



External evaluation report of the program

REMOVING BARRIERS AND INCREASING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR WOMEN IN LATIN AMERICA

January 2015 to June 2020

Beneficiary organizations:

Fundación Oriéntame, Fondo Lunaria Mujer and La Mesa por la Vida y la Salud de las Mujeres in Colombia; and Grupo Multidisciplinario para la Defensa de los Derechos Sexuales y Derechos Reproductivos (GM) and Mujeres Transformando el Mundo (MTM) in Guatemala.

Funded by: FOKUS

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1

This report contains the findings of the external evaluation process for the FOKUS program *Elimination of barriers, improving women's access to sexual and reproductive health and rights (SRHR) in Latin America*, which was implemented in Guatemala and Colombia across two time periods: 2015 to 2018 and 2019 to 2022. The implementation of this program involved the following partner organizations: *Fundación Oriéntame*, *Fondo Lunaria Mujer* and *La Mesa por la Vida y la Salud de las Mujeres* in Colombia (now ahead *La Mesa*); and *Grupo Multidisciplinario para la Defensa de los Derechos Sexuales y Derechos Reproductivos* (now ahead *Grupo Multi*) and *Mujeres Transformando el Mundo* (now ahead *MTM*) in Guatemala.

The Latin America program aims to: improve adolescent girls' and women's access to SRHR services; strengthen awareness and knowledge of SRHR and current legislation with women and other key actors; raise/support women's SRHR in the legal system; and improve public awareness about the consequences of sexual violence and forced pregnancy on women and girls. During its first period (2015-2018) the program was focused on increasing access to SRHR for adolescent girls and women in Colombia and Guatemala; in its second period (2019-2022), it is focusing on contributing to more women and girls exercising their sexual and reproductive rights, strengthening the capacities of key public and private actors working with women's and girls' SRHR and strengthening advocacy efforts by Civil Society Organizations (CSO).

The main objectives of this evaluation include: provide a critical and proactive external view on the program's execution, progress and results achieved based on the objectives and expected results; and identify lessons learned and recommendations that will inform adjustments to the implementation of the ongoing program. As specific objectives, the evaluation seeks to: i.) Assess and analyze the impact of the program and to what extent it is achieving/has achieved the established objectives, and what is/has been the potential impact; ii.) Assess and analyze the efficiency and relevance of the

of the program, as well as the contribution/added value of the program and its partners; iii.) Assess and analyze the possibilities for the program to be sustained and to what extent the activities, results and outcomes are expected to continue once the FOKUS intervention has ended; iv.) Provide strategic recommendations to FOKUS and partner organizations that will contribute to strengthening current and future SRHR programs in terms of impact, sustainability, inclusion of youth and ethnic minorities, and expanding global cross-border advocacy and synergies; and v.) Document best practices and lessons learned.

The external evaluation was conducted by the consulting firm *Corpoindes - Corporation for Innovation and Social Development* - between 2020 and 2021 and includes in its analysis the actions implemented during the entire first period and between 2019 to 2020 for the second period. The program was assessed through a set of evaluative activities (semi-structured interviews, focus groups, social mapping exercises and surveys) that reached each of the target audiences and populations that have participated in the program's actions. Specific tools were designed for the collection of information with women (girls, adolescents, youths and adults), women's organizations participating in the program in each country, representatives of health entities and partner organizations that participate in social and political advocacy actions and technical teams from the organizations participating in the program. This process has complied with the principles of inclusion and participation and ensured that different points of view were incorporated in the evaluation of the actions.

A total of 196 people participated in the evaluation process, including direct beneficiaries, public officials, implementing organizations, FOKUS representatives and peer organizations working on the same issue in the Latin American region.

Based on the analysis of secondary sources provided by the program and dialogue with

primary sources (target groups, FOKUS team, program partner teams, grassroots organizations accompanied by the program and allied organizations/actors), this external evaluation identifies lessons learned and recommendations that may be useful for a possible new implementation period starting in 2023. It is expected that as a result of the external evaluation, FOKUS and its partners in Colombia and Guatemala will benefit from: an analysis and assessment of the relevance, effects, effectiveness and efficiency of the actions implemented within the framework of the program; an assessment of its sustainability; and key recommendations for the continuity of its strategic actions within the framework of the defense of women's SRR.

The evaluation report consists of six sections, as required by the TOR for the external evaluation:

Evaluation Methodology: presents the evaluative approach, the objectives and scope of the evaluation, as well as a description of the work phases, the evaluative activities carried out and the tools designed for this process. This section also includes basic qualitative and quantitative information about the participants who provided primary information for its realization.

Program Description: Activities and Results: presents a description and analysis of the context by country in which the program's actions were implemented, identifying progress and setbacks with guaranteeing women's SRR; as well as the actions carried out during the two periods in the following areas: improvement in access to SRHS for women; social, political and legal advocacy; institutional and organizational strengthening; and evaluation of the program by beneficiaries

The Program in Numbers: presents the review of the program's compliance with goals during the two periods based on the quantitative indicators defined in the planning phase. This section uses a traffic light system to highlight the goals that were achieved with a value exceeded the planned target, the goals achieved as expected and

the goals that were not achieved.

Evaluative Concepts: presents the main evaluative findings based on the criteria of relevance, efficiency, impact, effectiveness and sustainability.

Evaluative Conclusions and Recommendations: in accordance with the program's strategic definitions: at the country implementation level; in relation to the program's coordination, feedback and follow-up mechanisms; and in relation to knowledge management. These conclusions and recommendations may contribute to changes to the program, increase the relevance, effectiveness and efficiency of the program's actions in the different territories and contribute elements that for a possible new implementation period of the program.

Annexes: of this evaluation are presented.

2

2.1 Evaluative approach

This evaluation combines the Project Cycle Management (PCM) and feminist approaches for the assessment of social projects. The PCM approach ensures that the projects/programs are framed and correspond to the policy areas of the entities involved, either as implementing partners or funders. It also ensures that the projects/programs are relevant to the agreed strategy and respond to real problems faced by real people.

We understand evaluation as a process of critical analysis of all the actions and results of the program in order to determine the relevance of the methods used and the validity of the established objectives, efficiency in the use of resources and the impact in relation to the women beneficiaries. This critical analysis is based on direct conversations with partner organizations, women beneficiaries, program staff and other key actors, as well as the review of several secondary sources.

When using a feminist approach, evaluation is understood as a subjective and partial exercise of knowledge production. In this sense it is a political activity and a source of power that can serve both foreseen and unforeseen purposes. An evaluation is built from specific places of enunciation and from voices that are usually considered as qualified to "assess", "evaluate" or measure "the success" or not of an action. As a result, an evaluation should strive to be as participatory and inclusive a process as possible, facilitating listening, dialogue and visibility of multiple voices that are authorized to discuss the program based on their lived experiences. An evaluation should be implemented as a process involving the cooperative construction of knowledge, which implies that the construction of meaning can only be cooperative (Vasilachis de Gialdino)¹.

Using feminist and intersectional approaches, the evaluation process places a special relevan-

ce on contextualized approaches that reveal the specific realities and barriers for women and girls in relation to their SRHR, which are defined by their age, territorial realities, ethnic identities, beliefs and traditions, gender identities and sexual orientations, among others. The participation of women beneficiaries and partner organizations has been central for carrying out the evaluation, achieving the inclusion of their voices and proposals as political subjects of the action, but also identifying the quality of their participation, i.e., who participates, how do they participate and what are their contributions (this involves a stakeholder analysis based on an integrated approach, which implies including considerations of gender, race or ethnicity, age and human rights that may be impacting the way in which the interests of the parties involved are expressed, as well as an analysis of the roles that each person plays in the framework of the program: beneficiary, partner organization, funding organization, etc.).

A mixed methods methodological approach was implemented for the evaluation, achieving complementary actions with qualitative and quantitative methods but with an increased emphasis on qualitative methods. This is because the evaluation recognizes their relevance for capturing the voices of women and key actors in the program and identifies the reasons, causes, opportunities, limitations and strengths of the program.

In addition, it has been necessary to promote the use of techniques that are inclusive and respectful of the socio-cultural contexts in which the evaluation is carried out (Colombia and Guatemala). This has included user-friendly and didactic languages and methodologies that allow for a more dynamic, open and fluid dialogue.

The evaluation involved a differential analysis of scope and depth, which yields information that responds to the knowledge and learning needs expressed by organizations during the evaluation process.

1. VASILACHIS DE GIALDINO, I. (2018) *Epistemological proposal, methodological response and analytical challenges*, in REYES SUÁREZ, A., PIOVANI, J.I. & POTASCHNER E. (Coords.) *Social research and its practice. Latin American contributions to the methodological debates of the social sciences*. Buenos Aires, CLACSO, Teseo, FaHCE. Pgs 27-57.

The evaluation as a learning process fulfills purposes such as: improving the present conditions of the project/program; identifying possible insufficiencies or errors to counteract and prevent them in the future; and highlighting the successes, best practices and efficient and pertinent decisions taken in order to provide strategic recommendations to FOKUS and its partners, which may be useful in new actions or future phases of the program.

2.2 Methodology

The external evaluation of the program involved a set of evaluative activities to reach each of the audiences and target populations that have participated in the program's actions. Specific tools were developed to collect information from women (girls, female adolescents, young women, women and women's organizations participating in the program in each country), representatives of health entities and partner organizations in social and political advocacy actions, technical teams from the organizations participating in the program to comply with the principles of inclusion and participation and ensure that different points of view were incorporated in this balance.

The tools were focused on the three components of the program:

- i.) **Access to SRHR:** including psychosocial and legal assistance and collaboration to improve quality services for women.
- ii.) **CSO social and political advocacy around SRHR:** including empowerment and capacity building for women, strengthening social mobilization capacities, dissemination of SRR, litigation and public policy advocacy.
- iii.) **Organizational strengthening of FOKUS:** partner organizations and their accompaniment of grassroots organizations.

Survey tools were designed for face-to-face application or to be filled out online (see Annex 1), as well as a format for conducting focus groups and semi-structured in-depth interviews. Face-to-face and virtual sessions were held to collect information that contributed to the map-

ping of access barriers and territorial actions for the promotion of women's SRR. These tools were included in the initial proposal for the evaluation (See Annex 2).

Three work stages were predefined for carrying out this evaluation. The first stage was aimed at reviewing the program's documentation, specific agreements established with each organization and the construction of the program's timeline. This stage identified milestones and the most relevant elements of the contexts in which the program has been implemented. During this same stage, work tools were designed based on the evaluation matrix. These activities were carried out over a period of four weeks.

The second work phase aimed at collecting primary information began with bilateral meetings with the technical teams and staff responsible for the program in each of the five organizations. This vaccine was used to build databases with information about the people who directly participated in the evaluation.

The main activities that were implemented during this stage included:

Quantitative research tools: Application of 103 surveys.

Qualitative research tools: 93 interviews were conducted; 47 interviews were conducted for the application of the mapping tool; 4 face-to-face focus groups were held, three in Colombia and one in Guatemala, as well as 4 virtual focus groups with Colombian organizations and collectives for a total of 8 focus groups with women's collectives and organizations.

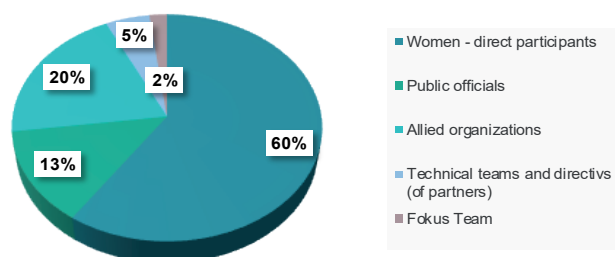
This stage was planned to last a total of four calendar weeks, however it was not possible to meet this deadline due to several difficulties related to the availability of organizations and individuals in the context of the pandemic and other situations related to public order, as well as the storm and hurricane that occurred in December 2020 that affected some Central American countries, particularly Guatemala.

The last work stage involved the transcription of interviews, systematization of information, data analysis and writing of the preliminary report on the evaluation exercise.

