely manner. This was further demonstrated in Tanzania, where despite a missed formal activation of the EWEA plan for floods, early warning information was effectively disseminated through established channels and strengthened disaster management committees, contributing to zero reported fatalities and highlighting the life-saving value of functional last-mile communication systems. In Zimbabwe, communities were trained to interpret seasonal forecasts and rainfall data, supported by rain gauge installation, calibration and refresher training by the Meteorological Services Department (MSD) for custodians. Regular rainfall monitoring improved the availability of ward-level, real-time climate data and understanding of localised rainfall variability and enabled farmers and households to make informed decisions on planting, water management and livelihood planning based on anticipated climate risks.

Anticipatory action grounded in learning and simplification

Protocols for anticipatory action, Early Action Protocol (EAP) and simplified Early Action Protocol (sEAP), were refined through operational learning, simulations and real activations. Key lessons included the value of simplified triggers, clearer roles and integration of WASH, health and livelihood actions based on community feedback. In Zimbabwe and Somalia, the Finnish Red Cross supported the development of a cholera sEAP. Structured lessons-learned and validation workshops on drought EAP in 2025 led to a simplification of a trigger, operational improvements and expanded geographic coverage in Zimbabwe. The Programme demonstrated how long-term development programming significantly enhances the effectiveness of anticipatory action. In Nepal, a heatwave EAP targeting four major cities was approved in 2025. Flood EAPs were developed through participatory processes at municipal level, guiding forecast-based actions including evacuation, WASH measures and livelihood protection. In Myanmar, a sEAP for urban heatwaves was approved, with a cyclone sEAP under development.

Preparedness investments paid off ahead of and during disasters

Preparedness is essential both for timely and effective responses, to mitigate and minimise losses and damages from disasters and emergencies, and for reducing vulnerabilities and risks. The Finnish Red Cross approach integrates National Society Development, National Society preparedness and anticipatory action, promoting a locally led and holistic approach to organisational development and disaster risk management. National Society preparedness capacities were strengthened across governance, systems, infrastructure and human resources, enabling faster, more coordinated, and locally led responses. Emergency Operations Centres (EOPs), trained response teams, contingency plans and simulation exercises supported broader preparedness capacities beyond the projects and proved critical ahead of and during disasters in Myanmar, Nepal, Zimbabwe and Ethiopia. Preparedness for Effective Response (PER) processes, development of Standard Operating Procedures, National Disaster Response Team and Emergency Needs Assessment and Planning trainings, and branch-level capacity strengthening enhanced surge capacity enabling faster and more coordinated responses to disasters and crises also in Ethiopia, Nepal, South Sudan and Zimbabwe. The March 2025 earthquake in Myanmar provided a critical stress test for the Myanmar Red Cross Society's emergency preparedness system. The project's prior investment in establishing and equipping EOCs, training Emergency Response Teams, simulations and contingency planning across key regions proved vital, enabling immediate activation, effective coordination of deployments, first aid, search and rescue, and distribution of essential relief items. In addition, the Finnish Red Cross supported the Myanmar Red Cross Society's emergency response operation via the IFRC Emergency Appeal with both own funding, MFA humanitarian funding, and technical support.

In 2026, the Programme created a bridge from local practice to national and global agendas as National Societies increasingly positioned themselves as system actors in anticipatory action, preparedness, early warning and climate resilience, engaging in national coordination platforms, communities of practice, technical working groups and policy processes. Evidence from community-level implementation strengthened the Red Cross Red Crescent's advocacy credibility, enabling National Societies to contribute meaningfully to national policy dialogue, contingency planning, Early Warnings for All (EW4ALL), and global learning and policy dialogue.

2.2 Focus area 2: Health of women and girls

Key trends and achievements in 2022–2025

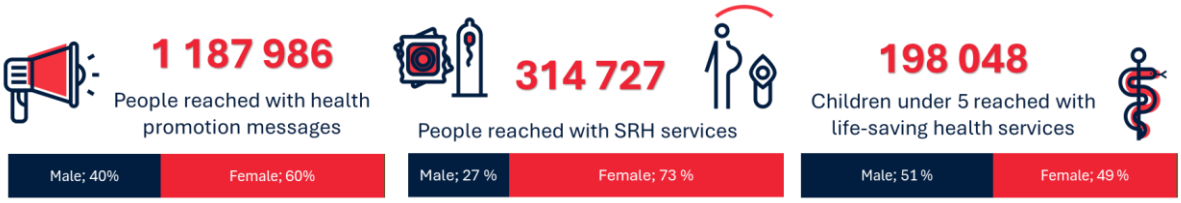


Figure 5. Key results - Focus Area 2: Health

During 2022–2025, the Finnish Red Cross supported partner National Societies in thirteen countries to strengthen community-based health programming centred on the sexual and reproductive health and rights (SRHR) of women, girls, children and adolescents. The Programme was organised around community health – the volunteers, committees, traditional birth attendants, community health workers and local men's and women's groups that

function as connectors with the health system – and was increasingly aimed at integrating with climate, protection, and gender dimensions of health risk. Cumulatively, the Programme supported National Societies to reach 314,727 people with inclusive, non-discriminatory and quality sexual and reproductive health services, 154,346 children under five with life-saving services at static health facilities, and 43,702 children under five with life-saving health services through outreach services. These headline figures sit alongside a larger volume of health education, behaviour change and WASH activity that extended the reach of the Programme considerably further.

Strengthened community systems

The Programme had a significant impact on the community systems that allow health gains to be sustained beyond the life cycle of a project. In Sierra Leone, community-managed obstetric emergency funds across 62 communities supported pregnant women facing complications to reach facilities for safe delivery. In Kenya, Village Savings and Loan Associations and livelihood programmes enabled women, including survivors of gender-based violence and women at risk, to strengthen household income and decision-making power, supported by literacy training that gave them the skills to manage finances and make informed health decisions for themselves and their children. In South Sudan, the combination of rehabilitated water infrastructure, women's savings groups and kitchen gardens produced multidimensional, community-owned change, with women reporting increased economic agency, reduced risks to gender-based violence as a result of decreased economic stressors, improved food security and the ability to pay for healthcare and schooling from garden income. The same pattern of economic empowerment as a foundation for health was visible in Burundi's Learning and Nutritional Rehabilitation Centres, in Niger's literacy-and-income-generating model that funded motorcycle ambulances for obstetric emergencies, and in Myanmar's Women's Club revolving funds.

Strengthened Community Systems and Sustainability Success – Sierra Leone

The Building Resilience, Inclusive Development and Gender Equality (BRIDGE) project was implemented by the Sierra Leone Red Cross Society in 62 communities from 2021 to 2024. One of the project's key contributions to sustained health outcomes was through strengthening community systems with three interconnected community structures: community-managed obstetric emergency funds, Village Savings and Loan Associations (VSLAs), and mothers' and fathers' clubs.

Community-managed **obstetric emergency funds** provided pooled local resources for pregnant women facing complications to reach health facilities for safe delivery. Community members consistently identified the obstetric emergency funds as one of the project's most impactful interventions. In addition, a total of 97 **VSLA**s were established across the target communities and additional 35 groups were established in higher-population communities to meet demand. VSLAs provided members with collective savings mechanisms and access to loans, replacing reliance on external lenders charging high interest. VSLA proceeds were used to replenish the community obstetric emergency funds that operated independently of continued project support. Neighbouring communities outside the project area had also begun establishing their own VSLAs by the project's end. **Mothers' and fathers' clubs** received agricultural inputs and developed food production activities. Income from these activities supported children's school fees, community health priorities and the replenishment of the obstetric emergency funds.

The three structures were managed by community members and were designed to operate independently of continued external support. They functioned together: the VSLAs and mothers' and fathers' clubs replenished the obstetric emergency funds; the obstetric funds enabled safe delivery; the clubs and VSLAs reinforced behaviour change supporting the project's wider WASH and child health outcomes. The integration of economic and health interventions, and the embedding of project outcomes within community-owned structures, represent the project's principal contribution to sustained health gains in the target communities.

Figure 6. Succes Story on strengthened community systems in Sierra Leone

The Programme has also contributed to addressing harmful practices and unsafe norms through community dialogue. In Ethiopia, the Ethiopian Red Cross Society's Community Conversation Facilitation approach brought together men, women, leaders and key stakeholders over successive rounds of facilitated dialogue, achieving six public community declarations against female genital mutilation/cutting

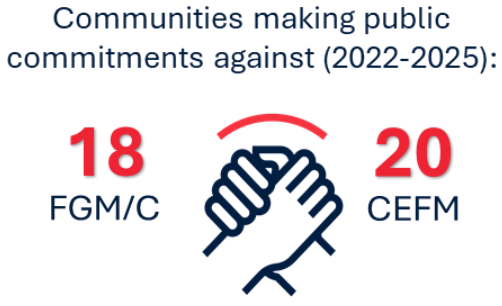


Figure 7. Key results – Focus Area 2: FGM/C and CEFM

(FGM/C) and child, early, and forced marriage (CEFM) by the end of the dedicated programme in 2024. The proportion of women aged 15–49 who had heard of FGM/C and believed it should stop rose from 51 per cent at baseline to 100 per cent at endline. Through 2025, the Finnish Red Cross supported the Ethiopian Red Cross to facilitate stakeholder and government engagement workshops to consolidate those gains, resulting in a memorandum of understanding with regional and district level authorities aligned with the National Costed Roadmap to End Child Marriage and FGM/C. In South Sudan, community debates and mothers' and fathers' groups addressed early marriage and the social norms underlying it; in Zimbabwe, school-based comprehensive sexuality education and mixed youth groups brought adolescents, men and women, and boys and girls into conversation about sexual and gender-based violence, early marriage and the decisions that shape their health.

