

A photograph of two young women with dark hair, smiling and looking towards the camera. They are positioned in front of a green chalkboard. Two large, overlapping orange circles are drawn over the image, one around the woman on the left and one around the woman on the right.

# Sexual and Reproductive Health and Rights

A snapshot of our evidence from 2025

A 17-year-old in Peru is using her advocacy skills to tackle teenage pregnancy in her region.

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Through our global strategy **All Girls Standing Strong**, Plan International works in over 80 countries and focuses programming in six priority thematic areas, as well as responding to humanitarian emergencies. We stand with girls to tear down barriers, save lives and build a world where equality for girls leads to progress for all.

At the end of 2025, we reviewed the evidence available from projects and countries working in each thematic area – covering evaluations and results, key internal research and annual reporting metrics. We also scanned some of the external evidence, to situate our work in the global context. This short snapshot summarises some of the insights from this year in sexual and reproductive health and rights and what we can learn from it.



For Plan International, our work in sexual and reproductive health and rights centres on ensuring that girls and young women have the right to make their own life decisions – from what happens to their bodies, to when and to whom they marry.

Core focus areas include:

- Ensuring that young people, especially girls, have the information and skills they need to make informed choices and have healthy relationships, through positive sexuality education and dialogue (including comprehensive sexuality education).
- Strengthening access to **age and gender-responsive and inclusive sexual and reproductive health services**, including contraception and safe abortion.
- **Preventing harmful practices** such as child, early and forced marriage and unions and female genital mutilation/cutting.
- Supporting efforts to **prevent HIV**, tackle HIV and AIDS related stigma, and ensure the right services are in place for people living with HIV.
- Providing specific support for **adolescent girls and young women most at risk**, such as those living in crisis contexts.

Learn more about our work [here](#).

# Key insights:

## Our programming and the global context

- 
- 01** **While progress has been made in advancing sexual and reproductive health and rights for adolescents and young people, the world is now facing a crisis in the ability of individuals to make their own free, informed choices.**
- Bodily autonomy and sexual and reproductive health and rights have become a political battleground, with regression in the ability of girls and young women to claim their rights in many contexts due to the rise of conservative governments and anti-rights groups. Persistent barriers continue to limit access to accurate information, quality services and supportive environments for adolescents and young people – particularly for girls and young women – undermining their ability to make decisions about their bodies and health. This requires urgent action.
- 
- 02** **Significant reductions in funding for sexual and reproductive health services are exacerbating the challenges in resourcing for areas such as climate change.**
- The defunding of foreign assistance has had an unprecedented impact on access to essential sexual and reproductive health information and services for millions of people, particularly in low- and middle income countries. As both man-made and climate-related crises grow in scale and frequency, humanitarian needs are increasing, yet funding for sexual and reproductive health and rights in crises remains insufficient, overlooked and at risk.
- 
- 03** **Plan’s commitment to sexual and reproductive health and rights is unwavering.**
- We reached over 12 million children and adults through our programming this year, including 3.6 million girls. We saw positive results in knowledge, attitudes and practices of adolescents and young people, access to quality services, including for menstrual health, and in tackling child, early and forced marriage and unions.
- 
- 04** **It’s critical to maintain a focus on the communities and enabling environment around young people.**
- Direct work with young people is foundational but not enough. We need to continue to engage parents, caregivers and communities (including leaders) to tackle resistance and break down barriers to young people being able to claim their sexual and reproductive health and rights.
- 
- 05** **We are working to ensure that gains are sustained and institutionalised, through engaging with governments, donors, and other stakeholders.**
- Projects are working through existing structures, strengthening civil society and embedding initiatives in communities to ensure changes last. We also saw some tangible examples of governments taking ownership, although this needs to be a continued focus for our influencing work.
- 
- 06** **A focus on the most vulnerable groups remains critical.**
- Addressing challenges for people with the most barriers to access, and especially girls and young women, people living with disabilities and LGBTQIA+ young people, requires specific tailoring of interventions as well as – where contextually appropriate and safe – an emphasis on ensuring there is data available to understand progress and gaps.
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# 2025 figures at a glance