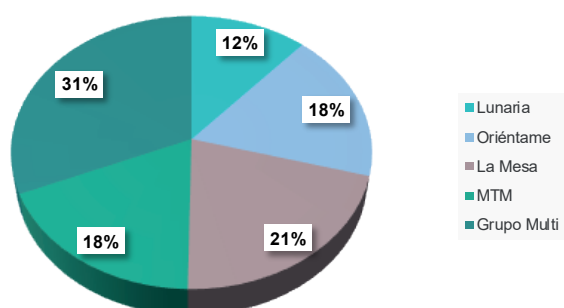
2.3 Sample/Participants

A total of 196 people participated in this external evaluation, of whom 60% were women direct beneficiaries, 13% were public officials from institutions such as the Human Rights Ombudsman's Office of Guatemala, the Congress of the Republic of Colombia, the Presidential Secretariat for Women, the Gender Department of the Ombudsman's Office of Colombia and others. 20% of respondents were representatives of partner organizations that participated in many of the advocacy actions carried out in the different territories to support the SRR of women. 5% were the technical teams and representatives of the boards of directors of the program partners. 2% were representatives of the FOKUS team in Colombia and Norway. This same percentage includes interviews with a representative of the Christian Michelsen Institute (CMI) and the Regional Director of the *Planned Parenthood Federation of America Program for Latin America*, who contributed their points of view as cooperating partners in the area of SRR in the region.

Participants external evaluation by profile



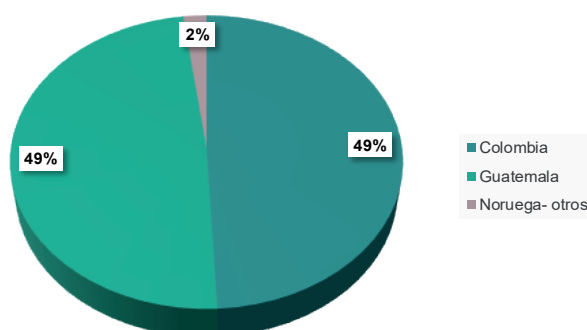
Participants by organization



In terms of representatives in each organization, *Fondo Lunaria* contributed 12% of respondents, followed by *Fundación Oriéntame* (18%), *La Mesa* (21%), MTM (18%) and *Grupo Multi* (31%).

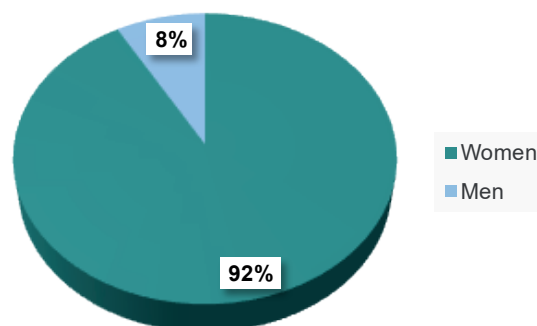
49% of the participants are from Guatemala and 49% from Colombia; the remaining 2% were interviews conducted with people from organizations in two other countries, Norway and the United States.

Participants by country



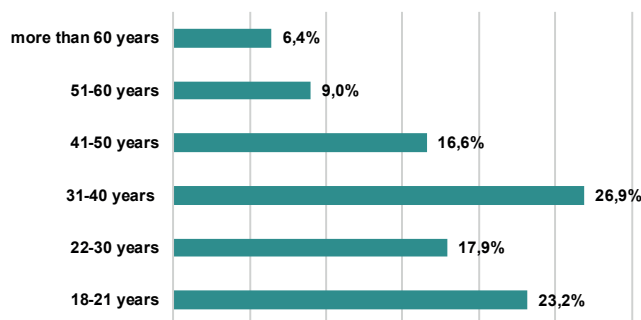
In terms of gender, the majority of the sample corresponds to women (92%) compared to men (8%).

Participants by gender

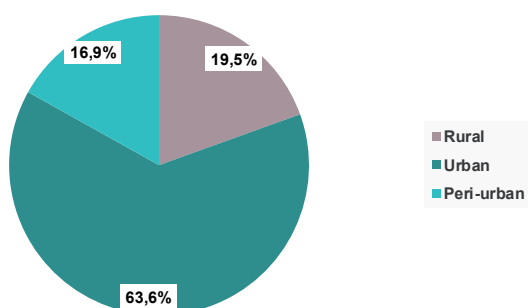


It is important to take into account some characteristics of the women who participated in this evaluation, which are shown in the graph below: 41% were young women between 18 and 30 years of age, a significant percentage (43.5%) were women between 31 and 50 years of age and a smaller percentage (15.4%) were women over 51 years of age.

Participating women by age groups



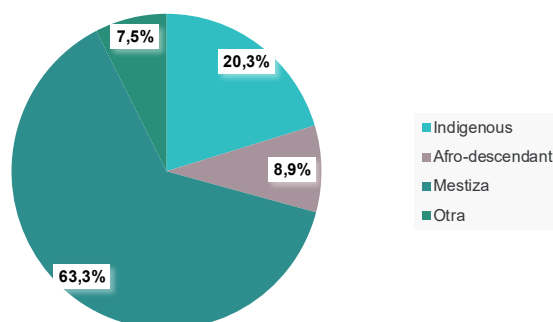
Participating women by location



In terms of location, 80.5% of the participating women live in urban areas or near the urban center of their municipality while 19.5% of the women live in rural areas. Women from 13 departments in Colombia and 19 municipalities in Guatemala participated.

In terms of ethnic identity, 20.3% of the women identify as indigenous, 8.9% as afro-descendent women, 63.3% as mestizo women and 7.5% do not identify as any ethnicity.

Identifies as a woman



88.5% of the women who participated in the evaluation are members of an organization while and the remaining 11.5% are not part of an organizational process. Information was collected from 35 women's organizations ² in the

different territories where the program is implemented both in Colombia and Guatemala.

2.4 Limits of the evaluation

This evaluation did not have any conditioning factors or limits that hindered access to secondary information. However, in the face of some difficulties with obtaining primary information, we had support from FOKUS and partner organizations to overcome these issues and access direct dialogue with women and young women from the organizations and territories targeted by this research.

There was an important compendium of information about the project used in this evaluation that was provided by FOKUS in a rational and understandable order and organized into time periods (2015 - 2018 and 2019 - 2020). This facilitated the collection of evidence about the technical process that has taken place in terms of monitoring and annual and pre-annual planning, as well as a review of results and financial reports.

During the meetings and focus groups with each of the five organizations it was possible to collect an important compendium of documents and publications, as well as support for the dissemination and advocacy activities that have been implemented from 2015 to now.

Furthermore, the possibility of being in direct contact with the women accompanied by the organizations in different areas meant that it was possible to compare and strengthen the information generated as a result of the implementation of the program in Colombia and Guatemala. However, due to the structure of MTM's work agenda, it was not possible to have a representative sample or conduct individual interviews with the women who received accompaniment from MTM. As a result, the information available for the evaluation of results is insufficient in the case of this specific partner.

2. Among which are: Agenda Global de Mujeres Indígenas, Agenda Política Mujeres en la Diversidad, Alas de Mariposas, AMUGEN, APROSUVI, Asociación de mujeres la Gran Familia, Asociación de Mujeres Nuestra Voz, Asociación Mujeres en Solidaridad, Asociación Voluntarios Juveniles, Benkos ku suto, Cedesocial, Cocode Santa Marta/ AMES, Colectiva Autónomas, Colectivo de Mujeres del Tolima, Colectivo Feminista Kembal Noj USAC, Colectivo Tu y Yo, Comité de Género UPTC, Corporación Jurídica Violeta en Movimiento, Graciela Cha Inés, IDSO, Innovación social, Jembé Afram, Colectivo La Cuerda, Organización Crisálidas, Organización de Mujeres Tierra Viva, Red de Gestoras de Derechos Humanos, Red Huilense de defensa y acompañamiento en DSR - RHUDA, Red Nacional de Mujeres - Nodo Caldas / Proceso de educación popular Mujer Círculo y Mujer espiral, Soy Defensora de la Mujer de PDH, Tamboras Insurrectas Colectiva Feminista, Tanuxil izquierda, Tierra Viva, Yukasa - Casa Feminista.

3

3.1 Regional Context

The current SRHR landscape for women in Latin America remains restrictive, challenging and at times contrary to human rights standards: only 6 countries in the region (Uruguay, Cuba, Guyana, French Guyana, Puerto Rico and Argentina) have achieved total decriminalization of the VIP, allowing women to access this right unconditionally in the first weeks of gestation. In the other countries of the region, it is still partially or fully criminalized, which increases risks to the lives and health of women who are forced to terminate their pregnancies in a context of criminalization.

Institutional violence against women's lives and bodies is widespread and systematic, limiting and hindering the full development of their SRR; barriers to women's access to SRHR remain and have even increased in the context of the COVID-19 pandemic; women living in rural areas, indigenous women and women with disabilities experience greater violations of their SRR. Women's SRHR tend to be understood from a reproductive perspective, associated with maternity and "family planning"; current social norms and cultural, religious and moral belief systems that are contrary to women's rights permeate all social sectors and institutions, including the health, justice and education sectors, and thus constitute one of the main barriers to women's SRR, hindering the fulfillment of existing national legal frameworks that affect these rights.

In addition to the above context, organizations such as UNFPA (which has a prominent role in promoting women's sexual and reproductive rights in the region) warn States about the drastic impacts that the context of the COVID-19 pandemic may have on women's SRR. The pandemic has generated a significant setback with reducing teenage pregnancies in Latin America and the Caribbean due to increased barriers

that limit access to SRHR and increased exposure to situations of sexual violence in families. It is estimated that, in the context of the COVID-19 pandemic, the Specific Adolescent Fertility Rate increased from 61 live births per thousand adolescents aged 15 to 19 years (projected for 2020) to 65 live births per thousand adolescents. This represents about 500,000 additional adolescent pregnancies, 6% more than what was projected for the region in 2020. According to UNFPA, the population groups that will be most affected by this situation are indigenous women, afro-descendent women, rural women, women in humanitarian contexts, women with lower socioeconomic status and women with disabilities³.

About family planning as a key for sustainable development, UNFPA (2017) mentions that "65% of women in a reproductive age (15 to 19 years) want to avoid pregnancy, 24 millions of women have a lack of modern contraceptive methods access and 18 million do not use any method (...)"⁴ in Latin America and the Caribbean. In the region, not accessing to contraceptive methods causes serious consequences, such as unsafe abortions, maternal mortality, unintended pregnancies and stillbirths.

3.2 National Context

3.2.1 Colombia⁵

Teenage pregnancies: According to official figures based on vital statistics of the National Administrative Department of Statistics (DANE), in 2019, 4,795 births were registered to girls aged 10 to 14 years and 118,163 to young people aged 15 to 19 years⁶; in 2020, 4,243 births were registered to girls aged 10 to 14 years and 109,380 to young people aged 15 to 19 years. Although there is an annual decrease in cases of **forced pregnancies among girls** under 14 years of age, as well as in teenage pregnancies among women between 15 and 19

3. UNFPA (September 25, 2020). *Andean Week for the Prevention of Adolescent Pregnancy 2020: the goal is to reach zero.* https://colombia.unfpa.org/es/semana_andina_de_prevencion_del_embarazo_adolescente

4 DIAZ SALAS, L. M. (April 8, 2018). *Latin America, where are sexual and reproductive rights?* *Latinamerican Post.* <https://latinamericanpost.com/es/20471-america-latina-donde-estan-los-derechos-sexuales-yreproductivos>

5. Annex 8 is attached. Expanded context on SRHR for women, with a broader description of the Colombian context.

6. DANE (December 23, 2020) *Births 2019.*

<https://www.dane.gov.co/index.php/estadisticas-portema/salud/nacimientos-y-defunciones/nacimientos/nacimientos-2019>

years of age⁷, this decrease is minimal (equivalent to 20.8%), which shows that this is still a challenge for the country in terms of SRR, particularly in the comprehensive protection of girls under 14 years of age. This is because any sexual act committed against them is considered a crime under Colombian law, while forced pregnancy is a sexual crime and a crime against humanity.

Voluntary Interruption of Pregnancy (VIP): It is estimated that in Colombia only between 1% and 9% of the approximately 400,412 VIP procedures requested per year are carried out, with a high concentration of services in the main cities; 70 women still die annually and nearly 132,000 suffer complications from unsafe VIPs; the rate of complications from induced VIP among poor rural women is the highest of all population groups in Colombia (53%) and the proportion of women suffering complications is highest in the Pacific region (40%). These figures show that access to legal, free and safe VIP in Colombia is still very limited and inequitable, there is still a significant gap between rural and urban women in terms of access to this right and that the number of complications, injuries to women's health and deaths from unsafe VIPs is still unacceptable, especially when it has been medically proven that the risks of VIP performed under safe conditions are minimal.