Water, sanitation and hygiene – foundation for health outcomes

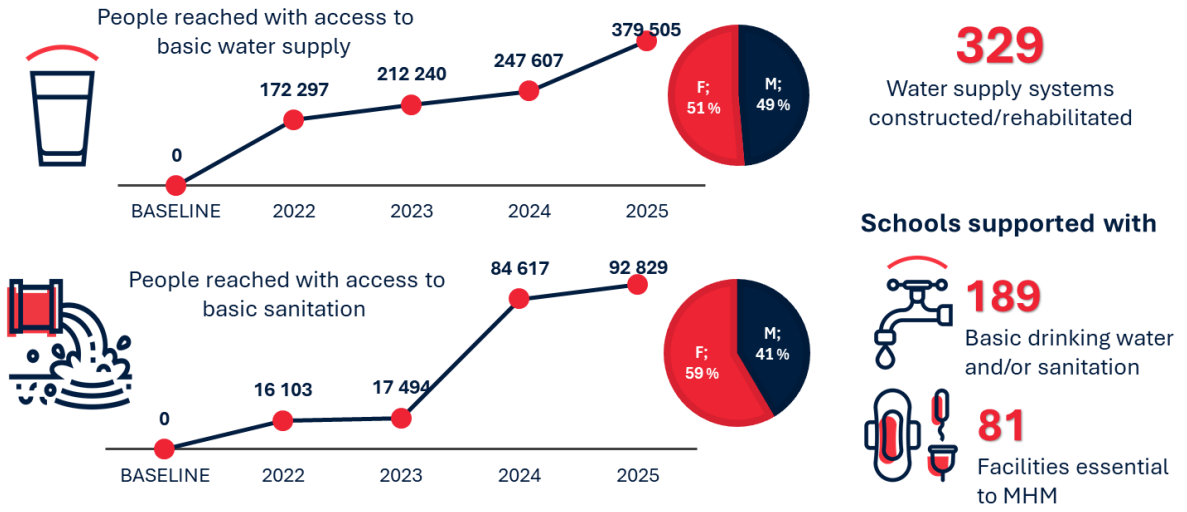


Figure 8. Key results - Focus Area 2: WASH

Water, sanitation and hygiene (WASH) have remained the foundation on which the Programme's health outcomes rest. In Ethiopia, the Ethiopian Red Cross Society's WASH and resilience work in Afar reached nearly 90,000 people over the programme frame. In 2025 alone, this included the construction of the Gel'atu micro-dam serving 15,650 households (3,756 of them women-headed) and over 101,000 livestock, the solar conversion and rehabilitation of the long-defunct Telalek water scheme, the completion of the Saha solarised water supply scheme, and the construction of the Darimo cistern with WASH committee bylaws developed in both Amharic and Afar.

Sierra Leone's Building Resilience, Inclusive Development and Gender Equity programme, which concluded at the end of 2024, demonstrated the transformative potential of sustained WASH investment: households using at least basic drinking water services rose from 13 per cent at baseline to 98 per cent at endline, basic sanitation from 48 per cent to 92 per cent, and handwashing facilities with soap and water from 24 per cent to 94 per cent. In South Sudan, the rehabilitation of twelve boreholes drilled during the peak of the dry season improved water access and produced knock-on benefits including reduced disease burden, improved menstrual hygiene and lower school absenteeism among adolescent girls.

In Afghanistan, community-initiated micro-projects used solar-powered boreholes and piped distribution to reach households, while school-based WASH clubs sustained hygiene and menstrual hygiene management activities. In Burundi, over 16,000 people gained access to basic drinking water and 1,720 households to handwashing facilities with soap and water; in Zimbabwe, reusable menstrual pad production by trained women continued despite material challenges, with 93 per cent of respondents observing notable improvements in community menstrual hygiene practices. Community-level water committees are operational in target communities in every country where WASH was a programming priority, often above original targets, and are the Programme's most consistent contribution to local health system sustainability.

In Myanmar, WASH interventions implemented by the Myanmar Red Cross Society (MRCS) combined infrastructure development with sustained hygiene promotion and behaviour change across communities and schools. In 2024–

2025, the project supported the construction of over 500 household latrines, including sample and school latrines, alongside installation of multiple water supply systems (including solar-powered systems, pipelines and groundwater tanks), rainwater harvesting units and handwashing facilities in schools and communities. In response to Typhon Yagi in 2024, the MRCS supported emergency relief, including hygiene kits, long-lasting insecticidal nets (LLINs), and ceramic water filter and handwashing facilities for 155 affected households in project areas. These hardware parts in both the humanitarian and development setting were complemented by continuous hygiene promotion on personal hygiene, safe water use, menstrual hygiene management and environmental sanitation through community sessions, school activities and household visits in MRCS-reached areas. All infrastructure activities were implemented with strong community participation in planning, construction and maintenance, strengthening ownership and sustainability. Importantly, WASH interventions were responsive to community feedback, which highlighted gaps in sanitation and water access and directly informed prioritisation and scale-up of support to ensure relevance and impact.

Several indicators were exceeded, with the largest positive differences between target and reported coming from WASH outputs: community-level water management committees reached 424 against a target of 100; people with access to basic water supply 379,505 against 120,000; water systems constructed or rehabilitated 329 against 120; and schools with basic drinking water and basic sanitation services 189 against a combined target of 75. This has occurred on the back of the recognition of WASH as a clear and wanted entry point for community health from communities, the evidence and experience for the success of ensuring community-level water management committees accompany all water points, and stronger National Society partnerships with schools, alongside initial targets set conservatively against what the Programme proved able to deliver. The same school-based partnerships contributed to the reach of youth and school clubs delivering life skills and sexuality education (196 clubs against a target of 60), though the consistency and quality of comprehensive sexuality education delivered across the countries reporting against this indicator is uneven. Public commitments against female genital mutilation/cutting (18 against a target of 7) sit mainly on the Ethiopian Red Cross Society's Community Conversation Facilitation work, where six declarations were made in kebeles each comprising multiple villages.

Other large numbers over targets reflect concentrated country contribution rather than even Programme-wide progress. The total of 1,187,986 people reached with health promotion messages on the prevention and treatment of diarrhoea, pneumonia and malaria for children under five (against a target of 150,000) was driven principally by Malawi, which heavily used wider-reaching community engagement methods in their final year of implementation. The number of health workers trained in integrated approaches to childhood illness, immunisation, malnutrition and emergency obstetric and newborn care (487 against 190) was driven by Somalia and Burkina Faso reporting, and Somalia Red Crescent Society’s supportive supervision models, which are quick to identify gaps in training needs for their staff and fill them. On the targets not reached, the number of children under five reached through National Society supported clinical services fell short (154,346 against 200,000), reflecting operational constraints described elsewhere in this report but also reflecting changes in clinic catchment numbers with shifts to different clinics being supported.

On the thematic level, while the protection and gender issues were very clearly integrated throughout the Programme, climate integration in health programming remains underdeveloped across projects, with Zimbabwe's integrated approach as an emerging example rather than a systematic feature of the Programme. The two key reasons for the lack of integration were, one, the decision from both National Society partners and within Finnish Red Cross to build off existing community health programmes that did not already explicitly insert a climate lens, and two, to build programmes with communities, National Societies and stakeholders where a climate lens was not deliberately applied. The case of Zimbabwe was different because the use of eVCA makes climate considerations more deliberate. In the future, eVCA will be used in more programmes where appropriate, and programmes with more specific health objectives not suited to eVCA will deliberately apply a climate lens throughout the project management cycle.

The community-level economic empowerment that the Programme’s final evaluation identified as significant impact – Village Savings and Loans Associations in Kenya, kitchen gardens and women's savings groups in South Sudan, revolving funds in Myanmar, reusable pad production in Sierra Leone – was not visible in the results matrix, showing

the difficulties in designing a programme-level matrix that would capture all key planned and/or secondary impacts of the variety of community-based programmes.

In Somalia, Finnish Red Cross support to the SRCS Integrated Health Care Programme expanded significantly over the four-year frame. The transition from the multilateral programme support to the bilateral arrangement allowed for the Finnish Red Cross to directly support additional clinical components. This included support to clinics in South Central, increasing their number from 7 to 9, the scale-up of the ALMANACH digital support tool for clinical decision-making, and providing Basic Emergency Obstetric and Newborn Care at all supported clinics. The Finnish Red Cross also brought in a new partner, the Icelandic Red Cross, to support the programme with their development funding. This investment has increased impact, with the programme reaching 96,542 people in 2025 compared to 63,142 in 2023 before the bilateral transition. Medical procurement has remained a persistent constraint, and although Movement partners including the IFRC and the ICRC have worked with the Finnish Red Cross and the SRCS to develop workarounds to keep supplies moving, continued delays are experienced. Sustainability challenges remain, with contracting global financing and major donor withdrawals leading to closures of health centres elsewhere in the country, and pressure on the SRCS to maintain coverage where other actors have left. The prospects for domestic funding for health in Somalia remain bleak while in protracted crisis.

As a success, the ALMANACH digital application guiding clinical decision-making continued to support life-saving integrated case management for children under five at the Somali Red Crescent clinics, building on the multi-year evidence base of reduced antibiotic prescribing and improved adherence to clinical guidelines documented in peer-reviewed literature. The midterm review's main insight on community acceptance was that ALMANACH's effectiveness depends on community trust as much as on clinical accuracy, and that trust is built through deliberate engagement with clinic-associated community health committees.

Programme achievements in 2025

Changing behaviour through enhanced knowledge and awareness

In 2025, partner National Societies continued to invest in community-level behaviour change. In Burundi, the Burundi Red Cross's Model Household Approach certified 1,500 households against the eleven criteria covering health, hygiene, nutrition, resource management, disaster preparedness and social cohesion. The peer education effect was where the strongest evidence sat: a further 3,246 neighbouring households were reported to have adopted the same practices through observation and dialogue with their certified neighbours, suggesting the model operates beyond direct project support.

In Burkina Faso, Burkinabe Red Cross volunteers conducted 2,003 community awareness activities across Koudougou, Réo and Tougan, reaching 26,205 people with information on family planning, malaria, antenatal and postnatal care, and vaccination. Six focus groups convened with women with disabilities, and women from internally displaced communities discussed barriers to family planning uptake: inadequate facility access, displaced men refusing contraception for their wives, and persistent stigma at health facility level. Six community dialogues then engaged 122 community leaders to address those findings.