## Our global reach footprint in sexual and reproductive health and rights<sup>1</sup>

Supported the sexual and reproductive health and rights of

**3.6 million girls.**

**12 million children and adults** were reached with sexual and reproductive health and rights programmes.

## Examples of our results across projects<sup>2,3</sup>

Improving access to sexual and reproductive health services

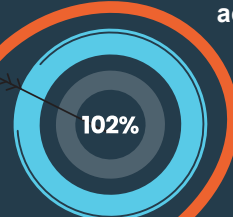
**534,200 young people,**

including 278 047 girls and young women, were able to access sexual and reproductive health care through support from projects in 14 countries.



**90% of the adolescents and youth** we spoke to this year reported that sexual and reproductive health services were adolescent- and gender-responsive, including 94% of girls.

Most projects met or went beyond their goals, with an average achievement of 102% of their targets for improving health services.<sup>4</sup>



Ensuring young people can make informed decisions

**487,211 children, adolescents and young people,** including 238,530 girls, participated in activities around positive sexuality education and dialogue in 29 countries.



Supporting menstrual health

**107,727 girls and women**

received menstrual health materials in 24 countries.



Preventing child, early and forced marriage and unions

**1 million+ people**

were reached through awareness-raising activities aiming to reduce child, early and forced marriage and unions in 13 countries.



**7,804 parents and caregivers**

in Bangladesh, Niger, Tanzania and Zimbabwe pledged to NOT marry off their daughters.

**3,768 community and religious leaders**

in Bangladesh, Malawi, Nepal and Tanzania pledged to fight against child and early forced marriage.

## Country examples

### Increasing access to contraception and reducing unintended pregnancy

Our projects aim to increase access to essential contraceptive services ...



**Use of contraception** (contraceptive prevalence rate) among adolescent girls and young women in the project rose from 65 per cent before the project to 82 per cent at the end.



In one of our projects, **unmet need for family planning** among girls and women aged 15-24 years old reduced from 40 percent to 27 per cent.

... so that girls can make their own decisions about their sexual and reproductive health and if and when to have a baby ...



The proportion of young women aged 15-24 (and surveyed through the project) who had experienced an **early pregnancy** in the last three years fell from 17 percent at the start to 8 percent at the end.



The rate of **teenage pregnancy** in the programme areas was 722 per 100,000 at the start and fell to 623 per 100,000 at the end of the project.

## Advocacy for sexual and reproductive health and rights<sup>5</sup>

### 34 influencing successes

were reported in sexual and reproductive health and rights, including »

### 12 changes or developments

in laws, policies, regulations or guidelines around girls' rights.



### 8 commitments

on investment, budget, expenditure, systems or services which will contribute to girls' rights.

### 19 influencing successes

reported in relation to our goal of ending child, early and forced marriage and unions, including »

### 14 changes or developments

in laws, policies, regulations or guidelines.



1. Based on annual reach reporting by country offices, July 2024 to June 2025
2. Results are aggregated based on data reported by projects this year, including both those operating in development contexts and those responding to crises. They represent a sub-set of overall reach figures since they are specific to particular project activities and depend on individual project reporting cadence. Best efforts have been made to adjust for double counting during the aggregation through careful review and adjustment where projects have reported more than once during the year. For specific data related to humanitarian programming, please refer to the Humanitarian Snapshot for 2025.
3. Project performance against targets was calculated and reported for global outcome indicators that are part of the dataset available this year. Where multiple data points had been reported by a project, an average was first calculated per project. The average performance across projects was then calculated as a mean.
4. Monitoring data from 19,209 adolescents and youth participating in six projects.
5. Based on annual reporting against our [Global Advocacy Strategy](#), July 2024 to June 2025

# What are some of the key issues?

## Selected findings from research



A girl asks a question at a girls conference on reproductive health in Timor-Leste.