In addition to this situation, in 2019, the criminalization of VIP in Colombia continues to be a reality, which disproportionately affects young and rural women, as evidenced by the following figures provided by the Attorney General's Office to the Constitutional Court⁸:

- Between 2006 and 2020, the Public Prosecutor's Office received 5,646 criminal proceedings for the crime of VIP, of which 4,510 persons were charged. Of the people charged: 566 were indicted; 357 were charged; **259 were convicted, i.e. convicted of VIP; 95**

were sentenced and only 23 persons were acquitted.

- From 2005 and 2006, at the time of the C-355 judgment, on the contrary, there was a very significant increase in complaints. While in 2005 there were 98 complaints, in 2006 there were 168, which increased to 383 in 2018.
- At least 30% of women who were reported for VIP between 1998 and 2019 had been victims of domestic violence, sexual violence or personal injury.
- In the 2010-2017 period, 97% of women reported for VIP lived in rural areas.
- According to records from the Attorney General's Office, the majority of women with judicial processes were aged between 18 and 29 years old.

After the Ruling C-355, Colombia's Constitutional Court reaffirmed the right to voluntary VIPs as a fundamental right of women, girls and adolescents and has further ruled on the concept of reproductive self-determination through T-732 of 2009, T-585 of 2010, T-841 of 2011, T-627 of 2012, C-754 of 2015, T-301 of 2016, C-093 of 2018 and SU-096 of 2018. Thanks to these rulings, different ministries and public entities have issued a series of regulations that establish guidelines for the provision of voluntary VIP services in the country⁹.

Sexually transmitted infections (STIs): Based on the cases reported to the High-Cost Account (HCA) of the Colombian Fund for High-Cost Diseases, the number of people with HIV has increased from 82,856 in 2017 to 123,490 in 2020¹⁰. In most of the Colombian territory, the notification of HIV cases shows an increasing trend year after year. This trend has been maintained in 2019. In 2020 there is a 25% decrease in the notification of cases compared to 2019. However, this is largely due to a decrease in consultations and access to diagnostic tests for early detection of HIV infection caused by the

7. DANE (June 25, 2021) *Births 2020 - Preliminary*

<https://www.dane.gov.co/index.php/estadisticas-portema/salud/nacimientos-y-defunciones/nacimientos/nacimientos-2020>

8. ATTORNEY GENERAL'S OFFICE (n.d.) *Report on the judicialization of VIP in Colombia. Technical concept sent to the Constitutional Court for Process No D0013255*. Pg. 12

9. Resolution 3280 of 2018 of Ministry of Health and Social Protection, Circular 003 of 2013 Superintendent of Health Circular 043 of 2012 District Secretary of Health of Bogotá.

10. HIGH COST ACCOUNT - COLOMBIAN FUND FOR HIGH COST DISEASES (November 30, 2020). *HIV in Colombia, challenges and steaks in health*.

<https://cuentadealcosto.org/site/vih/vih-sida-en-colombia-retos-yapuestas-ensalud/#:~:text=En%20Colombia%2C%20los%20casos%20reportados,36%25%20por%20cada%20100.000%20habitantes>

lockdowns decreed for the control of the pandemic by COVID-19¹¹.

In addition to HIV-AIDS, the latest National Demographic and Health Survey conducted in 2015 shows that the most common STIs in Colombia are: gonorrhea, chlamydia, human papillomavirus (HPV), syphilis, genital herpes, and hepatitis B and C. In addition, there is a lack of information about the subject as indicated by the results of the survey, which reveals that 18.6% of women and 16.4% of men are unaware of the existence of STIs.

SRHR in the context of the COVID-19 pandemic:

In Colombia, during the early stage of the pandemic, SRHR were discontinued and reports of all forms of violence against women in households during the quarantine period increased by 163% compared to the figures from 2019. Based on age groups, women aged 18 to 24 years (29%) and 25 to 29 years (28%) presented higher sexual and reproductive health needs, and the most prevalent need was access to contraceptive methods.

Regarding the main reasons that prevented women from accessing SRHS during the pandemic, the *Report 4. Sexual and reproductive health without medical attention during quarantine in Colombia*, which was prepared by *Profamilia* in 2020¹², highlights the following issues, in order of prevalence: the women preferred not to leave the house; the women were waiting for the lockdowns to end; the IPS or EPS suspended sexual and reproductive health services; or they did not have enough money to pay for the service.

This list evidences the profound impact of the economic recession affecting the country,

COVID-19 and measures to mitigate it on women's sexual and reproductive health. This situation has had the following effects: additional barriers to access health services, including VIP; and limiting the right to contraception, in terms of its regularity, continuity and access to methods. These restrictions on essential health services, such as those related to sexual and reproductive health, constitute violations of women's human rights, according to declarations from the WHO and the Inter-American Commission on Human Rights (IACHR)¹³. National social organizations such as *Profamilia*¹⁴, *Fundación Oriéntame*, *La Mesa* and *Women's Link Worldwide* have warned about the negative effects that are already evident in the SRR of women in the context of the pandemic.

The technical report *Barriers that limit Access to the Voluntary Interruption of Pregnancy in the Context of the COVID-19 Pandemic*¹⁵ prepared in 2020 by *La Mesa*, with support from FOKUS, highlights that the barriers to access to VIP have increased and new barriers have been generated that affect the health and lives of women, young women and girls, especially those from the most vulnerable populations. The report highlights the following barriers that have been accentuated: dismissal of the right to timely diagnosis and treatment in the face of voluntary VIP requests; EPS and IPS do not consider voluntary VIPs an essential health service, excusing themselves due to the prioritization of health services related to COVID-19 so that they do not attend requests for voluntary VIPs; failures in the process of filing the related legal action within the framework of COVID-19; difficulties with monitoring requests for voluntary VIPs due to the virtualization of administrative procedures implemented as part of lockdowns and social distancing measures; medical transfers are not guaranteed for women

11. NATIONAL INSTITUTE OF HEALTH, MINISTRY OF HEALTH (2020). *Weekly Epidemiological Bulletin: Epidemiological week 48: November 22 to 28, 2020*.

https://www.ins.gov.co/buscadoreventos/BoletinEpidemiologico/2020_Boletin_epidemiologico_semana_48.pdf

12. SÁNCHEZ, S.M., RIVERA-MONTERO, D., MURAD, R., CASTAÑO, L.M., ROYO, M., RIVILLAS, J.C. (June 5, 2020) *Report 4. Sexual and reproductive health without medical attention during quarantine in Colombia*. Profamilia.

<https://profamilia.org.co/wp-content/uploads/2020/06/Informe4-Saludsexualysaludreproductivadesatendidasdurantelacuarentena-ProfamiliaColombia.pdf>

13. On April 10, 2020, the IACHR issued Resolution No. 1-2020 "Pandemic and Human Rights", in which it recommends Member States to "ensure the availability and continuity of sexual and reproductive health services during the pandemic crisis, particularly increasing measures for comprehensive sexuality education and dissemination of information through accessible means and with appropriate language, with the goal of reaching a diverse range of women".

14. *Ensuring Sexual Rights and Reproductive Rights in Colombia: Challenges during the COVID-19 Pandemic*
<https://www.profamilia.org.co/wp-content/uploads/2020/04/Garantizando-los-Derechos-Sexuales-y-los-Derechos-Reproductivos-en-Colombia-Retos-durante-la-Pandemia-de-COVID-19.pdf>

15. LA MESA, FOKUS (2020). *Barriers that limit Access to the Voluntary Interruption of Pregnancy in the Context of the COVID-19 Pandemic*.

<https://despenalizaciondelaborto.org.co/wp-content/uploads/2020/12/Inf-tecnico-Covid19-v9-1.pdf>

who are referred from other regions of the country to access the right to voluntary VIPs.

In addition, among the barriers that have arisen in the context of the COVID-19 pandemic, the report highlights: lack of clear information on how women can access SRHS in this new context, including voluntary VIPs; difficulties with obtaining information and accessing voluntary VIP due to the lack of privacy in homes, which has increased due to lockdowns; and the shift to online health administration procedures means that not all women can request voluntary VIP services. There is also the impossibility for some women to request VIP services or access SRHS, as during the pandemic they have been entirely responsible for the full-time care of their children. This is because during the pandemic the care services provided by public and private institutions have been suspended as a measure to avoid contagion.

Access barriers: Based on the collaborative mapping exercise, the main barriers identified by Colombian women participating in this evaluation process to accessing the fulfillment of their SRR are: i.) Women are unaware of their SRR due to a lack of information; ii.) Cultural customs and norms – Stereotypes and gender roles (mandate of motherhood); iii.) Religious

beliefs; iv.) Persistent prejudice among health workers (degrading, cruel and inhumane treatment); v.) Health service providers hinder access to abortion - Incorrect interpretations of the Ruling; vi.) Stigmatization and discrimination against a woman who seeks access to abortion or emergency contraception; vii.) The confinement caused by the COVID-19 pandemic; viii.) Lack of information on assistance mechanisms and the entities that women can use to access their SRHR; and in the special case of rural women, the following items are added: ix.) Women face long distances to access SRHS; and x.) High costs for accessing SRHS.

3.2.2 Guatemala¹⁶

Teenage pregnancies: The 2018 census showed that about 25% of women in the age range of between 15 and 17 years old gave birth for the first time that year and 2% gave birth before they turned 15 years old, which means that about 30% of women have their first child when they are underage¹⁷.

According to information from the Observatory of Sexual and Reproductive Health, the following adolescent pregnancies were reported, between the ages of 10 and 19 in the 2015-2019 period:

	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	Total
2015	25	80	313	1286	4789	11117	17554	21254	23011	24508	103937
2016	32	79	227	993	3782	10109	16446	20260	22210	23850	97988
2017	53	90	242	1048	3260	9708	17270	22332	24126	25142	103271
2018	21	60	206	715	2294	7411	12655	18430	21088	21499	84379
2019	25	71	230	979	3756	9604	17003	23274	29206	30710	114858
2020	32	62	246	834	3640	9070	15341	21129	25448	29035	104837

Source: Own elaboration with data from <https://osarguatemala.org/>

Voluntary Interruption of Pregnancy (VIP): On several occasions, the State of Guatemala presented its reservations regarding international instruments that include the right to VIP in their content, as well it happened in the First Regional Meeting on Population and Development of Latin America and the Caribbean in August 2013. In it, Guatemala brought up two issues: i.) The unrestricted respect for the right to life from the moment of conception; and ii.)

Guatemalan law considers that the concept of gender is binary and only consists of women and men. It does not recognize the concepts of "sexual diversity groups", "sexual orientation" and "sexual diversity and gender identity". Through the Ministry of Foreign Affairs on November 10, 2020, Guatemala declared its decision to abstain from being part of the Geneva Consensus initiative, which was adopted in 2019. The reasons given were that the document does not

16. Attached is Annex 9. Extended context on SRHR for women in Guatemala, with a broader description of the Guatemalan context.

17. National Plan for the Prevention and Eradication of Domestic Violence and Violence against Women 2020-2029. Guatemala. Pg.289

offer clarity as to what the final purpose is and includes paragraphs that ignore the concerns of those countries whose legislation does not allow VIP.

Chapter III of the second book of the Guatemalan Penal Code establishes VIP, conceptualizing as "the death of the product of conception at any moment of pregnancy". From this conceptual framework, the following emerges: attempted abortion, abortion with or without consent, qualified abortion and wrongful abortion verified by another person; all with a fixed prison sentence and framed within criminal categories. These criminal law sets two cases in which abortion does not have an established penalty: i.) therapeutic abortion (Article 137) and ii.) the woman's attempt to cause her own abortion and her own wrongful abortion. (Article 139). Article 137 on therapeutic VIP states that:

A VIP performed by a physician, with the consent of the woman, following a favorable diagnosis by at least one other physician, is not punishable if it was performed without the intention of directly procuring the death of the product of conception and for the sole purpose of avoiding a duly established danger to the life of the mother after all scientific and technical means have been exhausted.

Just in few occasions girls and women have access to therapeutic VIP, due the lack of offers health workers provide them. Although some women can access to it, these cases are isolated and not documented; in this regard, there are no real figures in the country.