In Niger, awareness work shifted toward exit-readiness with responsibilities shifted to community actors and local systems while the project scaled down direct implementation. Two community radio stations covering an estimated 333,000 people broadcast 64 sessions on nutrition and reproductive health in the final quarter alone, reaching an average of 166,000 listeners each month. Seventeen young women trained in dignity kit production received sewing machines for sustained village-level production, alongside menstrual hygiene awareness sessions reaching ninety-nine young women and men across the seventeen project villages.

In Zimbabwe, the Zimbabwe Red Cross Society convened six community dialogues bringing together village heads, pastors, traditional healers, lead mothers and fathers, and child protection committees with district-level stakeholders from the Ministry of Health, the Department of Social Development, and the Police's Victim Friendly Unit. In September 2025, school club competitions held under the theme ‘My Future, My Choice: Say No to Child Marriage’ brought together 290 learners from four secondary schools in dramas, poems and first-aid demonstrations. A gap identified in reaching out-of-school youth led to the introduction of a football tournament as a new entry point for engagement.

The Myanmar Red Cross Society has strengthened community knowledge and promoted positive behaviour change through sustained, community-based health and hygiene education, reaching over 32,800 people in 2025. Community Volunteers, Women's Clubs and Village Development Committees delivered regular awareness sessions and household visits on Maternal, Newborn and Child Health (MNCH), SRHR, communicable diseases, nutrition and hygiene using participatory 'learning by doing' approaches. Complemented by Information, Education and Communication (IEC) materials and school-based activities, these efforts improved understanding of disease prevention, safe practices and early health-seeking behaviours, contributing to increased community confidence and adoption of healthier practices.

Improving access to and quality of health services

The clearest evidence of access gains in 2025 came from the closing year of the Kenya Red Cross Tana River project. Across the project lifetime, 3,108 people accessed sexual and reproductive health services through integrated outreach and mobile clinics, more than double the original target. The year-on-year trend revealed that antenatal care attendance among referred women rose from 64 per cent in 2023 to 81 per cent in 2025; facility delivery from 64 per cent to 82 per cent; and access to post-gender-based-violence clinical care from 47 per cent to 80 per cent, with timely presentation within the 72-hour window climbing from 24 per cent to 70 per cent over the same period. Adolescent uptake of SRHR services more than tripled in absolute terms. Some constraints remained: satisfaction with service quality reached 60 per cent against a target of 70 per cent, staffing inconsistency at three of six community units affected access, and a maternal death in the final quarter was attributed to delayed community response and late referral.

The final evaluation conducted in South Sudan had more critical findings. The mid-cycle decision to take on the Abinajok primary healthcare unit consumed resources planned for community and National Society capacity development. Following the formal handover to the County Health Department in mid-2025, the facility has not been sustained, and clinical services had effectively collapsed by early 2026. The evaluation's clearest positive finding pointed in the opposite direction, toward integrated community-owned approaches.

In Myanmar, access to essential health services was improved through strengthened community-based referral systems, mobile outreach and financial support mechanisms, benefiting thousands of community members across 42 villages. Women's Club subsidy funds enabled over 270 individuals, including pregnant women and children, to access timely referrals to antenatal care, delivery and emergency services, particularly in hard-to-reach areas. Trained volunteers further supported service delivery through first aid, health education and referrals, while strengthened coordination with health authorities improved service linkages. These combined efforts reduced financial and geographical barriers and enhanced continuity and quality of care.

Addressing harmful practices and advancing the rights of women and girls

In Ethiopia, the dedicated harmful practices programme had concluded at the end of 2024 but the Finnish Red Cross supported the Ethiopian Red Cross Society in 2025 to consolidate the gains made through the Community Conversation Facilitation (CCF) approach. Stakeholder and government engagement workshops at regional and district level resulted in a memorandum of understanding with the Education, Health, and Women and Social Affairs bureaus, aligning continuing work with the National Costed Roadmap to End Child Marriage and FGM/C and securing institutional commitments for sustainability beyond the project cycle. Government stakeholders demonstrated ownership of the agenda, with the Education Bureau committing to gender clubs in all schools and the Women and Social Affairs Bureau taking a coordinating role. The remaining challenge is related to capacity and resources, and a risk that the methodological precision of the CCF approach is diluted as it scales.

In Kenya, the harmful practices work continued in its closing year with a focus on female genital mutilation in pastoralist communities. Six community dialogues in October 2025 brought together fifty-nine participants – including reformed cutters, male champions, religious leaders, women, girls and youth – to address the medical complications of FGM, particularly during childbirth. The downstream burden was visible in routine clinical data: 141 women presented with FGM-related complications during antenatal visits in two community units alone. A network of 132 community leaders, including 60 male champions and 72 religious leaders, continued to support SRHR uptake at community level.

In Zimbabwe, the project's approach of targeting of mobile fishing communities – identified through the enhanced vulnerability and capacity assessment as facing significant sexual and reproductive health risks – held three sessions across the Siansundu fishing camps reaching 210 participants (141 fishermen and 69 women fish traders) on sexual and reproductive health, gender-based violence, child protection, referral pathways and first aid for the occupational hazards specific to the fishing context. Visitor registration and age verification systems introduced at the fishing camps were associated with a reported reduction in child marriages, although seven child pregnancies in the two operational wards confirmed that child sexual abuse remains a serious concern.

In Afghanistan, the Afghan Red Crescent Society's Grandmother Committee model continued to scale up, with thirteen committees and fourteen community health committees newly established and oriented on protection, gender and inclusion, and on feedback mechanisms. The model leverages the cultural authority of elder women in a context where the December 2024 ban on women's nursing and midwifery education has shrunk the formal female health workforce even further.

In Myanmar, the project actively addressed harmful practices and promoted the rights of women and girls through SRHR education, gender-sensitive programming and inclusive community engagement, reaching a significant proportion of the 32,800 people engaged, the majority of whom were women and girls. Women's Clubs functioned as safe and trusted spaces for sharing information on SRHR, menstrual hygiene and gender-based violence, while building confidence and leadership. At the same time, men were engaged through Village Development Committees to promote more equitable norms and shared responsibility.

Addressing child mortality and morbidity

Burundi reported significant scale on community-level nutrition screening in 2025, with 37,668 children under five screened across mass screenings in June and October, representing 87 per cent of the children in the project area. Of those screened, 95 per cent were reported in the green zone, 4 per cent showing moderate acute malnutrition, and a small number presenting with severe malnutrition. The associated sessions at Nutritional Learning and Rehabilitation Centres (FARN) reached 2,235 children across 81 villages through 179 sessions and over a thousand cooking demonstrations, with all children reported to have gained weight after twelve days of participation. Thirty-six healthcare providers received training from a local partner nutrition organisation on the integrated management of acute malnutrition. The screening rounds were conducted by 200 volunteers, 267 community health workers and 200 hill chiefs working together, drawing on the multi-year community structures the project has invested in. The final external evaluation conducted in 2026 identified the nutrition programming as the most impactful component of the project, reflecting the effectiveness of combining screening, counselling and practical feeding demonstrations. Improvements in nutrition outcomes were closely linked to women's knowledge, household food production and community-level support structures, highlighting the value of integrated approaches.

In Myanmar, Women's Clubs and Village Development Committees coordinated household-level support, and 271 cases of cash assistance were delivered through the subsidy mechanism in 2025 alone. Cooking demonstrations carried out by the same Women's Clubs reached families in remote villages with practical and culturally appropriate guidance on infant and young child feeding, addressing malnutrition risk at the household level.

Improving access to water, sanitation and hygiene as a foundation for health

The most significant advancement in WASH delivery in 2025 was achieved in Ethiopia. In Afar Region, the Ethiopian Red Cross Society completed the Gel'atu micro-dam, now serving an estimated 15,650 households and over 101,000 livestock, with irrigation potential across approximately 200 hectares. The Telalek water scheme was rehabilitated and converted to solar power, restoring supply to around 300 households, as well as a school and health post, after nearly nine years of inactivity. The Saha solarised system now serves 375 households alongside public institutions, while the Darimo cistern added 71,000 litres of storage capacity for 327 households. Across all interventions, infrastructure was formally handed over to local authorities and community committees, strengthening ownership, sustainability and long-term functionality.

In Myanmar, the Myanmar Red Cross Society WASH interventions improved access to safe water, sanitation and hygiene services for thousands of community members and schoolchildren within the 32,800 people reached with a comprehensive community-based approach. During 2025, the project supported the construction of 368 household

latrines, along with two school sanitation facilities and two school-level handwashing facilities, benefiting over 8,250 people. In addition, water supply systems were installed in three schools and five communities, alongside 164 household rainwater harvesting units, reaching approximately 2,460 individuals. These efforts were complemented by the distribution of hygiene items and 483 water filters, improving access to safe water, sanitation and hygiene at both household and school levels. All activities were implemented with strong community participation and informed by community feedback, ensuring relevance, ownership and sustainability in reducing waterborne disease risks and improving overall health outcomes.

In Afghanistan, the Afghan Red Crescent Society completed comprehensive school WASH facilities in seven of eight planned schools across Herat and Badghis provinces, with the eighth deferred to 2026. Each school received not only sanitary latrines but the full package: menstrual hygiene management rooms, disability-accessible facilities, wells, handwashing stations, septic tanks, solar systems and WASH clubs. A total of 3,400 students benefited from the school programmes, alongside 2,400 community members reached through community-initiative micro-projects providing solar-powered boreholes and household-level water distribution. In Burundi, the project rehabilitated ten protected water sources benefiting 1,619 households and constructed ten water capture and distribution systems in schools serving 7,862 students, taking the cumulative number of school systems delivered well above the original target. In Zimbabwe, twenty-two community volunteers were trained as builders for accessible toilet construction and went on to build fifty disability-accessible toilets in communities and ten in five schools. In Myanmar, the Building Health Resilience in Emergencies project documented village-wide sanitary latrine coverage in one project village, the result of sustained behaviour change work and community contribution to construction.

The South Sudan final evaluation also returned to the WASH question. The rehabilitation of twelve boreholes during the dry season continued to deliver knock-on benefits in disease reduction, menstrual hygiene access and lower school absenteeism among adolescent girls. The same assessment noted, however, that latrines installed in schools without sustained behaviour change among students for their maintenance had fallen into disrepair – a reminder that infrastructure without ownership does not last.