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Progress has been made in advancing sexual and reproductive and rights for adolescents and young people. For example, births to adolescent girls aged 15-19 have fallen by a third since 2000 due to increased access to comprehensive sexuality education and inclusive, age- and gender-responsive sexual and reproductive health services, including contraception and safe abortion.<sup>6</sup>

However, the world is facing a crisis in the ability of individuals to make their own free, informed choices, from having sex to using contraception.<sup>7</sup> Persistent barriers continue to limit sexual and reproductive and rights for all adolescents and young people, undermining their ability to make decisions about their bodies and health.<sup>8</sup> These barriers include discriminatory laws, policies, norms and attitudes which continue to exist around the world, as well as weak political leadership, growing inequality and failure to prioritise comprehensive sexual and reproductive health in development, humanitarian and health agendas.<sup>9</sup> This situation is further exacerbated by the defunding and dismantling of some foreign assistance, which has had unprecedented impact on access to essential health information and services for millions of girls and young women particularly in low-and-middle income countries, as well as the rise of a well-funded conservative anti-rights movement, the spread of misinformation and disinformation, climate change, and humanitarian emergencies and conflicts and significant foreign aid cuts.<sup>10</sup>

Research conducted by Plan International this year highlights persistent barriers to adolescent girls' and young women's access to accurate information, quality services, and supportive environments. Taboos, stigma, and conservative norms continue to undermine comprehensive sexuality education, with youth often relying on peers or online sources for information. Research such as [Strengthening Girls' Rights as Human Rights](#) and [Sexual & Reproductive Health and Rights in Romania](#) highlight that influencing efforts must also counter global pushback and ensure rights-based policies, requiring multi-level engagement. Youth-led initiatives in Nepal and Ecuador, explored respectively in the [Resourcing girl- and youth-led sexual and reproductive health rights activism](#) and [Changing Lives 2024](#) reports, however, show promise in shifting norms and improving knowledge.

Menstrual health is an under-addressed issue. Across multiple reports and contexts, including the global [Still We Dream](#) report, [The State of Girls' Rights in the UK 2024](#), and a study on [perceptions and experiences surrounding menstruation in Colombia](#), girls told us about the challenges they face with their menstrual health, including facing stigma, poor infrastructure, and lack of products across both high-income and crisis settings.

6. WHO. 2024. *Adolescent Pregnancy*.

7. UNFPA. 2025. *State of the World Population Report*.

8. UNFPA. 2025. *Advancing legal commitments for sexual and reproductive health and reproductive rights for all*; New York, UNFPA

9. UNDP-UNFPA-UNICEF-WHO World Bank Special Programme. 2025. *Development and Research Training in Human Reproduction*.

10. FP2030. 2025. *Impact Brief: Understanding the Impact of Foreign Aid Disruptions on International Family Planning and Reproductive Health CSOs*; FP2030. Park, R. 2025. World Report: Over US\$1 billion spent on European anti-gender initiatives; July 12, 2025; *The Lancet*, Volume 406, Issue 10499, 119.

11. Quote translated from Spanish. Respondent from [Percepciones y Vivencias en Torno a la Menstruación. Estudios de Caso de Tres Instituciones Educativas de Bayunca, Quibdó y Bogotá](#).

“It’s embarrassing, because if you are at school and you get dirty, then they start laughing and it feels very uncomfortable because they look at you with a disgusted face, as if you are from another planet, it feels strange.”

– Girl, 10 to 14 years old, Colombia<sup>11</sup>

**Harmful practices, such as child, early and forced marriage and unions and female genital mutilation/cutting, persist across different contexts.** Our research explored complex reasons which often related to poverty, unintended adolescent pregnancy, gender inequality and harmful traditions, which can be exacerbated by conflict.

“After the war, all the girls got married and they have children now. They also stopped learning.”

– Female, 18 years old, Ethiopia<sup>12</sup>

Several reports also highlighted the complex and gendered nature of HIV risks among adolescent girls and young women, particularly in contexts where child, early and forced marriage is prevalent and there are limited services.

**Access to sexual and reproductive health services is uneven**, with reports such as [Adolescent Girls in Crisis](#) and [Sexual & Reproductive Health and Rights in Romania](#) highlighting that marginalised groups – such as Roma girls, LGBTQIA+ youth, and girls with disabilities – face compounded challenges. Emergencies and climate change present significant disruption to access to sexual and reproductive health services – for example, research from Ukraine highlighted how the destruction of infrastructure and supply chain disruptions have severely limited access to contraception, emergency care, and clinical management for survivors of sexual violence.