Sexually transmitted infections (STIs): In 2015, 506 women were diagnosed with HIV, of whom 36 were aged 0-14 years and 27 were aged 15-19 years. In 2016, 352 women were diagnosed with HIV, 25 were aged 0-14 years and 19 in the range of 15-19 years. In 2017, 428 women were diagnosed with HIV, of whom 26 belonged to the age range of 0-14 years and 25 to the age range of 15-19 years; in 2018, there is a record of 257 cases of women being diagnosed with HIV, however, general statistics were published by the Ministry of Health without being able to

differentiate specific data by population and age group. In 2019 there were 205 women who were diagnosed with HIV, 13 aged 0-14 years and 12 aged 15-19 years. In 2020, there is only information until September. At that date there were 275 women diagnosed with HIV, of whom just 1 case was reported in the age group of 15-19 years, which shows a significant annual increase from 2015 to date.

SRHR in the context of the COVID-19 pandemic: COVID-19 preventive and care measures had several impacts on SRHR in Guatemala. Women were denied, or limited, to access to some type of health intervention service because the government needed to prevent the spread of the virus. Between March and August 2020, girls and adolescents were exposed to sexual violence situations and abuse in their family environment.

Access barriers: The issues of VIP and SRR continue to be a challenge in the social and political agendas of the country and should therefore remain in all human rights spaces as an issue of public interest at the national level. Based on the collaborative mapping exercise, the main barriers identified by women of Guatemala participating in this evaluation process to accessing the fulfillment of their SSR are: i.) Women are unaware of their SSR due to a lack of information; ii.) Cultural customs and norms – Stereotypes and gender roles (mandate of motherhood); iii.) Religious beliefs; iv.) Persistent prejudice among health workers (degrading, cruel and inhumane treatment); v.) Health service providers hinder access to abortion - Incorrect interpretations of the Ruling; vi.) Stigmatization and discrimination against a woman who seeks access to abortion or emergency contraception; vii.) The confinement caused by the COVID-19 pandemic; viii.) Lack of information on assistance mechanisms and the entities that women can use to access their SRHR; and in the special case of rural women, the following items are added: ix.): Women face long distances to access SRHS; and x.) High costs for accessing SRHS.

Setbacks in the recognition of women's SRHR: In April 2017, Bill No. 5272 for the protection of life

and the family was presented to the Congress of the Republic of Guatemala and titled Initiative to approve the Law for the Protection of Life and the Family. This bill was promoted by religious groups and the so-called pro-life groups¹⁸.

The following setbacks are included in this initiative:

- A reform to therapeutic VIP.
- The crime of promotion of VIP is added to the legislation.
- The crime "Stillbirths" would be added to the law, which establishes that when the natural or provoked death of the embryo or fetus occurs in the mother's womb at any stage of its development after conception.

In 2020, there was a strong campaign led by the conservative political group *Viva* that was motivated by the authorization granted by the Ministry of the Interior for Planned Parenthood to operate in the country. Opponents claim that it is an entity that promotes VIP, resulting in the change of the Interior Minister. The organization offered vital reproductive health care services, sexual education and help to avoid unplanned pregnancies using contraceptive methods. The functions of governmental entities that responded to international commitments were also suspended and annulled. These included COPREDEH, the Presidential Commission for the Coordination of Executive Policy on Human Rights. This was replaced by COPADEH, the Presidential Commission for Peace and Human Rights. These two entities were created to respond to the President's guidelines with a fundamentalist and conservative vision and not to protect the human rights of all. Other centers for women victims of violence have also been created to replace the CAIMUS with the goal of reducing budgets and limiting work and coordination with civil society on the issue.

18. To date, a third debate of this Bill by the Congress of the Republic of Guatemala is pending and has yet to be approved by the President of the Republic of Guatemala. The Inter-American Commission on Human Rights and other international bodies have made statements and recommendations on the content of the law and if it were to come into force, the impact on human rights that would occur in the country.

Program 's analysis, objectives & results

4

4.1 Program description

The program recognizes that women's SRR are human rights, as well as recognizing the interdependence and integrality of these rights, given that SRR ensure the possibility of women enjoying: dignified, full and healthy lives; other rights such as the right to education, to decent work and to peace; and to full and equal participation in social, economic and political life. Guaranteeing SRR is a condition for overcoming gender inequalities and breaking the cycle of poverty, which disproportionately affects women, especially young, indigenous, afro-descendant and rural women.

The program is aligned with one of the three prioritized areas in the Norwegian government's White Paper "Opportunities for All: Human Rights in Norwegian Foreign Policy and Development Cooperation", which focuses its actions on the defense of women's rights, as well as the rights of indigenous peoples, sexual rights, people with non-normative gender identities and sexual orientations, as well as people with disabilities. Since 2019, the Norwegian government has sought to strengthen its intersectional and differential approach to the understanding, promotion and defense of women's SRR. This has involved increasing its work with young and adolescent women, LBT women and indigenous and Afro-descendant women.

The program focuses on supporting the efforts of civil society and women's and feminist organizations in each of the countries to fully guarantee women's SRHR. It also supports existing agendas to guarantee these rights, in accordance with each country's political and socio-cultural realities and legal frameworks. This is essential to unite efforts and strengthen initiatives that are already being implemented, as well as generating horizontal and trusting cooperative relationships that recognize and respect the work of local organizations and their specific expertise, and allow them to work in their local contexts.

In Colombia, the organizations that are partners

of the program include: *La Mesa*, which is a feminist and activist collective that promotes women's SRHR and works for the total decriminalization of abortion in Colombia. *La Mesa* uses legal and political advocacy strategies, provides legal support for cases, generates knowledge, delivers training to key actors (health sector, justice system, among others) and supports women participating in the organization's processes, communications/campaigns and strengthening of local organizations; *Fundación Oriéntame*, a private organization in Colombia that implements a comprehensive health care model for the provision of SRH services, including abortion for women and girls using a rights-based approach and carries out awareness-raising and training actions on SRHR with women and health sector staff; and *Fondo Lunarí*, a feminist fund that mobilizes resources to support diverse young women's organizations working to defend a life that is free of violence, peace building and the defense of their territories and SRHR.

In Guatemala, the program includes *Grupo Multi*, an interdisciplinary network that brings together health professionals, lawyers, journalists and social workers who implement SRHR training actions for staff in local clinics that care for victims of sexual violence and engage in direct advocacy actions with government representatives, politicians and legislators. The program also supports MTM, which focuses its work on providing legal accompaniment of cases (especially for indigenous women), strategic litigation, political advocacy and awareness-raising processes with key decision-makers and training processes on SRR with women in rural and urban areas.

4.2 Main activities implemented in each strategy

In its first period (2015-2018) the program was focused on increasing access to SRHR for adolescents and women in Colombia and Guatemala through: i.) the expansion of simplified abortion services in Colombia (seeking to increase the proportion of medical versus surgical abortions);

ii.) *Fundación Orientame's* satellite health centers; iii.) the presentation and advancement of a bill to regulate conscientious objection for the provision of medical abortion services in Colombia; iv.) generating increased public awareness of sexual violence and rape cases that cause unwanted pregnancies, especially in girls and adolescents in Guatemala; and (v.) changing the existing legal prohibition of abortion in Guatemala for cases of sexual violence; and training and strengthening health clinics to provide comprehensive and multidisciplinary care to victims of sexual violence and unwanted pregnancies in Guatemala. In the case of Colombia, the partner organizations during this first period were *La Mesa* and *Fundación Oriéntame*, which implemented their actions in the cities of Barranquilla, Cartagena, Cúcuta, Medellín, Pereira and Bogotá. In the case of Guatemala, the partner organizations were MTM and *Grupo Multi*, who implemented their actions in Guatemala City, Huehuetenango, Santa Cruz del Quiché and the District of Alta Verapaz.

During its second term (2019-2022), the program focuses on: i.) contributing to more women and girls having access to their SRR; ii.) improving women's and girls' access to safe abortion and SRHR; iii.) strengthening the capacities of key public and private actors working on women's and girls' SRHR; iv.) strengthen advocacy efforts of CSO to improve women's and girls' access to SRHR; and v.) increase women's and girls' knowledge of their SRR and increasing general awareness of women's and girls' SRHR in general society. In the case of Colombia, the partner organizations for this second period were *La Mesa*, *Fundación Oriéntame* and *Fondo Lunaria*. The latter organization entered the program by providing direct strengthening of local/grassroots organizations in different territories in the country and work focused on young women who defend their SRR. These organizations implement their actions in the departments of Tolima, Neiva, Manizales, Barranquilla, Cúcuta, Medellín, Pereira, Villavicencio, Ipiales, Tumaco, Ocaña, Saravena and Bogotá. In the case of Guatemala, MTM and *Grupo Multi* implement their actions in Guatemala City, Huehuetenango, Santa Cruz del Quiché and the District of Alta Verapaz.

nango, Santa Cruz del Quiché and the District of Alta Verapaz.

In both periods, three cross-cutting strategies were used by the program to achieve its main objective: i.) improve access to SRHS for women; ii.) social, political and legal advocacy; and iii.) organizational strengthening.

Strategy 1: Improve access to SRH for women

In order to make progress with this strategy, the partner organizations in the program implemented different actions: i.) directly providing SRHS (IVE, access to contraceptive methods, counseling and screening tests for STIs, cervical-vaginal cytology and specialized gynecology consultations); and providing information and counseling on SRHS; ii.) training processes on SRHR for women, public officials, territorial entities and the health sector; iii.) carry out research and develop content on SRHR using a differential approach; and iv.) legal support for cases.

SRH Services

In both Colombia and Guatemala, partner organizations provide counseling and support to women seeking access to VIP and contraceptive methods, as well as other services. In Colombia, through 5 *Fundación Oriéntame's* satellite centers (1 in Barranquilla, 1 in Cúcuta, 1 in Medellín and 2 in Bogotá), 1,106 women received SRHS between 2015 and 2018. The planned coverage for this result was increased both quantitatively and geographically by including the cities of Cúcuta and Medellín. In addition, *Fundación Oriéntame* contact center provided the following support: 9,197 girls and women accessed information on SRHR through a telephone hotline; 5,804 women accessed legal and safe abortion; 5,023 women initiated a post-abortion contraception process; and the Field Programs referred 1,138 women who accessed abortion services and 775 women beneficiaries with preventive contraceptive methods. In terms of the increase in the proportion of medical abor-

tions, an increase of 120% was reported.

In 2015, *Fundación Oriéntame* reported the delivery of 8,056 contraceptive methods in Bogotá and 734 in the Coffee Zone, 8,896 VIP procedures were performed in Bogotá and 896 procedures in Pereira along with 526 cervical-vaginal cytologies, 154 HIV tests, 366 specialized gynecology consultations and 355 counselling sessions were provided to patients considering adoption. SRH services were subsidized by *Fundación Oriéntame* in 73% of cases.

In 2016, 1,112 socioeconomically vulnerable women and girls received safe abortion services, and 969 socioeconomically vulnerable women and girls initiated post-abortion contraception. In 2017, the program provided 12,359 contraceptive methods, 32,000 pregnancy tests and 44,000 condoms, 10,411 VIP procedures, 313 cervical-vaginal cytologies, 171 specialized gynecology consultations, 38 HIV tests, and 241 counselling sessions to patients considering adoption. These services were 75% subsidized in Bogotá and 71% in Pereira. In 2018, 11,469 contraceptive methods were provided, 11,106 abortion procedures were performed and 191 counseling sessions were provided to patients considering adoption. In Bogota, 78% of these services were subsidized along with 93% in Dosquebradas and Barranquilla. In addition, between June and December, the *Decide Without Borders* project enabled 123 Venezuelan women to receive high-quality, humanized SRHS.

In 2016, the satellite health centers strategy was strengthened through the program with the creation of 2 satellite offices in the Suba and Kennedy localities in the city of Bogota. This improved access for women who live or work in these peripheral areas of the city, decentralizing the service, making it closer to women's contexts and easier to access. This supported 552 women to access abortion services in conditions of quality, dignity and safety.

In 2018, 2 new *Fundación Oriéntame*'s branches were established and launched, one in

Medellín and the other in Cúcuta. This helped reach new territories and expand available SRH services. In the framework of the satellite clinic strategy, during 2019 *Fundación Oriéntame* strengthened 7 clinics (6 hospitals and 1 clinic) for the provision of SRH services through the following activities: technical assistance with training, follow-up of VIP and equipment and improvement of technical capacity for abortion care with the Manual Vacuum Aspiration technique.

The actions planned for 2019 in the program were restricted to an implementation period of just 7 months due to delays in the provision of funding by Norad, which implied a shortened activity schedule for partners in Colombia and for FOKUS to satisfactorily carry out the planned activities.