2.3 Focus area 3: Reinforcing the interlinkages between humanitarian and development action

Key trends and achievements in 2022–2025

Building trust, security and access for staff and volunteers in conflict situations

During 2022–2025, the Programme focused on reinforcing the humanitarian–development nexus by strengthening safe humanitarian access, improving crisis communication capacities, and ensuring continuity of essential health care and SRHR services in conflict-affected and protracted crises. With digital transformation and widespread access to information, managing harmful information and narratives (misinformation, disinformation, hate speech) has become a critical priority for humanitarian organisations. In crisis and conflict settings, people are more likely to trust actors they perceive as neutral or aligned with their interests, making the credibility of the information source as important as the content itself. Trust-building grounded in authenticity, transparency and demonstrated effectiveness has become a strategic necessity for ensuring access, security and effective humanitarian response, requiring intentional engagement before, during and after emergencies.



Figure 9. Key results - Focus Area 3: Safer Access

Throughout the years, in partnership with the ICRC and National Societies, the Finnish Red Cross demonstrated progressive development from the initiation of the Safer Access Framework (SAF) and piloting nexus approaches

towards increasingly integrated and locally anchored nexus programming. Initially, the collaboration focused on operational and crisis communication capacities of five partnering National Societies (Mali, Niger and Burkina Faso; and Ethiopia and South Sudan), alongside dissemination of the Movement's Fundamental Principles, to increase awareness among both parties to conflict and the public of the National Society's role as a neutral, impartial and independent humanitarian actor. During the programme period, the number of partnering National Societies grew to eight, with National Societies in Somalia, Myanmar and Afghanistan joining the cooperation. When the ICRC was forced to scale down its support to Niger in 2024, resources were used to provide punctual support to National Societies in Togo, Benin and Côte d'Ivoire. Annual lessons learned workshops were held in 2024 and 2025 for the first time under this partnership. In parallel, work carried out by a technical working group composed of ICRC and Finnish Red Cross staff contributed to refining the overall approach to better reflect the evolving information environment and the increasing dynamics of polarisation and distrust.

The partnership with the ICRC continued to be anchored in the SAF, which emphasises that acceptance underpins both security and access. Acceptance is shaped by the relevance and quality of services delivered, as well as by the clear affirmation of the National Society's identity, mandate and ways of working among communities affected by conflict and crisis. The Programme's progress in SAF relied largely on the partnership with the ICRC by deploying communication advisers to West Africa, East Africa and Asia, and the activities across the regions concentrated on strategic communication support, safer access and crisis communication trainings and operational communication assessments. In addition, one of the key objectives was to strengthen public acceptance of National Societies as neutral and impartial actors.

Although fragile political and security environments posed major risks, the overall trajectory during the Programme indicates substantial progress in strengthening safer humanitarian access, organisational resilience and continuity of essential healthcare services. By the end of the Programme, SAF evolved from awareness-raising to more advanced communication strategies, such as misinformation and disinformation management, evidence-based messaging, perception surveys, crisis response systems, analytics-based social media management and embedded communication strategies. There was also stronger localisation and community engagement, including youth peace ambassadors in South Sudan and volunteer communication networks in Burkina Faso and Côte d'Ivoire.

Despite substantial progress, important challenges persisted throughout the period. Volatile security conditions and shrinking humanitarian space limited humanitarian access, while political constraints were evident in several countries, such as Myanmar, Afghanistan and Niger. Local branch capacities and resources were limited, and the Programme was dependent on specialised, external SAF expertise. Sustainability of gains made in the Programme will depend on continued investment in local capacity, stronger institutional ownership and flexible long-term funding. To address this, the Finnish Red Cross will continue to support National Societies' SAF activities as part of overall NSD support where relevant, aiming to embed those as much as possible to partners' regular humanitarian and communication activities. Globally, from 2026 onwards the Finnish Red Cross is creating a more strategic SAF programme which is funded by a combination of Finnish Red Cross own funding and MFA's humanitarian funding to the ICRC in key contexts. This strategic scaling up will ensure global level commitment and quality of the programming while continuing to raise the profile of and need of the work by the Finnish Red Cross and the ICRC as the needs and relevance for SAF keep increasing.

Strengthened continuum of care by improved reach and service delivery

The nexus approach combined health system support, volunteer mobilisation, preparedness and flexible programming. Health services in conflict-affected areas included antenatal consultations, skilled deliveries, postnatal care, contraception for birth spacing and hygiene promotion. The nexus approach ensured that health facilities remained operational by providing supplies, training staff and volunteers, and establishing referral mechanisms for emergencies, including SGBV cases. Remote support models and mobile health teams were deployed in areas with severe access limitations.

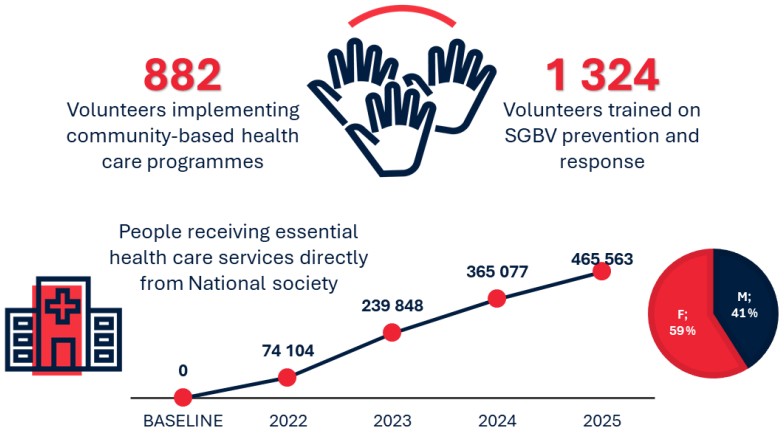


Figure 10. Key results - Focus Area 3: Health in conflict-affected areas

The major achievement of the Programme was the demonstration that National Societies can reach women and children with essential sexual and reproductive health services in contexts where the formal health system is not able to do that. In Niger, Niger Red Cross community health workers provided postnatal follow-up to 96 per cent of women surveyed in the Matameye district, where over half of the population lives more than five kilometres from a health facility. The project's mobile clinics extended sexual and reproductive health consultations to nearly ten thousand women and adolescents over the same period. The use of modern contraceptives rose from 35% at baseline to 87% by 2025.

In Somalia, Somali Red Crescent Society clinics reached tens of thousands of children under five each year through integrated management of childhood illnesses. Basic Emergency Obstetric and Newborn Care training across seven Somali Red Cresent facilities resulted in 24-hour skilled birth attendant care, enhanced delivery kits, the routine availability of synthetic oxytocin alongside misoprostol, and culturally appropriate feedback mechanisms through which women could raise concerns about respectful maternity care. In Burkina Faso, the Burkinabe Red Cross worked under the leadership of the Ministry of Health's Directorate of Family Health to train village birth attendants in the distribution of misoprostol for the prevention of postpartum haemorrhage in conflict-affected areas where health facilities had closed. By 2025, Burkinabe Red Cross supported attendants conducted more than 2,200 hygienic deliveries each year with no recorded maternal deaths. In Afghanistan, the Afghan Red Crescent Society's Grandmother Committees and female-volunteer networks provided the primary pathway to reproductive health information for women in a context of a fracturing health system and severe restrictions on women's access to formal services.

In Myanmar, the Myanmar Red Cross Society established Women's Clubs across 43 target communities, providing tailored health education to improve public health outcomes, with a focus on maternal and child health for children under five. The clubs serve as trusted, regular platforms for mothers, caregivers, women of reproductive age, pregnant women and adolescent girls to strengthen health awareness and improve access to and utilisation of MNCH and SRHR services, including menstrual hygiene management. They have emerged as one of the most effective components of the project, functioning as safe spaces where women and girls can access information, share experiences and seek support on key health and protection issues, supported by an emergency fund that enables timely referrals and access to care. The clubs have contributed to safer pregnancies and improved health outcomes, while also strengthening women's empowerment, participation and protection at community level. The Myanmar Red Cross Society also engages men through the establishment of Village Development Committees (VDCs) in each target village, representing diverse community groups. Through these platforms, men are equipped with relevant knowledge and encouraged to take an active role in promoting SRHR, while women and girls are supported to participate more meaningfully in decisions affecting their health and wellbeing. Together, the Women's Clubs and VDCs create complementary, community-led structures that strengthen inclusive dialogue, shift norms and enhance collective action – contributing to improved health practices and more equitable access to essential services in line with the project's overall objectives.

Programme achievements in 2025

In 2025, SAF initiatives were implemented with National Societies in Afghanistan, Ethiopia, South Sudan, Somalia and the Sahel region. In 2024, a new SAF Communication Adviser was recruited for Myanmar, bringing the total number of full-time SAF communication advisers specialising in strategic communication management, crisis

communication and reputation management to four, and the SAF programming covering countries in two continents.

Conflict sensitive community engagement

Across all reporting countries, National Societies strengthened safer access through conflict-sensitive community engagement, including sensitisation workshops, stakeholder dialogue, feedback mechanisms and context-adapted dissemination. Engagement strategies were increasingly tailored to local conflict dynamics, perceptions and operational realities. In Somalia and South Sudan, sensitisation workshops, perception studies and continuous dialogue with communities, authorities and security actors enabled staff and volunteers to apply do-no-harm communication and maintain acceptance in high-risk areas. In Ethiopia and Afghanistan, large-scale dissemination campaigns, multilingual messaging and media engagement – including social media interaction – helped clarify the Red Cross/Red Crescent mandate and address community concerns.

In Myanmar and across West Africa, engagement was further strengthened through needs assessments, feedback mechanisms and localised communication approaches. Burkina Faso and Mali stand out for structured community outreach: trained access focal points and volunteer communicators conducted context analysis and used locally embedded platforms (such as 'grin' gatherings in Mali) to reach diverse groups. Across Togo, Benin and Côte d'Ivoire, locally adapted communication tools and action plans further strengthened relationships and trust with communities. Together, these approaches reflect a shift toward more systematic, context-sensitive and community-centred engagement to support safer access.