The consequences of inadequate sexual and reproductive health services are profound. High

adolescent fertility rates, often linked to poor access to contraception and comprehensive sexuality education, are a leading cause of death and disability among young women and undermine their health, education, and economic opportunities

**Social norms reinforce gender inequality and restrict girls’ autonomy, especially affecting access to sexual and reproductive health and rights.** Gender norms also dictate emotional expression and can reinforce harmful stereotypes, such as discouraging boys from showing vulnerability and placing the burden of safe sex solely on girls. Reports call for engaging boys and men, supporting youth-led advocacy, and promoting inclusive education.

“Girls can’t access contraceptive due the [sic] cultural norms.”

– Adolescent girl, 15 to 17 years old, Nigeria<sup>13</sup>

Unintended pregnancies among adolescent girls and young women remain a recurring concern across multiple contexts, often linked to systemic gaps in sexual and reproductive health and rights, education, and gender equality, as well as child, early and forced marriage. Holistic support systems and youth-centred services are essential to empower girls and reduce risks.

**Digital tools and economic empowerment initiatives**, explored in the [Resourcing girl- and youth-led sexual and reproductive health rights activism](#) report, were seen to offer innovative solutions around access to sexual and reproductive health.

“As a young woman, you need to know that you’re able to decide what happens with your body and what kind of services you decide to access. And you should be able to do that without restrictions.”

– Founder of the Ochanya Humanitarian Foundation<sup>14</sup>

12. Respondent from [Still We Dream: Girls and young people living through conflict](#)

13. Respondent from [A Gathering Storm: A study on the gendered impact of climate change on the rights of adolescent girls and young women in the Sahel](#)

14. Guglielmi, S., Jones, N. and Pincock, K. 2024. [Resourcing girl- and youth-led sexual and reproductive health rights activism: potential and challenges.](#)

# What have we learned?

## Selected findings from evaluations



Adolescent club members in Nepal discuss sexual and reproductive health and rights at a group meeting.

©Plan International / Tilak Gaha Magar

### We reviewed 49 evaluations of Plan's sexual and reproductive health and rights programming this year, covering over 30 countries.

While some projects were focused on sexual and reproductive health and rights, many integrated it as part of a broader thematic focus (for example, within projects on education and protection from violence) demonstrating the central role of sexual and reproductive rights in achieving broader development outcomes, and the importance of an integrated approach to programming.

**Many of our projects saw positive trends in knowledge, confidence or practices around sexual and reproductive health and rights among participating children, adolescents and young people and their parents, caregivers and communities.** The most common supporting factors for success related to the use of clubs and safe spaces as an entry point for sexuality education and dialogue, as well as peer-to-peer mechanisms and engagement through community, religious leaders and other local structures. While barriers remain in some settings in terms of resistance from communities, parents and peers, as well as ongoing sensitivities around discussions about sexual and reproductive health, progress was shown across a range of areas including:

- **Knowledge and confidence:** For example, in a project on adolescent sexual and reproductive health in Zimbabwe, knowledge about sexual and reproductive health increased from under 30 percent at the start of the project to over 97 percent at the end among young people. Similarly positive trends were seen among parents and caregivers.

“ The school clubs are very helpful because we can talk about things like menstrual hygiene and how to protect ourselves from early pregnancy”

– Adolescent, Tanzania

- **Feeling able to make informed decisions:** For example, as part of a project in Tanzania, the proportion of children, adolescents and youth who feel able to make informed decisions about their sexual and reproductive health increased from 39 percent to 73 percent in one area and from 53 percent to 90 percent in the other. There were also increases in the proportion of adolescents and young people who discuss the use of contraception with their partner.
- **Positive practices:** For example, the ELLA project in Colombia, Ecuador and Peru project overachieved its goals in terms of girls and young women feeling they could exercise their rights, including through combined efforts with young people, communities and health services. In Bangladesh the LEAP project in Cox's Bazaar saw strong results across all groups of young people in terms of being able to say no to unwanted sexual activity and to make decisions about their sexual and reproductive health, including use of contraception. As part of NewGen in Cambodia, the proportion of parents or caregivers better equipped to support their children on sexual and reproductive health increased from 41 percent to 72 percent.