In 2020, *Fundación Oriéntame* reported the provision of assistance to 6,291 adult, young and adolescent women for the services of voluntary interruption of pregnancy, access to contraceptives, counseling and STI testing. This number increased compared to the previous year due to a mass information strategy implemented during the pandemic so that women could access care both in person and virtually. In addition, vouchers and subsidized rates were provided for all SRHS to reduce the economic barriers that women face, which were exacerbated by the pandemic. This action benefited 2,082 women with subsidies.

During 2020, 75 women received legal accompaniment to obtain an abortion, 72 of these women faced barriers to access abortion and 60 were finally able to access the procedure.

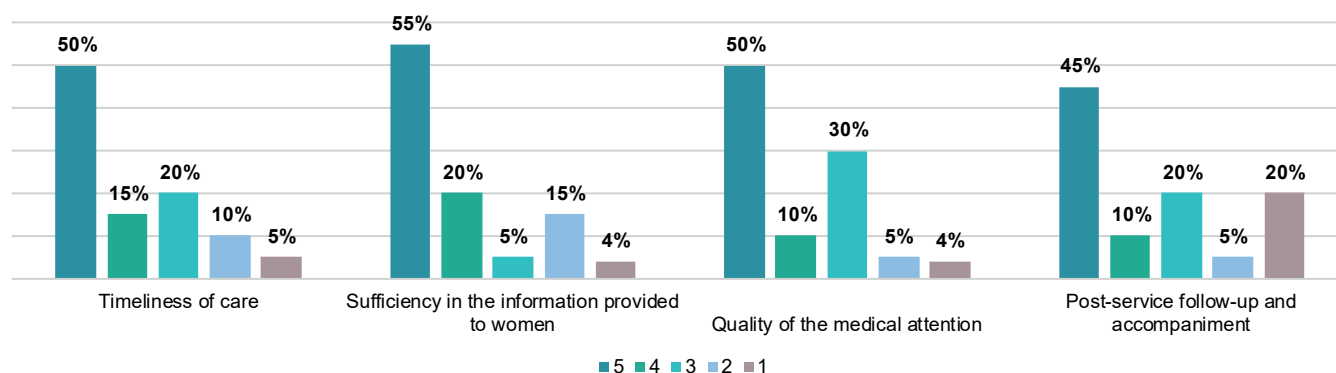
Assessment of the women beneficiaries of the SRH services received

The medical services offered by the program through *Fundación Oriéntame* in Colombia were evaluated, including counseling for access to contraceptive methods, access to abortion, STI tests and gynecology consultations. Of the participating women, 66.7% stated that they had

received some type of service, counseling or orientation on SRH. Women were asked to rate the medical services offered by the program, with the results shown in the following graph. They used a scale from 1 to 5, with 1 being the lowest rating and 5 the highest. When adding the percentage of ratings that were either 4 or 5, we find that the best rated aspect is the Suffi

cient information provided to women (75%), followed by the Timeliness of care (65%), Quality of care received the highest ratings from 60% of the participants, while the aspect that receives the lowest percentage of high ratings is the Follow-up and accompaniment after the service (55%), which also received the highest percentage of negative ratings (25%).

Qualification of medical services offered by the program



All of the women participants affirmed that their needs were attended to promptly by the services. They shared some of their experiences and reflections about the ratings for these aspects. Here are some of these statements:

In terms of medical care, I believe that there is nothing to improve. The services are of a very good quality and provide access for women who otherwise could not access medical services and care.

Young mestizo woman in Colombia

The procedures are very professional, they provide all the information and resolve any questions you may have. Their attitude is always the best, and they are considerate of the difficult moment you are going through.

Young Afro-descendant woman in Colombia

The care was very empathetic, from both the nurse and the gynecologist; the information I received was very clear and complete. One limitation is that the voucher does not include follow-up or subsequent monitoring, so I had to do that with the EPS.

Young mestizo woman in Colombia

They are improving the health centers through monitoring carried out by women's organizations of the coordinating doctors at the sites.

Young mestizo woman in Colombia

If we could only access the services provided by the Ministry of Health, we would be located far from the services and information that many women need. When we do get access we are asked to pay an additional amount of money, or we receive discrimination and evasion from the doctors. But because of the program we have had access to quality medicine and services that respect women's needs.

Adult woman, mestizo in Colombia

In general, women identified a series of benefits for their personal lives and their organizations as a result of the services that they have been able to access. They also benefited through the provision of counseling and accompaniment to the collectives. Some of the feedback from the women participating in this evaluation is included below:

Having the program and the staff has been very helpful, because in the public health service the health workers do not have the empathy to talk to people, they do not have the patience to explain or listen to the patients. In other health posts there are no contraceptive methods available, when it should be a women's right, because many women suffer domestic violence and become pregnant against their will.

Adult woman, mestizo in Guatemala

Having the program and the staff has been very helpful, because in the public health service the health workers do not have the empathy to talk to people, they do not have the patience to explain or listen to the patients. In other health posts there are no contraceptive methods available, when it should be a women's right, because many women suffer domestic violence and become pregnant against their will.

Adult woman, mestizo in Guatemala

In the health centers and the IGSS they do not provide information with warmth and quality; this is the case with Chinauta and Zone 6. So I looked for organizations such as AMES, where these issues are related to women's sexual health as a right, the right to be accompanied.

Adult woman, mestizo in Guatemala

It was very useful for me. We used to buy condoms at the drugstore, and now I have received free contraceptive methods, with advice on which method I should choose. I have received vouchers to access sexual and reproductive health care services. These are for young women under 25 who do not have an EPS, they can have an implant for 3 years.

Young mestizo woman in Colombia

Fue muy útil para mí. Antes comprábamos condones en la droguería y ahora he recibido de manera gratuita métodos de anticoncepción diversos y con asesoría respecto a qué método elegir. He recibido bonos para acceder a atención a servicios de SSR, donde las mujeres jóvenes menores de 25 que no tengan EPS, pueden realizarse un implante por 3 años.

Mujer joven mestiza Colombia

I am working on these issues in the Department of San Marcos, in the Municipality of Tejutla, its villages and hamlets, and also in the Municipality of Concepción Tutuapa in the CAP, monitoring women users on the issues of sexual and reproductive rights and accompanying women victims of sexual and domestic violence. I believe that the information on rights and services is very useful, especially so that they feel accompanied to be able to present their requirements to health entities.

Young mestizo woman in Colombia

Training and awareness-raising processes in SRHR

For the delivery of SRHR training processes, *Fundación Oriéntame* implemented a virtual classroom strategy aimed at youth groups and leaders, women's organizations, teachers and counselors from educational institutions and professionals in the health and social sciences areas. This strategy consisted of 4 E-Learning courses: i.) Care for pregnant adolescents; ii.) "People who put on a show in the bed"; iii.) Voluntary Interruption of Pregnancy; and iv.) Comprehensive care and practice of Voluntary Interruption of Pregnancy. A total of 1,087 people participated in this process.

During 2015, *Fundación Oriéntame* trained 366 employees of public sector institutions on SRR who work in 16 institutions in Bogotá and 2 institutions in Pereira; 433 employees of private entities participated in promotion and prevention activities on SRH issues: and 30 public schools in the city of Bogotá were part of the strategy "Sex with Senses", which sought the transformation of imaginaries in 690 young people and raise awareness with 90 school counselors and teachers. A total of 6,811 people had their awareness raised about sexual and reproductive rights, with an emphasis on VIP.

In 2017, the program trained 447 external professionals from different health areas to provide comprehensive care to women requesting an VIP. Through the "Punto D" program, work was carried out to promote the comprehensive prevention of unwanted pregnancy using a differential approach in adolescents. This involved the training of 46 professionals on intersectoral care for victims of sexual violence, training for 77 professionals on comprehensive care in SRH and 485 young people who accessed services in SRH. Through the "Youth Empowerment in Bogota" program, 20 leaders from 6 collectives received training on SRR.

In 2018, and working with *Fundación Oriéntame*, 16,791 people participated in awareness raising activities on SRR, with an emphasis on the right

to abortion through different strategies such as workshops, talks, information days and service fairs. 7,975 of these participants were adolescents and young people.

Between 2015-2018, *Fundación Oriéntame* delivered training to 156 field agents (including representatives of Afro-Colombian organizations, indigenous communities and officials of public institutions and civil organizations) on SRR with a differential approach, while 88 *Fundación Oriéntame*'s staff members participated in training on including the differential approach in guidelines and their importance in the provision of SRS. This supported *Fundación Oriéntame* in the design of a Plan for the incorporation of differential approach guidelines, which is an important achievement and a precedent in the definition of strategies for SRH care for young and adolescent women, indigenous women, Afro-descendant women, women victims of displacement, migrant women, LGBTI women and others.

During 2019, *Fundación Oriéntame* accompanied 46 women who sought information about access to an VIP, of whom 28 had faced barriers to access this right. A total of 23 women finally managed to access the procedure. *Fundación Oriéntame* also provided 10,124 women with VIP services, 11,147 people with access to contraceptive methods, 528 people with counseling and screening tests for STIs, 269 women with cervical-vaginal cytology and 121 specialized gynecology consultations. During 2019, 82% of the services offered by *Fundación Oriéntame* in Bogotá were subsidized, as people experienced decreased levels of income and did not have the economic capacity to pay.

Regarding capacity building for health sector staff, public officials and decision makers, in 2019 a total of 1,159 professionals (146 and 289 from the health sector and 724 officials from the justice sector) received training on SRR issues with an emphasis on abortion, covering the following topics: legal framework, legal standards, obligations of public officials, access barriers, conscientious objection; and medical

aspects, in which concerns about procedures, actions carried out by health professionals and medical ethics are resolved.

In terms of training on SRHR-VIP, the Working Group provided training to officials and citizens in 24 of the 32 departments of Colombia and in the cities of Bucaramanga, Barranquilla, Pereira, Cartagena, Ibagué, Neiva and Manizales. The training component has been articulated with advocacy actions in alliance with local women's organizations, and on some occasions with communication actions to make the right to abortion visible in these territories. These training sessions involve close collaboration with public entities, primarily the Ombudsman's Office and the Colombian Family Welfare Institute (ICBF). Program staff worked with health service providers, doctors and nurses on the topic of conscientious objection, and in 2016 they worked with Catholics for the Right to Decide - Colombia and Profamilia to hold the "Second Latin American Regional Seminar on Conscientious Objection: Institutional Conscientious Objection? Impact on the provision of voluntary termination of pregnancy services".

As a result of the seminar, between 2017 and 2018 a dissemination product was designed (known as *A-consciousness*, for the provision of VIP services with a conscience) and workshops and discussions were held with health service providers, doctors, nurses and medical students. Over these four years, *La Mesa* provided training to 5,014 officials from the health, justice and protection sectors in different regions of the country. Alliances with public entities at the national level and with local women's organizations were fundamental to achieve this result, allowing a flow of information that facilitated case management.

In 2018, Interdisciplinary Clinics implemented with the ICBF for the provision of assistance to cases were notable. This violence involved 111 officials that work on the restoration of rights for girls and adolescents who are primarily victims of sexual violence and forced pregnancies that result from this violence. They also trained 248

public defenders on the legal aspects of abortion and guidelines for prosecuting the crime of abortion. This had the goal of stopping criminalization processes that ignore existing regulations. The dissemination of key messages on conscientious objection was carried out with three specialized audiences: gynecologists from the Bogota Association of Obstetrics and Gynecology; medical students affiliated with the Association of Scientific Societies of Medical Students of Colombia (ASCEMCO); and nurses from the Collegiate Nursing Organization (OCE). The latter two audiences received training in partnership with *Fundación Oriéntame* and the Ministry of Health.

Within the training process, the strategy *Mujer Círculo*, *Mujer Espiral* stands out, developed in Bogotá, Manizales and Caldas, by local organizations allied to *La Mesa*, and which has made it possible to reach rural and indigenous women from closer and more pertinent strategies; A methodological process that, in the case of Caldas, is being systematized with a view to serving as an input for the organization itself, but also for other organizations that address this issue and that do so with peasant and indigenous communities.

There was also an increased participation of men in SRHR awareness-raising and training activities (18% of participants were men), especially in educational spaces (work was carried out in mixed-gender educational institutions), in the health sector, with public officials and with political actors who sit on governmental and legislative bodies. In addition, the *Causa Justa* movement has brought together different organizations and individuals throughout the country, including mixed and human rights organizations. This has decentralized the SRHR discussion and positioned it as a broader public health and human rights issue.