Communication as a risk management tool

Communication strategies also increasingly served as risk management tools, supported by new or strengthened policies, standard operating procedures (SOPs) and media practices. During the reporting period, National Societies placed greater emphasis on structured communication systems to manage operational and reputational risks. Somalia and Afghanistan developed comprehensive communication strategies alongside SOPs and policies covering internal communication, social media and crisis response. Ethiopia strengthened its capacity to address misinformation through social media guidelines and mass communication tools using television, radio and digital platforms.

In South Sudan and Myanmar, crisis communication training and strategies were expanded to improve preparedness and coordinated responses, including the use of public service announcements and strengthened media relations. Burkina Faso and Mali integrated communication into risk management through revised strategies, standardised crisis communication approaches and trained communicators operating in insecure environments. Similarly, National Societies in Togo, Benin and Côte d'Ivoire developed practical tools – such as Fundamental Principles disseminator handbooks, key message packages and thematic maps – to guide consistent communication at branch level. Overall, communication evolved from ad hoc activities to more strategic, systematised functions directly supporting safer access.

Improved trust, recognition and stronger perceptions of neutrality, impartiality and independence

These combined efforts contributed to stronger trust, improved recognition of the mandate, and enhanced perceptions of neutrality, impartiality and independence. Evidence across countries indicates that strengthened engagement and communication translated into improved acceptance. In Somalia, South Sudan and Ethiopia, clearer and more consistent messaging, combined with visibility measures such as emblem use, reduced misinterpretation and helped distinguish National Societies from political and military actors. In Afghanistan and Myanmar, more proactive and principle-based communication, coupled with media engagement and feedback mechanisms, gradually reinforced credibility and public trust.

In Burkina Faso and Mali, the presence of trained volunteers and structured outreach in hard-to-reach or insecure areas strengthened acceptance, particularly where few other humanitarian actors operate. Across Togo, Benin and Côte d'Ivoire, localised communication plans and tools deepened community relationships and reinforced the Red Cross Red Crescent image as a trusted, principled humanitarian actor. Collectively, these results highlight that sustained investment in communication and engagement is central to building trust, safeguarding humanitarian space and enabling safer access in complex environments.

Strengthening access to SRHR in protracted crisis

In its final year, the Programme continued to ensure the continuation of basic health services and delivering SRHR programming in protracted crises areas, while in some countries preparing to exit by the end of 2025. In Niger, mobile clinic delivery was transferred back to the village midwife network as part of the project's exit strategy: in December 2025, twenty-four midwives from seventeen villages were retrained on antenatal and postnatal care, danger signs, assisted delivery and family planning, and equipped with mobile phones to facilitate referrals to functioning health centres. In Somalia, the bilateral transition under the current funding frame continued to deliver direct support for clinical components that had not previously been funded.

In Burkina Faso, the Programme continued service delivery in blockaded areas. 102 village birth attendants (VBA) trained and equipped under the Burkinabe Red Cross programme conducted 2,224 hygienic deliveries in 2025, an increase of more than 1,100 cases from the previous year, alongside 4,565 antenatal and 1,842 postnatal consultations. No maternal deaths were recorded among VBA-assisted deliveries. A further 3,106 people accessed family planning by twenty-five VBAs trained in community-based provision, including injectable contraception, pills and condoms. The model continues to operate under the leadership of the Ministry of Health's Family Health Directorate, with delivery kits validated by the Ministry, and procurement now centralised through the MOH purchasing centre.

2.4 Focus area 4: Building strong and inclusive local actors

Key trends and achievements in 2022–2025



Figure 11. Key results - Focus Area 4

Over the programme period 2022–2025, the Finnish Red Cross progressively strengthened its support to building strong and inclusive local actors, with National Society Development (NSD) embedded across programming. A clear trend – reinforced by localisation discussions and the need to support locally led leadership through organisational development and capacity strengthening – has been the shift from ad hoc capacity building towards more structured, partner-led and strategically aligned NSD support, particularly at branch level.

A key achievement has been the consistent strengthening of operational and organisational capacities of partner National Societies, particularly in planning, monitoring, evaluation and reporting (PMER), financial management and technical service delivery. Staff and volunteer competencies increased across health, WASH, disaster risk reduction, preparedness and emergency response, contributing to improved implementation quality, service delivery and community trust. These gains were most visible where capacity development was sustained over multiple years and closely linked to operational programming.

Branch development and volunteer engagement emerged as central entry points for localisation and sustainability. The systematic use of Branch Organisational Capacity Assessments (BOCA) and similar tools helped identify strengths and gaps, guiding targeted investments in governance, volunteer management, infrastructure, security management, and preparedness. Over the programme period, branches improved their visibility, strengthened volunteer recruitment and retention, and increased their ability to sustain services beyond project cycles. Support to branch-level income-generating activities further contributed to strengthened local resource bases and reinforced sustainability.

Financial sustainability remained a key NSD priority, with gradual but tangible progress. Achievements include the adoption of financial management systems (such as SAP and QuickBooks), improved audit practices, strengthened risk management, and enhanced joint planning and budgeting between headquarters and branches. Training and mentoring improved reporting quality and donor compliance. At the same time, the Programme confirmed that financial sustainability is a long-term process: progress towards core cost recovery, diversified income and institutional resilience has been slower than anticipated, constrained by limited unearmarked funding, audit backlogs and competing operational demands.

A further trend has been the growing recognition of leadership, governance and institutional systems as critical enablers of sustainable NSD outcomes. While the Programme has strengthened sectoral and branch-level capacities, system-wide reforms – such as leadership development, governance strengthening and HR systems – were more difficult to address within the available funding framework. This partly explains the mixed performance against some focus area 4 indicators, despite clear qualitative progress.

Overall, the Programme laid a solid foundation for longer-term organisational strengthening of partner National Societies and generated important lessons for future programming. While progress was uneven and some targets were only partially achieved, the Programme demonstrated that sustained, partner-led NSD – anchored at branch level and complemented by financial and institutional capacity strengthening – is essential for building resilient, accountable and locally led humanitarian actors.

Programme achievements in 2025

Supporting the development of Partner National Societies

In 2025, the Finnish Red Cross continued supporting NSD, with the objective of strengthening partner National Societies' capacity to operate as effective, accountable, inclusive and sustainable humanitarian actors. The support remained aligned with each partner's own strategic priorities and focused on strengthening organisational capabilities, branch-level capacity and financial sustainability.

Within the MFA Programme, the Finnish Red Cross most often supports partner National Societies' NSD through project-based support embedded across country programmes. NSD activities aligning with partners' NSD priorities were integrated into ongoing Finnish Red Cross supported projects rather than implemented as a standalone intervention. Sierra Leone was one exception in 2025, with a dedicated NSD project.

Finnish Red Cross support contributed to strengthened operational and organisational capacities at both branch and national levels across several programme countries. In 2025, a wide range of targeted training and mentoring initiatives were implemented to strengthen the implementing branches' organisational capacities. For example in Myanmar, financial management training strengthened budget monitoring and risk management practices for 31 staff and volunteers. In Ethiopia and Nepal, training in financial management and reporting systems contributed to enhanced compliance, coordination and accountability at both branch and national levels. In Sierra Leone, 64 staff and volunteers were trained on financial management policies and guidelines, significantly strengthening financial accountability across branches.

Capacity building also covered technical and operational areas such as security management, volunteer engagement, safeguarding, disability inclusion and preparedness. For instance, in South Sudan, branch-level support focused on strengthening volunteer management, security management and emergency response capacities. In Ethiopia and Niger, capacity building of volunteers and staff – for example in communication, community engagement and accountability, preparedness and safeguarding – contributed to more effective service delivery. In Afghanistan, volunteer and Training of Trainers (ToT) sessions strengthened Afghan Red Crescent Society's preparedness and internal capacity to cascade trainings. In Myanmar and Nepal, support to Emergency Operations Centres strengthened operational preparedness and contingency planning.

Across contexts, improved staff and volunteer competencies contributed to enhanced implementation quality, more reliable reporting and increased trust with communities and partners. While most NSD support in 2025 was linked to operational and branch-level capacities rather than system-wide institutional reforms, these efforts are providing a foundation for longer-term organisational strengthening and will, over time, contribute to organisation-wide systems and standards.

Branch development

Strengthening branch capacity remained a central pillar of NSD support in 2025, recognising that strong local branches are essential for sustainable and locally led humanitarian action. Branch organisational capacity assessment (BOCA) and similar processes informed branch-level action planning and contributed to improvements in governance, volunteer recruitment and operational capacity. In Zimbabwe, a BOCA conducted in Binga District enabled branches to identify strengths and gaps across governance, administration, logistics, PMER, volunteer management, and community engagement. In Burkina Faso, support for training national BOCA facilitators contributed to scaling this methodology across the branch network.

The Finnish Red Cross also supported practical measures to strengthen branch sustainability and functionality. This included investments in infrastructure and equipment, digital tools and improvements in financial systems. Many of the partners operate in environments where infrastructure is limited. Therefore, support for branch infrastructure is usually a priority to enhance overall functionality, while also contributing to improved safety and security for volunteers and staff.

In Burundi, Myanmar and Nepal, branch offices were rehabilitated. In Sierra Leone, for example, the expansion of NSD support to all 14 branches resulted in strengthened capacities in PMER, safeguarding, preparedness and financial management. All branches now have trained PGI and PMER focal points and clearer response plans.

Support to branch-level income-generating activities (IGAs) was provided in Zimbabwe, Sierra Leone, Myanmar, Nepal, South Sudan and Ethiopia. Combined with financial management support, these activities are important in strengthening branches' resource base and reinforcing overall sustainability and service delivery capacity. Examples of IGAs supported by the Finnish Red Cross include guest houses (Sierra Leone), community grinding mills and poultry production initiatives (Zimbabwe), and a cafeteria (South Sudan), as well as other IGAs across Sierra Leone, Myanmar, Nepal, South Sudan and Ethiopia. These initiatives contributed to strengthening branches' financial sustainability while also building skills in business planning and financial management.