This year, projects saw positive results related to strengthening the quality and accessibility of sexual and reproductive health services, including to respond to the needs of different age and gender groups.

This included good results in:

- Young people knowing where to access sexual and reproductive health services or feeling comfortable to do so
- Rates of uptake of services
- Young people’s perceptions of how the services responded to their needs
- Objective assessments of quality of services, for example, knowledge and skills of staff or alignment of services to quality standards

## Ensuring access to quality sexual and reproductive health services

What our evaluations this year tell us about enablers to success and areas that need a continued focus:

### Enablers to success

- Training health centre staff, other facility-based service providers and Community Health Workers on delivery of quality services that respond to the needs of different gender and age groups
- Provision of supplies or equipment
- Utilising adolescent corners, youth-friendly spaces or days
- Outreach and mobile services, including youth clubs as an entry point

### Areas to pay attention to

- Ongoing fears of stigma and barriers related to cultural norms
- Structural issues, including stock outs or staffing gaps
- A need for more dedicated space for youth-friendly services
- Fears around confidentiality
- Access and inclusion for people living with disabilities



Various projects demonstrated success related to menstrual health, in particular where multi-pronged strategies were used with different target groups (including through schools and with communities). For example, in Bangladesh, a project to stop stigma combined interventions such as a peer-led model, work through schools, parent groups and animation-based digital communications to drive increased knowledge and support for girls. Combining water, sanitation and hygiene (WASH) infrastructure support and work with community level entrepreneurs drove increased access to appropriate WASH facilities and menstrual products. We know from our research that girls and young women consistently report challenges in accessing menstrual products, safe sanitation, and supportive environments, all of which are compounded by stigma, misinformation, and systemic neglect; therefore programming in this area continues to be a priority.

### Learning from experience in piloting use of menstrual cups in Uganda



One of our projects evaluated this year included menstrual health sessions and the piloting of the menstrual cup as a component in a wider cross-sectoral project.

The project found that nine in ten (around 90 percent) adolescent girls and young mothers found the menstrual cup durable, low-cost maintenance and comfortable.

However, challenges were identified – particularly the potential to cause anxiety for the users if the other members in the home are ignorant about the cup. The importance of engaging families was a key learning for future projects.

**Projects are deploying a wide range of strategies to tackle child, early and forced marriage and unions targeting a range of actors.** Positive results around knowledge, attitudes and taking action around child, early and forced marriage and unions were evident. Key enablers to success related to the targeted engagement of multiple actors (i.e. moving beyond children, adolescents and youth to engage community leaders, parents and caregivers and schools) as well as the integration of economic strengthening activities. For example, Girls Engage in Niger – which focused across sexual and reproductive health and child protection – overachieved its targets in terms of attitudes and actions against child marriage in all but one case. The proportion of parents saying they will not marry their son/daughter to a girl/boy under the age of 18 went from 74 percent at the start to 97 percent by the midpoint of the project and the proportion of boys taking action or denouncing child, early and forced marriage and unions in the past six months increased from 51 to 89 per cent. Progress with parents was found to be linked to awareness-raising campaigns by religious leaders and members of child protection committees. Progress with boys was linked to participation of boys from future husbands' clubs in intergenerational dialogues, advocacy and other actions on prevention of child, early and forced marriage and unions.