During 2020, and compared to a goal of 2,240, 553 professionals and public officials (211 officials from the justice and protection sector, 217 from the health sector and 90 nursing students) received training on women's SRR,

with an emphasis on abortion. This goal is below the target because the availability of staff from the health, protection and judicial sectors has been limited due to the COVID-19 pandemic. For this same reason, in 2020 only 2 of the planned 6 hospitals were supported and strengthened by *Fundación Oriéntame*, as health workers focused all their efforts on the provision of health care during the COVID-19 emergency.

Construyendo Igualdad de Género, a group supported by *Fondo Lunaria*, implemented training processes with the educational community from the *Instituto Educativo Distrital Los Almendros*, located in the rural area of San Pedro de Urabá. These included 3 workshops for students and teachers on SRR as human rights and 1 workshop on diverse families with participation from parents, teachers and students participated.

The women's group *Ndayan Guaman Ainanok* (Women who think with their hearts), process supported by *Fondo Lunaria*, conducted a training process that consisted of 6 workshops on SRR for 25 indigenous women of different ages. These workshops addressed issues such as concepts of sexuality, women's rights, the right to abortion, contraception, work by midwives and others. This involved prior agreements with the indigenous authorities from the *Käment-sa* indigenous council.

Colectivo Autónomas, also supported by *Fondo Lunaria*, conducted 9 workshops for deaf and hearing women in the city of Medellín with a total of 54 participants to raise awareness about SRR, increase appropriation of these rights and share tools for their enforceability. This experience strengthened the relationship between deaf and hearing women, generating spaces for the exchange of experiences and knowledge about the body, sexuality and women's rights, as well as showing how functional diversity generates segregation and obstacles for access to SRR and affects their autonomy. There are significant institutional gaps that generate difficult communication scenarios for SRHR with women with diverse abilities.

With the support of *Fondo Lunaria*, the *Jembe Afram Collective* conducted 8 workshops for 50 boys, girls and young people in the Ciudad Bolívar district in Bogotá. These workshops covered issues related to: sexuality and the bodies of black women and girls; sexual, physical, emotional and mental health; sexual violence and the respective assistance mechanisms.

The group *Vivo mi sexualidad en todo mi derecho*, supported by *Fondo Lunaria*, implemented 6 training workshops in the *Artemio Mendoza Carvajal* school in the city of Pasto with 42 young people from different grades on the use of contraceptive methods, STIs, VIP, gender and life projects. The training process was also replicated with 460 participants, and the Secretariat of Education was contacted to implement sexual education projects in the school. A group of adolescents created *Punto Joven* (Youth Point), to provide accurate and adequate information to students on how to access their SRR. Although the *Punto Joven* is aimed at students at the school, it is also open to the public in the neighborhood. For its launch, a campaign was implemented in the neighborhoods around the school, flyers were handed out with information on opening hours and activities that are implemented at the *Punto Joven*, an audiovisual product was recorded showing the results and achievements and alliances were made with the *Asmupaz* organization, which represents sex workers and trans women, so that the two organizations can implement joint actions on the promotion and training of everything related to the C-355 Ruling.

In Guatemala, during 2015, *Grupo Multi* implemented training and dissemination processes with health staff from 8 clinics on the Protocol for the Care of Victims and Survivors of Sexual Violence to comply with the standards established for women's SRR. This achieved that by 2017 the care of women victims of sexual violence was carried out in accordance with the provisions of the protocol. This contributed to the internal strengthening of the 8 clinics that provide care in cases of sexual violence, which are located in the hospitals of Quiché, Coatepeque,

Chiquimula, Amatitlán and Quetzaltenango and in the Permanent Care Centers in Tejutla, Cunen and Chichicastenango. This action improved access to SRHS for women victims of sexual violence and generated documentation processes for the care provided to them. The protocol was also signed by the Vice President as a priority in her political agenda and was promoted through the Secretariat against Sexual Violence, Exploitation and Trafficking of Persons (SVET) and the Ministry of Health.

Grupo Multi also implemented training processes with women leaders, health promoters, midwives and health system workers in rural areas in the country from Chimaltenango, San Marcos, Izabal and Guatemala on SRR, abortion and national and international legal frameworks and abortion from a medical and public health point of view. This ensured a "training chain" on the subject. 40% of the participants were indigenous women, 6% were young women, 3% were sex workers and 3% were lesbian women. As a result of this training process for women leaders, some of the leaders participated in the social audit of the sexual violence clinics in San Marcos and Izabal.

The *Carolina Urcuyo Gender School*, implemented by MTM using a methodological proposal for youth and adolescents with a feminist and experiential approach, has implemented training processes with young women and female adolescents in rural areas on their SRR. This has allowed some of them to be linked to MTM's work in community support spaces.

In terms of training, the following were also developed: Two workshops were held with 30 young people on abortion, use of contraception methods, sexual violence and the right to decide in the context of the COVID-19 pandemic. Workshops were held with 23 indigenous women leaders, which covered SRR, including abortion, based on the Mayan cosmovision and spirituality. Training was provided to 40 public officials from the Human Rights Ombudsman's Office in the defense of the right to life in accordance with international human rights standards. The

training processes in both periods have included the participation of staff from the justice system, government agencies and civil society organizations that form part of the referral networks. The training covered topics related to the effects of forced maternity, dignified and transformative reparations and the importance of self-care for professionals working with victims of violence. In the case of public servants, they stated that they have only received training on the subject from MTM.

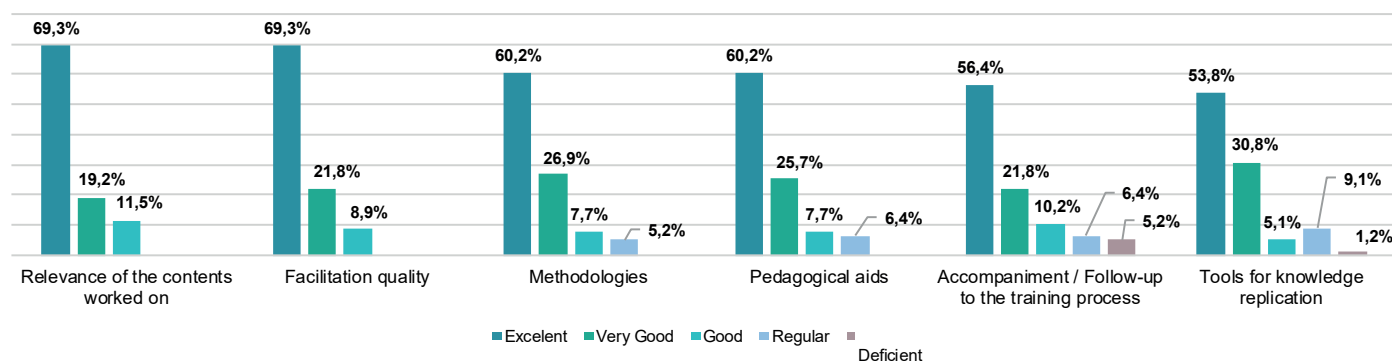
Evaluation of the participants regarding the training and awareness actions:

When the women were asked about the topics of greatest interest, the following were mentioned

in order of popularity: i.) SRR, international framework; ii.) Religion and sexuality; iii.) Sexual orientation and gender diversity; iv.) Women's health and sexuality; v.) International human rights framework; vi.) VIP, reasons, national legislation, sentences, mechanisms for legal action; vii.) Progressive nature of SRR; viii.) Body, sexuality, eroticism: exercising sexuality free of prejudice and violence as a form of citizenship; ix.) SRHS, responsible entities, assistance mechanisms, etc; x.) Prevention of violence against women (private and public spheres).

When asked to rate some aspects of the training process, in general all aspects received a positive rating.

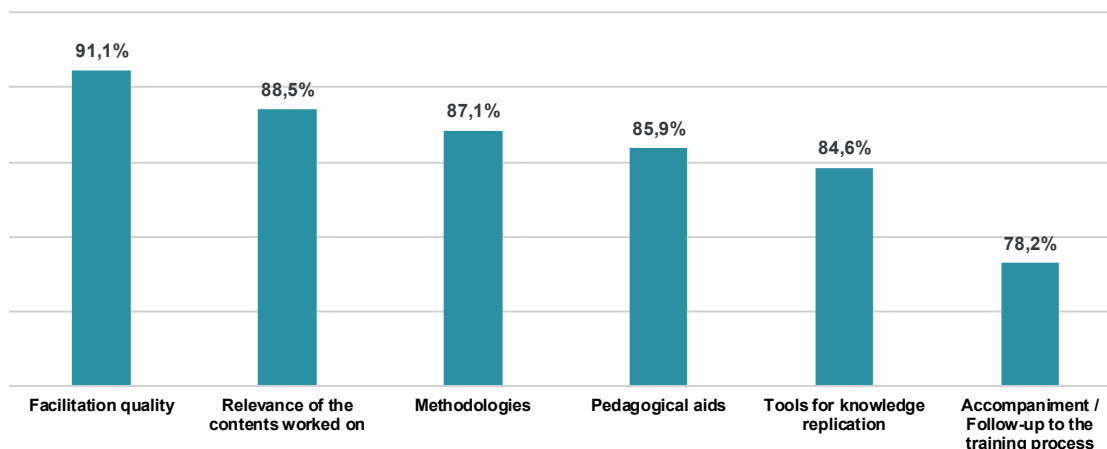
Qualification of training processes from the perspective of women



The most highly rated aspect was the quality of facilitation, followed by the relevance of the content covered, and the methodologies used. The aspects that received a lower positive rating were pedagogical materials, tools for the replica-

tion of content and accompaniment and follow-up of the training process, as can be seen in the following graph in which the ratings of "Excellent" and "Very Good" have been combined.

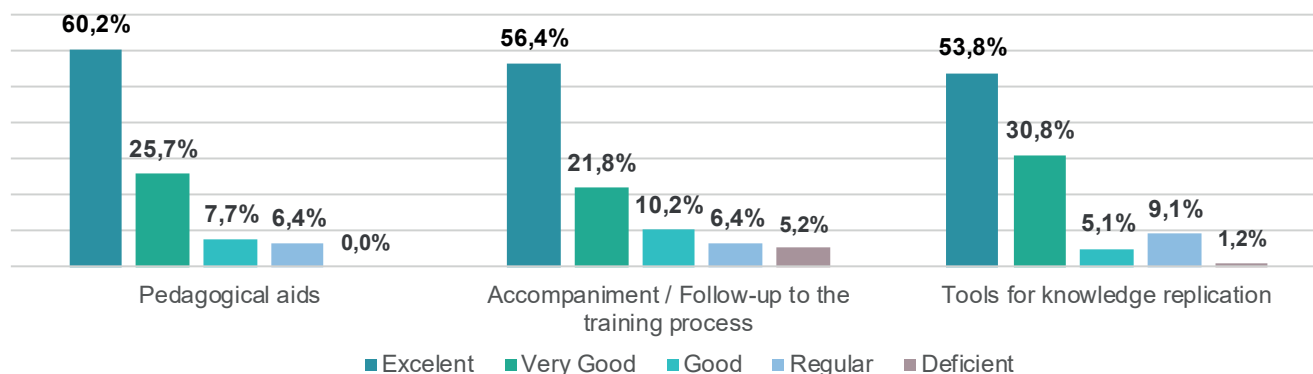
Qualification of training aspects



When observing in detail the evaluation of the aspects with the lowest scores, Accompaniment and follow-up of the training process was the aspect that most women (11.6%) gave a

"Fair-Deficient" qualification, followed by 10.3% of women who gave this qualification to Tools for replicating the content covered, as can be seen in the following graph.

Detail qualification of aspects of training with lower qualification



However, the training processes were generally positive and relevant for women. The total number of participants stated that the training and awareness raising activities have led to higher levels of empowerment for women and to an increasingly conscious exercising of their SRR:

Undoubtedly the training I received has given me more power to make decisions. It is a way to exercise the right to information in a simpler way, with greater accessibility, without taboos, without censorship, without judgment. In my opinion, it is easier to understand and recognize some topics when they are not so academic.

Definitely, talking about these issues is neither common nor comfortable in our contexts and with our inherited cultural realities, demystifying and making information available is very relevant for youth. This was my situation, the training allowed me to understand my space and the realities that I need to combat.

In the work we have been carrying out in the different territories we have detected a high level of misinformation. It is imperative for the collective to continue to reach out to more women in peripheral sectors and rural areas to provide timely support so that they can demand their right to decide about their bodies.

The training we received allowed us to engage in arguments to support the decriminalization of abortion. We also replicated this information within our collective, and this was valuable because it helped us to feel more confident in our actions and when talking to the media or people who disagree with us.