Financial sustainability

In 2025, the focus remained on strengthening financial systems, improving management capacities and laying the groundwork for longer-term financial independence. The year reinforced Finnish Red Cross's growing understanding that building financial sustainability is slow, and progress toward core cost policies and full financial sustainability is gradual.

Support originally reserved for Burundi was reallocated to the Burkinabe Red Cross in 2025, contributing to strengthened financial sustainability. This enabled significant progress in capacity building, with 68 staff trained on fiscal compliance, governance, internal controls and risk management, resulting in improved compliance, reduced errors and stronger financial accountability. In parallel, financial statements for 2023–2025 were prepared alongside audit-ready systems, while Enterprise Resource Planning (ERP) preparatory work laid the foundation for improved data integrity, traceability and reporting efficiency.

In Ethiopia, support to SAP Business One, combined with staff training, improved the timeliness and quality of financial reporting, donor compliance and internal coordination. In Nepal, the adoption of financial management software and Management Information Systems improved accountability and reporting across branches.

In Sierra Leone, financial systems were expanded to the branch level, with QuickBooks installed in six branches, supported by training, coaching and standardised procedures. Statutory audits covering multiple years were initiated, strengthening compliance and credibility. The development of a core cost policy was delayed due to dependencies on audit completion and will continue in 2026.

In Zimbabwe, support to audits, reporting, and policy development contributed to improved financial sustainability. While the development of a core cost policy was adjusted, an indirect cost recovery policy was established, strengthening cost recovery and financial planning. Efforts to improve the utilisation of organisational assets, including property management and income generation, further support long-term sustainability.

2.5 Advancing gender equality and inclusion across the Programme

Key trends and achievements in 2022-2025

Between 2022 and 2025, the Finnish Red Cross significantly strengthened Protection, Gender and Inclusion (PGI) work across the Headquarters and partner National Societies. Inclusion remained one of Finnish Red Cross International Aid's strategic priorities, while gender equality, disability inclusion, safeguarding and protection became increasingly integrated into organisational systems, programming and advocacy work.

The Programme began in 2022 with a strong focus on building foundations for PGI integration. Gender and disability baselines, PGI organisational assessments and mapping of Organisations of Persons with Disabilities (OPDs) informed programme planning, budgeting and implementation. From 2023 onwards, PGI work became progressively strategic and systematic, drawing from the IFRC PGI Policy and Framework and guided by a programme-wide roadmap built around three pillars: institutional development, PGI in programmes and operations, and advocacy and partnerships. Policy development focused on supporting the creation, updating and roll-out of PGI and safeguarding-related policies and frameworks. Capacity strengthening expanded significantly through the development of training materials, including disability inclusion training packages, and the implementation of trainings in collaboration with National Societies, the IFRC, partner National Societies, Abilis, CBM Inclusion Advisory Group (CBM IAG) and local OPDs.

By the end of the Programme, PGI approaches had become more systematically operationalised across sectors including health, WASH, livelihoods, disaster risk reduction and community resilience. National Societies strengthened safeguarding systems, PGI coordination structures, accessibility measures and inclusive programming approaches. The gender equality work increasingly supported National Societies' work that addressed harmful norms, women's leadership, sexual and reproductive health and rights (SRHR), prevention of sexual and gender-based violence (SGBV) and women's economic empowerment. At the same time, efforts were initiated to gradually move towards more gender-transformative approaches. Increasing attention was also paid to knowledge development, learning and documentation through assessments, case studies, monitoring systems, exchange of good practices and evidence-based advocacy.

Partnerships with OPDs evolved from initial mapping exercises toward more formalised collaboration with some partner National Societies. Programme-wide partnerships with Abilis and CBM IAG strengthened the strategic integration of disability inclusion throughout the programme period. Community-led structures such as women's clubs, mothers' groups, youth groups and community health committees also played an important role in increasing the participation of women and marginalised groups, raising awareness and supporting social norm change.

At global and regional levels, the Finnish Red Cross contributed actively to IFRC-led PGI and disability inclusion processes, including collaboration linked to the 34th International Conference of the Red Cross and Red Crescent. The Finnish Red Cross also contributed to the development of disability inclusion and gender equality pledges together with the MFA of Finland. An internal pledge was additionally submitted to the Global Disability Summit in 2025. The updated Building Blocks for Disability-Inclusive Programmes tool, developed in collaboration with the IFRC and CBM IAG, was launched during the International Day of Persons with Disabilities in 2024, with regional roll-out events. Support was also provided for IFRC PGI SURGE training, Africa PGI policy development processes and PGI in cash training. In addition, the partnership framework agreement with the ICRC strengthened cooperation on disability inclusion and prevention of sexual and gender-based violence. Through these efforts, the Finnish Red Cross gained increasing Movement-wide recognition as a strong advocate for PGI, particularly in the area of disability inclusion.

Across the programme period, PGI became progressively institutionalised within partner National Societies through policies, action plans, safeguarding mechanisms and PGI focal points. Overall, the programme period demonstrated clear progress toward more institutionalised, locally grounded and operationally integrated PGI approaches. Despite substantial progress, important challenges remain, including inconsistent use of sex, age and disability-disaggregated data (SADDD), accessibility barriers, diversity among leadership, staff and volunteers, meaningful participation of marginalised groups and sustainable financing for PGI work. These will remain key priorities during the next programme period.

Programme achievements in 2025

In 2025, several National Societies advanced PGI policy development, safeguarding systems and organisational coordination mechanisms. Sierra Leone strengthened safeguarding and Prevention of Sexual Exploitation and Abuse (PSEA) systems across all branches and established a nationwide PGI focal point network. Myanmar strengthened PGI policy review processes and PSEA mechanisms within emergency operations, while Somalia advanced safeguarding planning and PGI baseline assessments in health services. Nepal has strengthened safeguarding systems by finalising key policies (SoPs, whistleblower protection and Code of Conduct), translating them into Nepali, and rolling out standardised training for consistent messaging. Safeguarding is now integrated across all programmes, including the Cash and Voucher Assistance (CVA) curriculum, enhancing protection, accountability and survivor-centred approaches. Burundi strengthened inclusive governance and women's leadership through targeted governance and PGI capacity strengthening initiatives.

Capacity strengthening remained central across the Programme through trainings on PGI, disability inclusion, safeguarding, Psychological First Aid (PFA), SGBV prevention and PSEA for staff, volunteers and community structures. Burkina Faso, Niger and Sierra Leone implemented particularly comprehensive approaches integrating accountability and survivor-centred methodologies. In Afghanistan and Myanmar, community structures helped extend PGI and health awareness and referral pathways in highly challenging contexts. In South Sudan, accessibility audits, disability inclusion actions and community-based approaches strengthened inclusion within programming and service delivery.

National Societies increasingly collaborated with organisations of persons with disabilities to strengthen accessibility, disability data systems and inclusive livelihoods programming. Examples included accessible WASH infrastructure in Zimbabwe, disability data systems in Niger, inclusive livelihoods and resilience approaches in Ethiopia, and integration of disability inclusion into community resilience and Early Warning and Early Action (EWEA) work in Nepal. The Nepal programme also contributed significantly to advancing inclusive early warning systems by linking informal and marginalised groups, including groups of persons with disabilities, into formal early warning communication systems and national-level discussions on inclusive EWEA approaches. Women's clubs, youth groups and community dialogues were widely used to challenge harmful norms, strengthen women's participation and improve access to services. Myanmar strengthened women's leadership and SRHR awareness through women's clubs, while Niger and Zimbabwe used community engagement approaches to address harmful norms, child marriage and girls' education.

Safeguarding and SGBV prevention remained key priorities through survivor-centred approaches, referral mapping, community awareness and strengthened accountability mechanisms. Sierra Leone demonstrated strong progress in operationalising safeguarding systems, while Burkina Faso, Niger and Zimbabwe implemented broad community engagement approaches. Despite the progress, gaps remain in survivor support systems, referral mechanisms and case management capacity. The use of sex, age and disability-disaggregated data (SADDD) improved across most programmes, supporting more inclusive planning and accountability. However, evaluations continued to highlight inconsistencies in disability-disaggregated data and participation quality, underlining the need for further investment in evidence-based inclusion.

3. Achievements in Communication, Global Education and Advocacy

3.1 Development communication

During the four-year development communications period, the Finnish Red Cross focused its communications on highlighting the impacts and results of development cooperation. The objective of the communications was to increase public awareness in Finland of the need for development work, the complexity of development issues and the significance of development cooperation for the most vulnerable people. Throughout the four-year programme period, communications emphasised the role of the Ministry for Foreign Affairs of Finland as an enabler of development cooperation and supported the Ministry's development communications.

During the programme period, particular attention was paid to ethical communication. In 2024, the Finnish Red Cross started to implement the Ethical Guidelines for Development Communications developed by Fingo. The Finnish Red Cross always communicates with respect for people and only with their consent. It does not use imagery portraying people as victims; instead, the individuals and volunteers featured in the communications are always

presented as active agents. The Finnish Red Cross adheres to the 'do no harm' principle: it does not wish to place people at risk or cause them difficulties as a result of its communications.

The communications objective of the Finnish Red Cross during the programme period was to raise the profile of development cooperation both in public discourse and within the organisation's own communications. This has been achieved through professional communication practices and by monitoring communication data and learning from it. Whereas in 2022 development communication content on social media generated 205,000 impressions, in 2025 it reached approximately 670,000 impressions. In 2025, content related to development cooperation was published on social media on average twice per week.

The visibility of development cooperation communications has been increased across all Finnish Red Cross communication channels. It is regularly included in newsletters, fundraising materials and campaigns, and in the Red Cross magazine. Each year, communications also produce several web articles on the topic. A news article about the results of development cooperation in 2024 was the second most-read article of the entire year in 2025.

During the four-year programme period, significant changes occurred in the general communication environment. One of the Finnish Red Cross's printed publications, Risk Zones, was discontinued, publishing content on Twitter/X was ceased, and two new social media channels – Threads and TikTok – were introduced. Social media algorithms are in constant flux but by monitoring these changes and responding to them, the Finnish Red Cross has succeeded in increasing its visibility on social media, achieving a total of 17.7 million impressions last year. During the programme period, numerous new forms of communication were also tested, including podcasts, new video concepts and animations produced from project case studies.