**“ I witnessed an incident involving the early marriage of a girl from the village. It involved taking the dowry and setting the date for the religious ceremonies. I immediately raised the issue with the club, then with the village child protection committee. Together we met the girl’s parents to persuade them of the dangers of CEFM, and finally they understood and cancelled the marriage.”\***

**– 18-year-old member of the Future Husbands’ Club, Boussaragui, Chadakori commune, Niger**

\*Quote translated from French

**The alignment of our programming to community needs this year was strengthened through use of consultation processes and explicit evidence during the design of projects.** Effective engagement of target groups at project design and through the project activities ensures alignment of activities to needs. However, the engagement of diverse groups – including the most vulnerable – presents as both a strength and an area for improvement across the portfolio of projects. For example, while some projects highlighted how people living with disabilities had been effectively engaged, others flagged this as a gap, alongside scope to improve how we are tailoring our interventions to groups such as rural and indigenous youth, populations who are on the move and LGBTQIA+ young people.

**We are working to ensure that gains are sustained and institutionalised, through engaging with governments and other stakeholders.** Projects are focusing on working through existing structures, strengthening civil society and embedding initiatives in communities (for example, through parents, peer groups and networks and community leaders) as a key factor for sustaining changes after project activities finish. Positive tangible examples of how governments can take ownership were highlighted across various projects including:

In **Vietnam**, the Central Women’s Union has advocated for the replication of the [Champions of Change](#) model to 51 provinces and cities nationwide, not just limited to ethnic minority and mountainous areas. Programme activities are also being integrated into annual economic and five-year socio-economic development plans by the provincial committees.

In **Cambodia**, the NewGen project has also made substantial progress in facilitating government ownership, including integrating the [Champions of Change](#) modules into ministry programs.

In **Uganda**, a gender-based violence centre established in Luuka has been handed over to the district and is now fully integrated into district operations, ensuring continued support for survivors.

In **Bangladesh**, the Stop Stigma project built WASH blocks with menstrual health corners and disposal systems, but the schools were required to maintain a fund for maintenance to ensure sustainability. By establishing links between suppliers and distributors of sanitary pads, the project has also created a business model that will continue to support menstrual health beyond the project’s lifespan.



A teacher in Guinea engages her students in a sex education discussion.

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Other key successes driven through advocacy this year include:

In **Ghana**, Plan International helped secure allocation in the 2025 national budget for free distribution of sanitary pads in primary and secondary schools after a successful campaign engagement with the government. For the first time in Ghana's history, menstrual products are being treated as an essential item for school-going girls, integrated into national education and health programming. The Free Sanitary Pad Distribution Programme, launched in April 2025, aims to reduce school absenteeism and promote dignity for girls.

Through sustained advocacy in **Guinea-Bissau**, Plan International successfully led the development and multi-sectoral endorsement of the country's first National Policy and Strategy on Comprehensive Sexuality Education. The policy was co-approved by the Ministry of Education, Ministry of Health, and key civil society organizations, following extensive consultations with communities, youth groups, educators, and health professionals. This marks a pivotal shift toward institutionalizing comprehensive sexuality education in Guinea-Bissau, with ongoing efforts to secure final approval by the Council of Ministers and integrate the policy into the national curriculum—laying the groundwork for long-term systemic change in sexual and reproductive health education.

In 18 municipalities across **Mali**, local authorities formally adopted decrees prohibiting child marriage under the age of 18. These legal instruments have the force of law and represent a grassroots legal reform to protect girls from early and forced marriage. Plan International mobilised youth, civil society organisations and community leaders to conduct awareness campaigns and advocacy. Municipal councils passed binding decisions, supported by community engagement and youth lobbying, creating a legal barrier against child marriage.

In **Japan**, Plan International has launched a groundbreaking four-year advocacy initiative focused on sexual and reproductive health and rights, marking a major shift in Japan's national discourse on sexual consent and comprehensive sexuality education. Funded by the Chanel Foundation, the campaign has already made notable progress, including strategic media engagement and closed-door policy briefings with lawmakers. These efforts have helped spotlight the lack of clarity around sexual consent education, especially in light of recent legal reforms, and have begun to shift public and political narratives around comprehensive sexuality education, an issue long considered taboo in Japan.