I think it is extremely important to address these issues. It allows me to have control over my body as a woman and also gives me the opportunity to choose whether or not I want to have sex and decide whether I want to have children close together or space them out.

All the training received has been very useful. It does not matter if you are not a professional, we have a lot of clear information and we have learned to observe our body, to identify our needs and where to go. We can now educate our sons and daughters about sexuality.

The women participants contributed elements that included proposing changes and making adjustments to future training and awareness-raising actions in order to broaden their impact.

These elements were grouped into three categories: i.) Adjustments to methodologies and pedagogical approaches; ii.) Extension of the program's coverage; and iii.) Adjustments to logistics planning. The first category is related to

the need to adjust the tools that facilitate learning, the language used to connect SRR to the social and cultural realities of the communities and the training and awareness-raising activities themselves.

Although we did everything very dynamically, and with participatory activities, I believe that we lack many more pedagogical materials (booklets, puzzles, etc.) that participants can take home and share with their families. This will help them review the knowledge that they acquired with these materials. (Colombia)

There should be a little more simplicity with the terms used. On some occasions I felt that it was too academic and the people used language that was hard to understand. (Colombia)

There is a need to adjust methodologies and ways of reaching each territory in order to understand local contexts, as sometimes the city focus of Bogota and its dynamics weighs heavily on the content of the training. (Colombia)

It is important that virtual awareness raising workshops are conducted in Mayan languages. (Guatemala)

We need to return to having face-to-face meetings as much as possible, because together we seek to heal and to be able to accompany everybody's processes, which have been lost in virtual environments (Guatemala).

Regarding the expansion of coverage. The training groups will be maintained and expanded to new sectors in the same communities, particularly with young women. The program will also expand training activities to the education and health sectors and decision-making bodies at the community level.

For the training of teachers, it is necessary to prepare more pedagogical materials that can support the learning of young people on topics such as Gender and Communication and Sexuality and Gender. (Colombia)

We are interested in training for trainers and training for public officials on women's SRR, particularly in the health sector and also in the justice sector. (Guatemala).

Training is needed for medical staff and health service providers/justice sector in the area of women's sexual and reproductive rights. It must be constant due to high staff turnover and use diverse methodologies such as experiential case studies. (Guatemala)

We need to know more about the needs and contexts of sexual violence committed against girls and adolescents and the monitoring of these situations. This will provide us with more information for discussions and allow us to include them in the formative processes in a significant way. (Colombia)

In terms of logistical planning, the main observations are related to suggestions for previous activities that could improve the training activities themselves.

The training sessions should be scheduled earlier, so that we can have a schedule of activities well before they are implemented. All of the materials we have handled have been virtual in the context of the pandemic. The physical materials should be sent before the workshop so that we can use it in the training sessions. (Guatemala)

We also understand the limitations of the organization, it only has one person for the relationship with the territorial organizations. We recognize that this organization has been a pioneer, we recognize its years of work and its levels of advocacy at a national level. Despite this, the contributions that we have as collectives and territorial organizations should be included in discussion processes. (Colombia)

We recognize that the organization has been a pioneer, we recognize its years of work and its levels of incidence at the national level; but the contributions that we have as collective and territorial organizations must have a place in the discussion to build agreements and make decisions jointly. (Colombia)

The only thing I would change is the time available because the content is broad and the time is limited, which means that people have doubts. In addition, there is a need to training people who have already received the training so that we can carry out the replication actions. (Guatemala)

Assessment of public officials and health sector personnel of training and awareness actions

On the other hand, public officials who have been participating in program activities such as training and capacity building workshops, specific technical advice, SRHR dissemination workshops and legal, lobbying and advocacy actions contributed their points of view regarding the strengthening process that has occurred through these actions. It should be noted that public officials from different sectors participated in the evaluation, including: health (26.5%), justice (18%), territorial entities (15%), education (22%) and the legislative sector (18.5%).

The 71.4% of public servants stated that their work has been positively impacted by the activities carried out by the program. The main achievements in relation to the provision of SRHS for women include:

- Access to a more comprehensive knowledge of women's rights, specifically SSRR. Incorporating this approach allows for a more integrated approach to specific cases.
- A closer examination of women's realities, which has led to the provision of medical services that are more suitable for women, an increased capacity for dialogue and the provision of more complete information to women.
- The program has also facilitated the conditions required for expanding coverage in the care provided in more culturally diverse areas. This has put pressure on the review of health care standards and their adaptability to specific cultural environments.
- There have been spaces for reflection and analysis of mechanisms for addressing cases of pregnancy in girls under 14 years of age, women with disabilities and girl survivors of sexual violence. This ensures that there are specific protocols on providing SRH care to specific populations.

It is also recognized that thanks to the actions of the program aimed at strengthening decentralized medical services, and in the specific case of *Fundación Oriéntame*, in recent years it has

been possible to reach areas of Colombia where access to medical services in SRH for women was basically unfeasible while ensuring that these medical services meet high quality standards. The program has also provided its staff team with the appropriate Personal Protective Equipment (PPE) to maintain the provision of services during the pandemic. The strengthening experiences by health professionals have been expressed as follows:

As a physician, I provide direct accompaniment for cases, but I ask La Mesa for advice on legal issues and access to abortion. We do an initial accompaniment of a case, providing information about rights, how to access an abortion, and we give them the option of being referred to Oriéntame and Las Parcelas.

As a physician, I have been able to identify where women have fewer barriers. We guide them to the IPS, where they face fewer barriers, and also to Profamilia, which has an agreement with some EPS.

We have been working to improve the comprehensive care of pregnancies for girls under 14 years of age, but the institutions involved in the provision of this assistance have limited resources or do not include women under 14 years of age in their programs. In general, women face cumbersome procedures, which put obstacles in the way of rape victims.

All of the training sessions have increased my knowledge and management of sexual and reproductive rights. This has allowed me to carry out my work with increased awareness of the topic and the implications of my work in the realization of women's sexual and reproductive rights.

In my personal case, I have expanded my focus on human rights, and how they apply to the specific care of women with low levels of mobility or other disabilities, as well as my work with girls who are survivors of sexual violence. This involves working with families and strengthening the role of grandmothers in care and prevention actions.

Beyond the strengthening of the quality and coverage of the medical services that women can access through the implementation of the program, there is evidence of an increasing commitment by officials from different sectors to the

prevention of violence against women and the promotion of SRHS. This is evidenced later in the review of the result related to social and political advocacy. One public official stated that

Thanks to the work of women's organizations, we have been able to participate in the creation of a National Plan for monitoring violence against women and the promotion of a policy of dignified and transformative reparations in cases of sexual violence, forced pregnancy and forced maternity.

In this same logic, participants consider that continuity should be given to the actions that are being implemented, as it is clear from their testimonies that their work must be strengthened and conditions improved to be able to fulfill their responsibilities in terms of guaranteeing women's SRR:

It is necessary to continue with training for public officials, specifically on the legal framework, the basis of rights, State obligations and international standards.

There is a need to make progress with the studies and evidence that support the total decriminalization of abortion, reducing the barriers experienced by women who are of advanced gestational age.

It is important to maintain constant dissemination of information on sexual and reproductive rights, international norms, as well as the needs and challenges faced by women to achieve them.

It is very important to continue strengthening, accompanying and supporting organizations that work with these issues, which are so difficult to address in a conservative state like Guatemala, as well as accompanying them and providing protection from the harassment that these organizations experience due to the nature of their work.

Construction of research, campaigns and content on SRHR from a differential approach

As a result of this process of incorporating the differential approach with ethnic communities, *Fundación Oriéntame* worked with *Embera Chamí*, *Embera Katío Wounaan* and *Inga* indigenous women to design the booklet titled *Diffe-*

rent Women, Equal Rights. Tradition and Sexual and Reproductive Health Care for Indigenous Women. This booklet shares ancestral knowledge, uses and customs of indigenous women related to SRH and their recommendations and demands for reproductive health care services that recognize and take into account their particular needs. This work allowed *Fundación Oriéntame* to identify aspects that need be taken into account and included in SRHS to harmonize the worldview of indigenous communities with the provision of SRHS that are based on a more Western perspective. These reflections were shared with health service providers to ensure the provision of abortion and contraceptive care that recognizes their cosmovision, their meanings about the body, family, reproduction, sexuality and health and the cultural factors that affect indigenous women's reproductive decisions and their access to abortion.

In addition, *Fundación Oriéntame* produced a documentary that reflects the beliefs, imaginaries and practices of Afro-Colombian women regarding their SRH, as well as recommendations to health staff for the incorporation of a differential ethnic approach to care. This approach recognizes their ancestral knowledge and specific needs, as well as cultural factors that affect their reproductive decisions and particularly their access to abortion.

In 2019, *Fundación Oriéntame* implemented the projects *Reproductive Autonomy: a path towards peace*, with the objective of strengthening the SRH of former FARC-EP guerrilla fighters. This project provided assistance to a total of 882 people with different SRHS. Another project that was implemented had the title of *Women without barriers*, which had the objective of reducing barriers to access SRHS. This program provided 1,120 women with VIP services and 572 with counseling and initiation of contraceptive methods, and 6 medical professionals from public hospitals received training on the provision of VIP services. The *Decide Without Borders* project allowed 778 Venezuelan women to receive humanized and high-quality care in SRS.

La Mesa in alliance with the *Red Nacional de Mujeres*, conducted an assessment of the SR conditions of indigenous women in the Municipality of Páez, Cauca, who are primarily *Nasa* indigenous people, and the subsequent construction of an accompaniment route for the promotion of SRR of the women of Páez, with representation in 17 indigenous councils. This process was implemented in 2018 and had the participation of 107 people from 16 reservations. Participants included women, youth, public officials, health staff from the indigenous IPS health service provider, leaders and authorities from the indigenous reservations and parents. This action was possible thanks to a rapprochement strategy and joint work with the Municipal Council of Páez, the *Nasa Çxhãçxha Association of Indigenous Councils*, who requested this accompaniment from *La Mesa*, and with officials from the health and justice sectors. This assessment and accompaniment route helped articulation between the cases with the Office of the Ombudsman Delegate for Ethnic Groups and highlighted the specific issues with access to abortion in indigenous communities, so that the particularities of access to abortion in indigenous communities are made visible. However, it was not widely socialized with the participants, nor did the interviewees know about its implementation process at the territorial level, once it was built.

In this same area, activities such as dialogue on abortion with indigenous women from the *Nasa*, *Emberá* and *Tayrona* peoples was carried out in conjunction with the *Medical Group for the Right to Decide* and UNFPA. This space involved sharing strategies that achieve an increased guarantee of this right by using an ethnic and differential approach. This project was implemented in partnership with the *Red Nacional de Mujeres* (Caldas Node), which supported the design of methodologies and tools to address VIP using ethnic, gender and territorial approaches that were focused on replication and appropriation by indigenous women.

The regional assessments carried out on access to abortion address the specific barriers faced

by young people and the LBT population when trying to access abortion and recommendations that involve a differential approach. In addition, work was done with women with high levels of economic vulnerability and migrant women. Digital campaigns were used with this population and free SRHS were provided.

On the other hand, *La Mesa* has built a database from advised and monitored cases on VIP, which makes it one of the few feminist organizations with updated, reliable and very useful information to generate changes in public policy and legislative incidence on the subject (more than 22 sentences); as well as to show the existing barriers before the Constitutional Court. In this regard, Ana Cristina González, founder of *La Mesa*, points out:

It has been strategic because it allows the continuity of an information system, which allows monitoring specific cases. We produce knowledge through the approach that we have to real cases, the production of knowledge of access barriers, used from the Constitutional Court to the women who do work in the regions.

The fundamental difference with *La Mesa* is that the woman who is accompanied will access the VIP service; because in Colombia VIP is already guaranteed in the health system, what we do is develop legal actions in the health administrative system so that the EPS ensures the service. The accompaniment of a feminist organization is a determining factor in overcoming access barriers.