Another objective of Finnish Red Cross's communications is to strengthen the communications capacity of National Societies so that their communications become more professional and capable of producing materials both for local use and for the needs of the Finnish Red Cross and the International Red Cross and Red Crescent Movement. Capacity strengthening has been supported for example by organising trainings and workshops in connection with communication field trips. In addition, the Finnish Red Cross's communications team maintains ongoing dialogue, guidance and advisory support with local branches on communication-related matters.

As a result of the Red Cross's unique mandate, the organisation is able to work in operationally challenging contexts. However, this presents challenges for communications, as the communication environments in nexus countries can be difficult. For example, the societal situations in Afghanistan and Myanmar have limited the ability of local branches to produce communication materials. The deteriorating security situation in some countries, such as South Sudan and the Sahel region, also affects what kinds of materials it is possible to produce for communication purposes. Furthermore, it has not been possible to carry out communication field trips to these countries.

Communication trips financed by the Ministry for Foreign Affairs enable high-quality communications and fundraising by the Finnish Red Cross. During the four-year programme period, nine communication trips were carried out to various countries: in 2022 to Kenya and Malawi; in 2023 to Eswatini, Sierra Leone and Tajikistan; in 2024 to Ethiopia and Zimbabwe; and in 2025 to Kenya and Nepal. Communication materials produced during these trips are always shared for use by the International Red Cross, and over the four-year period they have been widely used in international Red Cross communications and campaigns.

Each year, the Finnish Red Cross awarded the Development Journalism Prize in collaboration with the Union of Journalists in Finland, the Communications and Development Foundation Vikes, and the Helsingin Sanomat Foundation. The purpose of the prize is to increase the visibility and esteem of journalism on development issues. During the programme period, the joint communications and fundraising campaign Nenäpäivä (Red Nose Day), implemented by several Finnish organisations, came to an end.

3.2 Advocacy

Key trends and achievements in 2022–2025

In the four-year programme period, Finnish Red Cross's advocacy evolved from foundational capacity building into a strategic, evidence-driven and internationally recognised humanitarian diplomacy role. In the first programme year the focus was on the establishment of structures, positioning and entry into policy spaces; the year 2023 was a

period of consolidation, setting political relevance and agenda; in 2024 the focus was on systematic evidence production and policy influence, while the final programme year 2025 shows signs of mature, multi-level advocacy with recognised contribution to thought leadership and partner enablement. During the Programme, Finnish Red Cross international advocacy agenda was anchored on early warning early action and climate risks, with humanitarian policy, health, inclusion and financing increasingly integrated. Priorities sharpened over time as did the link between programmatic learning, knowledge products and policy engagement, culminating in recognised contributions to Red Cross Red Crescent thought leadership by 2024–2025. Advocacy was increasingly implemented with a multilayered approach, effectively connecting community and National Society experience, national Finnish policy processes, EU advocacy via the Red Cross EU office, and global UN and IFRC platforms. Over time, the Finnish Red Cross has found effective avenues to enable and amplify partner advocacy, particularly in Nepal, Asia-Pacific, Africa and fragile settings.

At the beginning of the Programme the focus was on establishing a credible advocacy platform, and in 2022 the key achievements were the creation of a dedicated Knowledge Development and Advocacy Unit within International Aid and its systematic monitoring of Finnish, EU and UN policy processes aligned with MFA programme priorities. The Finnish Red Cross started to strongly position humanitarian perspectives in Finnish climate policy, including Loss and Damage, locally led adaptation and anticipatory action. In 2023, the Finnish Red Cross was effectively engaged on Finnish parliamentary elections, coalition negotiations and government programme drafting, as well as clearer national and international recognition of the Finnish Red Cross as a humanitarian climate actor, especially on early warning early action and anticipatory action, including influencing on Finland's position regarding the Loss and Damage agenda, coinciding with Finland's co-chair role in the relevant UNFCCC negotiations. The Finnish Red Cross gave key contributions to Dialogue Platforms across Asia-Pacific, Africa and globally. Nepal was selected as a regional host, reflecting Finnish Red Cross supported progress.

In 2024 the key achievements were clear advocacy objectives articulated and aligned across climate, health, inclusion and humanitarian financing as well as the production of high-quality policy and knowledge products, notably a Finnish Red Cross policy paper on why early warnings do not lead to early action, commissioning country specific climate-health studies (Myanmar, Nepal) and the initiation of inclusive early action and multi-hazard EWS studies. The Finnish Red Cross actively engaged in the shaping of Finnish development, foreign and security policy debates, including parliamentary engagement and major media op-eds.

Over the four-year programme period, the Finnish Red Cross built a robust, credible and influential advocacy profile, evolving from capacity building to strategic humanitarian diplomacy with demonstrable policy relevance. The trajectory shows increasing intentionality, quality and impact, positioning the Finnish Red Cross as a key humanitarian policy actor in climate, anticipatory action, health and inclusion – both nationally and globally. This progress can be continued in the next programme period with a goal of making it even more systematic and partner and Movement oriented.

Programme achievements in 2025

In 2025 the Finnish Red Cross continued to do advocacy work in Finland, to contribute to the IFRC humanitarian diplomacy towards the European Union and global UN processes, as well as to facilitate advocacy and policy engagement of some of its National Partners at regional, national or local levels.

During the year, the global context of humanitarian and development policy was drastically affected by major cuts in funding announced by many major donors of Official Development Assistance (ODA), most importantly the US government. The Finnish Red Cross took part in policy and advocacy efforts to assess the effects of the transition, including of the humanitarian system. The Finnish Red Cross contributed to IFRC and MFA Humanitarian Unit engagements with the UN OCHA-led humanitarian reset, as well as discussions on the broader development architecture. The Finnish Red Cross was engaged in the Financing for Development Conference in Sevilla in July to participate in the discussions on innovative funding and the role of ODA in the future. In Finland, the Finnish Red Cross is requested to present its views on the annual budget to the Parliament Foreign Affairs Committee, for which it prepared its written statement also in 2025.

In 2025, the Finnish Red Cross developed a new policy paper on inclusive early warning early action (EWEA) and brought the highlights of it (including a summary in Finnish) forward at various fora, the main opportunity being the

EW4All Multistakeholder Forum in conjunction with the Global Platform on Disaster Risk Reduction in Geneva. At the EU level, the Red Cross EU office organised with the EU presidency in May 2025 a round table on EWEA with the support of the Finnish Red Cross and its Kenya Red Cross Society partner, presenting the findings of an earlier (2024) produced policy paper on enabling community-level early action on the basis of early warnings to a range of European Commission DG and EU Member State representatives. Additionally, the Finnish Red Cross contributed to the MFA strategic evaluation on climate action (including meteorology/DRR) as well as to the role MFA Environmental and Climate Diplomacy Unit had on the Board of the Fund for Responding to Loss and Damage.

In Asia-Pacific, the Finnish Red Cross maintains a strong role in the Technical Working Group (TWG) on Anticipatory Humanitarian Action, which is co-led by the IFRC and FAO. The Finnish Red Cross supported the organisation of the regional workshop on 'Strengthening Anticipatory Action and Early Warning Systems in Contexts of Fragility, Conflict, and Violence in Asia-Pacific' together with the IFRC and other members of the Regional AA TWG, with a keynote speech by the Ambassador of Finland to Thailand.

The Finnish Red Cross actively contributed to Finland's policy/positions towards global health policies, on the one hand highlighting the importance of preparing for the increasing impacts of climate change on health, and on the other, promoting the role of community health systems as well as ways to ensure mother-child and sexual reproductive health services in complex and evolving situations. Several knowledge products were developed to build programmatic evidence base to be utilised later on for advocacy (see all: Development cooperation studies and reports - Finnish Red Cross). Two case studies were commissioned from the Red Cross Climate Centre on climate change and health (Myanmar and Nepal) in cooperation with the IFRC, while the Finnish Red Cross itself produced a series of case studies on emerging SRHR-related practices (Afghanistan, Ethiopia, Kenya, Niger, Sierra Leone). The studies on Sierra Leone's obstetric emergency funds and Burkina Faso village birth attendants distributing misoprostol for postpartum showed, for instance, how community-owned schemes and task shifting address the barriers to facilitating delivery and early treatment of potentially lethal conditions. Such experiences are crucial when engaging in policy dialogues on universal health coverage and on how to protect the poorest in fragile contexts. A process to develop a synthesis for future policy and advocacy purposes started, to be completed in 2026.

In the global health agenda, Finnish Red Cross's focus was to contribute to the global health policy working group facilitated by the Ministry of Social Welfare and Health, and as a member of the Finnish Delegation to the World Health Assembly in Geneva in May. The discussions on climate change and health on the global level pressed the importance of health involvement in climate-related work in the Finnish Red Cross, among Finnish governmental and non-governmental stakeholders and further in the Movement. The Finnish Red Cross integrated gender and inclusion aspects in its entire advocacy, especially with regards to protecting sexual and reproductive health and rights, and rights of persons with disabilities in humanitarian crises and in preparedness. The Finnish Red Cross also contributed its expertise to the IFRC participation in the Global Summit on Disability Inclusion in Berlin in April.

The Finnish Red Cross continued to contribute to the development of IFRC Humanitarian Diplomacy as a global network, both in terms of priority policy topics as well as of policy engagement with regard to protracted crisis situations. The Finnish Red Cross aims to elevate coordinated, evidence-based global advocacy, harnessing the IFRC global network and policy-making hubs. The Finnish Red Cross also contributed to the development of African and Asia-Pacific regional humanitarian diplomacy (HD) strategies for the IFRC network, and supported and cooperated with its National Society partners on advocacy and humanitarian diplomacy efforts appropriate for their contexts. In Nepal, cooperation with the Finnish Embassy in Kathmandu has offered a great opportunity to bring attention to EWEA, nature-based solutions, and heat and health-related issues at the national level. The Finnish Red Cross supported IFRC HD efforts, in coordination with other Movement partners, in highly sensitive contexts such as Myanmar and Afghanistan.