# Where we need to keep going deeper ...

The evidence available this year has informed insights which are relevant for Plan International but also the wider sector, in terms of how investment is targeted and how programmes are designed, to achieve gains in sexual and reproductive health and rights:



## Influencing for sustained, structural change

Our work in strengthening the quality, age- and gender-responsiveness of sexual and reproductive health services shows positive results but can be hampered by structural challenges such as supply stock outs and gaps in health facility infrastructure. This is being exacerbated by recent cuts to foreign assistance. Addressing service quality at scale requires sustained efforts with governments and other duty bearers over time, including to sustain investments and minimise disruptions, recognising that progress within an individual project is often likely to be incremental at best but is nonetheless important to reflect and build on.



## Complementing engagement with children, adolescents and youth with other actors

Projects this year have continued to demonstrate the importance of work with families, community leaders and schools as critical to complement direct engagement with young people. This supports the enabling environment around young people, through a more holistic approach to shifting knowledge and attitudes around sexual and reproductive health and rights, and is even more critical in a context of misinformation and harmful global rhetorics around rights.



## Expanding how we target – and measure – social and gender norms

Where attitudes and behaviours are driven by social norms, understanding and targeting these norms (including the reference groups that people look to as models for behaviour) can be critical for community level change. This necessitates approaches such as close engagement with boys and men (including around positive masculinities) and ensuring rights-based messaging that is adapted to the specific barriers in the context.



## Focusing on vulnerable groups

Targeting of the most vulnerable groups (including people living with disabilities and LGBTQIA+ young people) is an area for continued development, if we want to address challenges for those with most barriers to access. This requires both specific tailoring of interventions (based on consultation with communities when projects are designed) and partnering with women's rights organisations and those with a focus on vulnerable groups but also – where contextually appropriate and safe – a focus on collecting data that allows us to understand whether projects are effectively engaging and supporting outcomes for these groups, with adaptations if not.

# Read more



## [Girl Goals: What has changed for girls?](#)

This study takes stock of progress for girls over the past three decades, examining trends across key areas, and benchmarking historical gains against further effort required to meet the Sustainable Development Goals for adolescent girls by 2030.



## [Changing Lives 2024: The impact of Plan International's child sponsorship programmes in Bangladesh, Ecuador and Uganda](#)

An action-oriented research series – conducted in collaboration with RMIT University – on the impact of child sponsorship, and how we can continually improve.



## [State of the World's Girls 2024: Still We Dream](#)

The 2024 State of the World's Girls Report focuses on the experiences of young people whose lives are dominated by conflict, involving a large-scale survey of 9,995 participants from ten countries plus 104 in-depth interviews from four countries.



## [Reports from the Real Choices, Real Lives Research Series](#)

A study that has been following the lives of over 100 girls in 9 countries around the world from their birth in 2006 until they turned 18 in 2024.



## [Strengthening girls' rights as human rights](#)

An in-depth study into the status of girls in international policy-making at the United Nations.



Plan International believes that all children, adolescents and young people – without discrimination – are entitled to comprehensive sexuality education – learn more about our focus and approaches in [Comprehensive sexuality education](#).



## [The State of Girls' Rights in the UK 2024](#)

Results from listening to over 3,000 girls' voices in the United Kingdom, to explore their feelings about the issues they face growing up a girl.



## [Humanitarian Programming in 2025](#)

Our Humanitarian Evidence Snapshot provides a deeper look into our evidence from research and programming in emergencies this year, including in sexual and reproductive health.



## Until we are all equal

### About Plan International

Plan International is an independent development and humanitarian organization that advances children's rights and equality for girls. We believe in the power and potential of every child but know this is often suppressed by poverty, violence, exclusion, and discrimination. And it is girls who are most affected.

Working together with children, young people, supporters, and partners, we strive for a just world, tackling the root causes of the challenges girls and vulnerable children face. We support children's rights from birth until they reach adulthood and we enable children to prepare for and respond to crisis and adversity. We drive changes in practice and policy at local, national, and global levels using our reach, experience and knowledge. For over 85 years, we have rallied other determined optimists to transform the lives of all children in more than 80 countries.

### We won't stop until we are all equal.

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**Note:** Images used throughout this report are not of research participants. Consent was received for the use of all images.

**Front cover image:** Young women attend the Gender Equality Summer Camp in Hanoi. © Plan International