In 2025, the Finnish Red Cross continued to build a strategic relationship with the MFA and line ministries, the political leadership as well as various Finnish stakeholders. In 2025, the Finnish Red Cross engaged in advocacy on Finland's/EU positions as part of IFRC advocacy, most actively regarding the UNFCCC COP30 in Belem, Brazil, focusing on the Global Goal on Adaptation, locally led adaptation, Loss and Damage, and Nationally Determined Contributions. Participation in the Bonn inter-sessionals took place online while being left out of the Belém COP itself due to travel and cost reasons.

3.3 Global education

During the 2022–2025 programme period, global education at the Finnish Red Cross has been steadily and successfully developed while adapting to the post-COVID learning environment. Throughout the programme period, Finnish Red Cross's global education activities have reached wider audiences, new learning materials have been created for more diverse groups of learners, and collaborations with major event organisers have increased public awareness of global education themes and the work of the Finnish Red Cross.

One of the most significant highlights of the programme season was the two-year collaboration with the Finnish Science Centre Heureka from November 2021 till the end of 2023. The collaboration included the Facing Disasters exhibition, which educated visitors about natural disasters and preparedness. The exhibition attracted over 630,000 visitors.

Alongside the exhibition, an annual Risk Zones magazine was published from 2021 to 2023, showcasing how the Red Cross supports communities before, during and after natural disasters. After the publication of the printed magazine was discontinued, the available resources were redirected to developing more environmentally friendly and more accessible digital global education learning materials.

During the programme period, the Risk Zones online learning material was further developed to serve more diverse groups of learners. Initially the material was published in Finnish, Swedish and English for secondary and upper secondary school students. In 2022, the material was expanded with a plain Finnish version to support students with learning and reading difficulties as well as those studying in Finnish as a second language. In 2023, all language versions were updated to improve accessibility for learners using various devices and assistive tools in online learning. Most recently, a version of the Risk Zones for elementary school students was published in 2025. Overall, the Risk Zones materials have become more inclusive and better equipped to help teachers navigate in diverse classrooms.

Since the launch of Finnish Red Cross's online learning platform in 2021, the number of users and registered teachers has grown steadily. In 2021, the platform had around 2,000 registered teachers, whereas by the end of the 2022–2025 programme period the number had risen to more than 7,000. The use of the Risk Zones material has also increased, from approximately 1,500 users in 2022 to more than 4,000 in 2025. Online learning materials gained popularity especially during the pandemic, and the Finnish Red Cross learning materials have continued to provide teachers with high-quality materials.

In 2025, Finnish Red Cross's global education continued its efforts to expand learning materials for broader audiences. A long-awaited version of Risk Zones for elementary schools was published in Finnish, Swedish and English, offering teachers reliable and age-appropriate materials for addressing sensitive global education themes. In the new version of Risk Zones, a theme of hopefulness was emphasised, recognising that major unpredictable events, such as the pandemic and the war in Ukraine, have caused even young students to worry about their futures. In addition, a tendering process for the online learning platform resulted in a transition to a more user-friendly and accessible platform. The migration of the Risk Zones materials began at the end of 2025 and continued into early 2026, during which the materials were reviewed and updated with more recent visuals.

Workshops, fairs and events for teacher students and education professionals provided important opportunities for promoting global education themes and the Risk Zones materials across Finland. The Educa fair is the largest event organised for educators in the country, at which the Finnish Red Cross presented and marketed its learning materials, including Risk Zones. Equally, the World Village Festival, organised by Fingo, also offered a platform to share knowledge about global education and about how the Finnish Red Cross works locally and globally to support the most vulnerable. In 2025, the festival attracted over 60,000 visitors, and more than 500 families visited the Finnish Red Cross stand. The Risk Zones learning materials and global education themes were also promoted in newsletters and platforms dedicated for teachers.

4. Finance and administration

4.1 Finance

All projects within the Programme were budgeted in cooperation with the partners, and actual costs were regularly followed by field staff. The Finnish Red Cross agrees on budget monitoring and adaptability in its contracts with partners. Over the four years, the Finnish Red Cross aimed for larger project budgets at country level to increase impact and reduce administration resulting from several projects being implemented by the same partners. Active budget monitoring also aimed at an early identification of any possible implementation and expenditure challenges to ensure quick reaction to changing needs and contexts.

Implementation challenges were experienced in some contexts every year, while at the same time other countries faced increasing needs or showed more effective implementation. The Finnish Red Cross Headquarters continued the practice of conducting systematic, global level budget monitoring and management. The needs for budget revisions at country levels were systematically assessed, and revisions were initiated as needed.

The original budget of the Programme was EUR 8,033,333 of which 75% was Ministry for Foreign Affairs (MFA) funding and 25% Finnish Red Cross's own funding. During 2025, the Finnish Red Cross made one budget reallocation and two repurposing requests. The major, more than EUR 5,000 changes included shifting budget funds from Burundi (EUR -5,000), South Sudan (EUR -51,883), Sierra Leone (EUR -8,889), Zimbabwe (EUR -51,111) and Early Warning Early Action multi-country programme (EUR -15,529) to Burkina Faso (EUR 16,667), Ethiopia (EUR 16,667), Somalia (EUR 75,556) and human resource costs (EUR 110,190). Through a repurposing request in Burundi, EUR 50,000 of the country budget was used for humanitarian assistance. In Myanmar, EUR 101,600 of the country budget was shifted to humanitarian assistance.

The actual total cost of the Programme amounted to EUR 8,875,929, which is EUR 842,596 (10%) higher than the original budget. Ten per cent of the total Programme cost is administration cost covering Finnish Red Cross Headquarters cost not directly allocated to the Programme.

Table 3 MFA development framework expenditure in 2025 (EUR)

Costs	**Original Budget 2025**	**Actual 2025**
A. Programme costs	5,906,173	5,771,743
B. Programme support	138,851	176,760
C. Delegates & locally hired staff	1,065,276	1,923,413
D. Communication and advocacy	119,700	116,420
E. Administration	803,333	887,593
TOTAL COSTS	8,033,333	8,875,929
FUNDING	**Per cent**	**EUR**
Government (MFA) funding	68%	6,000,000
FRC funding	32%	2,875,929
Interest income	0%	0
TOTAL FUNDING	100%	**8,875,929**

In 2025, the Finnish Red Cross undertook a major development project in its finance and administration. The organisational level Enterprise Resource Planning (ERP) system was changed from Microsoft Dynamics Navision (NAV) to Microsoft Dynamics 365 Business Central (BC) as the support for NAV was about to end. The new system also includes warehousing and logistics modules, which were not available in NAV. All the data transfer links

between PIMS and Business Central were rebuilt. The challenges noticed in data transfers after the system launch on November 1 have been since been corrected.

4.2 Staffing for the Programme

During the four years of the Programme, Finnish Red Cross staffing went through a few key changes. At the beginning of the programme period, the Finnish Red Cross conducted an organisational restructuring following the launch of the new International Aid Strategic Framework. This included reorganising units at the Headquarters, including the creation of a Support and Coordination Unit, which has been responsible for the overall administrative, programmatic and coordination support to the Programme. Furthermore, the Knowledge Development and Advocacy Unit was created as an investment to ensure high technical quality of key thematic focus areas and scaling up of advocacy and humanitarian diplomacy, both relevant for the focus of the Programme.

Simultaneously, the field teams were reorganised to a degree. As part of the so-called decentralisation process, aiming to move ownership of the Finnish Red Cross supported programmes, operations and partnerships to the field level, i.e. countries, the field structure increased in size. This relates to both programmatic staff and technical experts. In addition, as the Finnish Red Cross Programme focused on fragile and high-risk countries, the need for compliance functions in the field increased during the four-year period.

While the field structure has grown, the Finnish Red Cross still operates with a fairly lean structure compared to many other international organisations. The partnership approach of the Finnish Red Cross puts a lot of weight on the capacities, roles and ownership of the partners, the local Red Cross and Red Crescent societies. Finnish Red Cross teams are always hosted by and working to support the partners' capacities while at the same time ensuring compliance and quality, and maintaining mutually benefiting partnerships.

Key staffing changes during the four years included broadening the hiring base, attracting global and regional talent and introducing a system for locally hired staff. In terms of human resource policies and developments, the Finnish Red Cross International Aid department worked on standardisation of all job descriptions, developing a staff competence framework, and defining and implementing cultural cornerstones.

For the final year of the Programme, the Finnish Red Cross mostly continued with the human resource structure and approach created for the Programme at the beginning and as listed in the plan for 2025. Changes in positions covered by the Programme were mostly related to regular end-of-contract rotation, and no fundamental changes to key positions in the field structures were made in 2025. Practically all field positions shared their time between long-term programmes and humanitarian operations or individual projects funded by other donors, such as ECHO, divided in their timesheet. In 2025, the Finnish Red Cross decided to cover the Heads of Regions from its own indirect costs due to these positions being strategic and not easily allocated to individual projects.

The overall workload during the busy final implementation year of the Programme remained high for all key staff, the Country Managers, Regional Finance and Administration Delegates and a variety of key Technical Advisers. The workload increasing the time allocation to the Programme included large programme portfolios and partnership management with several ongoing review processes, heavy reporting and compliance functions, as well as significant technical support in the final year, as well as monitoring and evaluation of country programmes. The total amount allocated to Finnish Red Cross human resources in the field was EUR 1,923,413, which represents 24% of the total direct costs.

The actual costs of field staff vary depending on the person selected for the position. Some delegates deploy with their families, which increases the overall costs compared to unaccompanied delegates, for example due to school fees. In addition, the terms of employment for delegates were updated during the programme period to ensure equal treatment of staff regardless of nationality. This includes, for example, pension contributions for delegates without a Finnish residence status.

Almost all Headquarters positions responsible for managing and supporting the Programme were covered from indirect costs. In 2025, the only Headquarters positions directly covered from the Programme were communication positions, with a 50% work allocation of both the International Development Communications Specialist and the Communications Producer responsible for Global Education.