For its part, the group *Construyendo Igualdad de Género*, one of the groups supported by *Fondo Lunaria*, produced a school newspaper that focused on SRR in schools, the right to diversity in the construction of identity and diverse families. This product was essential to make these issues visible using a rights-based approach with families and the educational community. In this communication product the young people at the school reflected on the access barriers they experience in the context of accessing their SRR:

For us rural youth, these rights are very important, as they allow us to make thoughtful and informed decisions to design and carry out our life project. However, we face barriers that hinder

our knowledge and access. In the first place, people's ways of thinking based on violence, fear, misinformation, taboos and gender inequality make SRH issues taboo, which means that young people have to make decisions without receiving accompaniment or clear and reliable information. The lack of good roads and communication infrastructure is another barrier we face in rural areas. Travel to health services is difficult due to the conditions of the roads. It depends on the weather; it is necessary to have money to travel and it can take a long time. This discourages young people from attending health centers where they can access information and health services. The poor communications infrastructure means that there is a limited internet connection and a lack of other reliable sources of information such as books and audiovisual materials. This means that young people can't access information and allows erroneous beliefs about sex and reproduction to be shared by other young people and adults who don't have accurate knowledge. Health services can be a barrier because in some villages we do not have youth-friendly or trustworthy health posts. When we talk about trustworthy, we mean that we can't be sure that they will provide care that does not discriminate against us because of our sexual orientation, illnesses, age, gender and health workers who don't underestimate our capacity to make decisions and guarantee discretion and confidentiality.

Colectivo Aquelarre, supported by *Fondo Lunaria*, a design and visual communication laboratory from Popayán, created an illustrated reader-friendly guide called *Reinventemos este cuento* (Let's reinvent this story), which includes stories that discuss safe, legal and free abortion in a pedagogical way. The proposal includes a series of cards with characters (showing causes and barriers) and a fanzine with content on causes and requirements, duties of health care providers, main barriers, general information and contact information for women's support networks. The organization also produced educational material to socialize Ruling C-355 and highlight the obstacles and barriers women face when trying to access the right to abortion. This was shared in training workshops with young university students, teachers, researchers, adolescent and adult women, as well as with the general

public.

Jembe Afram Collective, also supported by *Fondo Lunaria*, implemented a campaign for the promotion of SRR in the Oasis neighborhood in Ciudad Bolívar, which consisted of an initial training process, a radio program with children about their SRR, the construction of a participatory mural and a services fair to publicize the different forms of sexual and reproductive violence against women, different contraceptive methods and STIs.

Likewise, and as part of the communications strategy, *Fondo Lunaria* supported the campaign carried out by various organizations in commemoration of September 28 and made its own content to mobilize through our social networks. In this way, an impact was achieved: on Facebook, 12,833 users reacted or shared the content 1,766 times, while on Twitter, 9,245 users were reached with 114 interactions.

In the case of Guatemala, in 2018, *Grupo Multi* promoted the campaign titled *For a secular state that guarantees the exercising of sexual and reproductive rights in Guatemala* to position the importance of secularism in the provision of health services and in the role of government officials in the political and media agenda of Guatemala, as well as in debate on abortion as a public health issue. In the same year the organization produced and disseminated radio content on SRR in two Mayan languages and in Spanish. These were broadcast on four radio stations in San Marcos and Huehuetenango. In 2018, training was provided to 20 journalists at the national level on the legal framework and human rights related to SRH.

In the framework of #28S 2020, Global Day of Action for Safe and Legal Abortion, *Grupo Multi* implemented the communications campaign *What's behind an abortion?*, aimed at generating debates using solid arguments in favor of the legal, social and moral decriminalization of abortion in Guatemala. This included a range of communication products: a press release, Facebook posts, a podcast and a virtual forum.

Campaign that allowed the construction of narratives to generate empathy towards women facing an abortion; make visible the non-compliance with the SRR of women during the pandemic, which can cause unwanted pregnancies and the need to resort to an abortion; and to strengthen the political position of *Grupo Multi* as a reference in the fight for the legal, social and moral decriminalization of abortion in Guatemala.

Finally, in 2015, MTM carried out 4 radio spots on HSR of indigenous women and the effects of forced pregnancy due to rape in girls and adolescents, which were broadcast on one of the most listened to stations nationwide and 6 community radios that have wide coverage at the level of the departments in which actions supported by the program are carried out. In 2019, MTM also carried out an awareness campaign on the prevention of sexual harassment in work environments and in educational establishments; emphasizing the look on SRHR from the perspective and needs of young people, and in order to provide tools so that girls, adolescents and women can identify bullying behaviors.

Legal support of cases

As part of the strategy to provide legal accompaniment to women, between 2015 to 2018 *La Mesa* accompanied 350 women who faced barriers to access abortion. The main barrier was the lack of clear, truthful and timely information. In 2018, legal support and information were provided to 82 women. 44 of these women were in Bogota and the other 37 were in other regions of the country (information is not available about 1 of these women). 7 of these women were Venezuelan migrants at advanced gestational ages. In addition, 48 were young women between 15 and 25 years of age (there was no age information for 2 women). Of the women who initiated a route to access abortion with the support of *La Mesa*, 71% were able to do so (compared to 63% the previous year).

Between June and December 2019, *La Mesa* legally accompanied 46 women who sought

information and access the VIP, 28 of whom faced access barriers, of which 23 were able to access the procedure. In that semester, the effectiveness reported in legal support was 90.1%. During 2020, 75 women received legal accompaniment to obtain an VIP, 72 of these women faced barriers to access VIP and 60 were finally able to access the procedure, which turns out to be a very satisfactory result, considering the increased barriers during the pandemic.

This work of legal accompaniment to cases has, in turn, allowed *La Mesa* to strengthen technical knowledge regarding the barriers faced by women and from there to generate investigations and position papers, which are importantly useful for developing advocacy actions. politics and litigation.

Another of the key points, which has been strengthened from participation in the FOKUS program, is the possibility of characterizing the problem of criminalization of women for the crime of abortion (based on the documentation of the cases that receive through the hotline); as well as having a specific lawyer for the attention of this line, from which initial advice is provided and women are oriented on how to act against possible barriers to access to VIP. Through this modality of care, *La Mesa* has managed to support some cases of women who are criminalized for the crime of abortion or refer the case to allied organizations or lawyers.

In the case of MTM, which focuses its work on improving access to justice for women victims of sexual violence, the organization has strengthened its approach to cases identified on the basis of legal arguments, taking into account advances in international jurisprudence and the use of the victim's testimony as evidence. However, the progress of cases is subject to the time taken by the courts, and many can take several years to reach a sentence.

MTM has provided accompaniment to cases of sexual violence against girls, adolescents and women facing forced maternity in coordination with training processes on SRR in which female

victims of sexual violence also participate. MTM also provided training to health care providers on the care of girls, adolescents and women victims of sexual violence, and provided training to 80 psychology and social work professionals from 42 sexual violence clinics, addressing the impact of sexual violence and the voluntary interruption of pregnancy in cases of girls and adolescent victims. In 2020, it provided support to 17 new cases of sexual violence with forced pregnancy, providing comprehensive care, referral for medical care (VIP), because the economic situation of the victims and their families is one of poverty and extreme poverty.

For his part, *Grupo Multi* telephone hotline was also set up to provide information during the pandemic on SRH care services for girls and women with the support of the *Asociación Las Crisálidas* and *Tierra Viva* organization; the hotline was staffed by doctors and communicators from the *Grupo Multi*, prioritizing care in places with limited access to SRHS. In addition, 50 women and girls in vulnerable situations received face-to-face accompaniment, providing assistance through the provision of remote SRHS in their places of residence.

During 2020, the Multi Group analyzed the contents and discourses of anti-rights organizations and strengthened their arguments for the defense of women's sexual and reproductive rights as human rights through virtual and face-to-face training processes with young people, women leaders, communicators and key actors.

Strategy 2: social, political and legal incidence

In the framework of the social, political and legal advocacy strategy, the program's partner organizations have implemented strategic litigation actions, advocacy actions to shape public policy and the national legal framework, social mobilization, campaigns and communication actions and research studies on women's SRHR that support advocacy actions.

Regarding the promotion of a Bill for the regulation of conscientious objection in the provision of medical services, in July 2015 and led by the advocacy of Senator Viviane Morales, a bill was filed to regulate Conscientious Objection as a fundamental right with very favorable content for the provision of health services. However, it is important to note that in the debate in the Senate, the text was modified and an article was incorporated that seeks to guarantee the right to Ideological Conscientious Objection. As a response, *La Mesa* carried out advocacy work with Congress representatives, seeking to change this bill or, failing that, to prevent the bill from being approved in future debates. This was based on the monitoring of cases in which inadequate and irresponsible conscientious objection practices were repeatedly identified by some health service providers and even judges. This is because it was reported that some health and legal professionals use conscientious objection not as the exercising of a fundamental right but as a mechanism to prevent women from exercising their right to VIP.

Despite the various advocacy efforts made in 2015 by *La Mesa* with national public entities (Ministry of Health, Ministry of the Interior, ICBF) to incorporate the ethnic approach in the VIP assistance mechanism, which is based on the analysis of cases of indigenous women known to *La Mesa*, these actions were not successful due to the positions of some entities. This is because the right to VIP for the case of indigenous women must be negotiated with traditional authorities, which limits the actions of public entities in this area. The Working Group then decided to change its approach to the ethnic approach through work with local public entities, such as the Municipal Council of Páez, Cauca, as well as directly with indigenous councils, which proved to be much more effective in the advocacy strategy.

In terms of legal and political advocacy, during 2016 *La Mesa* had an impact on the construction of the Guidelines to restore the rights of child and adolescent victims of sexual violence, the issuing of Resolution 0652 of 2016 by the Ministry of Health, the filing of Bill 133 - Protection of

Pregnant Women and to annul Circular 003 of the National Superintendence of Health. In addition, *La Mesa* participated in different spaces such as the Interventions Network for the Constitutional Court case; Tax-free menstruation; Regulation of the price of contraceptives; Technical guidelines for child and adolescent victims of sexual violence; and the Maternal perinatal mechanism developed by the Ministry of Health.

In the framework of monitoring the implementation of Ruling C-355/2006 and related legal and political advocacy, in 2017 *La Mesa* presented the document *Barriers to Access to the Voluntary Interruption of Pregnancy in Colombia* as part of a strategy to document access barriers, focusing on their identification, analysis of the regulatory and legal framework, reporting and proposing solutions and highlighting the barriers to access VIP as a violation of women's rights. This report was included by the Ombudsman's Office in its Ombudsman's Report on violence and discrimination against women and people with diverse sexual orientation and identities, as well as by the Constitutional Court.

In conjunction with the Women's Collective of Tolima, in 2017 *La Mesa* conducted the *Participatory diagnosis on implementation of Judgment C-355 of 2006 in the municipality of Ibagué, 2012 - 2017*. In 2018, *La Mesa* presented and socialized this report, which received coverage in local media and highlighted the *Colectivo de Mujeres de Tolima* as the local reference point organization on the subject.

In 2017 *La Mesa* conducted the *Perception Survey on Voluntary Interruption of Pregnancy in Colombia*, the first survey on perceptions, beliefs and opinions on SRR, abortion and women's reproductive autonomy.

In 2018, *La Mesa* provided technical and advocacy support for the presentation of the following bills: Comprehensive Health Care for Women Victims of Violence; conscientious objection; respected and humanized childbirth; a bill to regulate SSRs; prohibition of marriage or de facto marital unions with minors under 18

18 years of age; and obstetric violence (Guidelines of the maternal-perinatal route).

In July 2018, *La Mesa* was invited as a speaker to a public event on social oversight of the health system by the National Health Superintendent, the entity responsible for protecting the rights of users of the health system through inspection, oversight and control. During this event, the organization presented a request for investigation and administrative sanctions before the National Superintendence of Health against EPS Compensar for systematic non-compliance with the provisions of Ruling C-355. This involves actions that violate women's right to abortion through the imposition of barriers and denial of service. This process began with the accompaniment provided by *La Mesa* to 39 cases involving women, achieving that the Ombudsman's Office made two requests to the Superintendence of Health about their progress.

At the national level, *La Mesa* participated in two public hearings: one on the criminalization of women for abortion (October 4); and another on conscientious objection (August 28). At the international level, *La Mesa* commented on the First Voluntary Report of Colombia on the implementation of the Montevideo Consensus, participated in the Third Meeting of the Regional Conference on Population and Development of Latin America and the Caribbean, and was a member of the monitoring group for the implementation of the CEDAW in Colombia. *La Mesa* worked with this group to prepare a shadow report on Article 12 on health. Along with several Latin American organizations, *La Mesa* participated in a request for a hearing before the IACHR on the obligations of States in regarding setbacks in granting access to the right to SRH in the Americas, in which they presented the risks identified in Colombia.

During the initial period of the program (2015-2018), *La Mesa* participated in advocacy actions related to the issuing of Directive 006 of 2016 of the Attorney General's Office on guidelines for the investigation and prosecution of the crime of abortion; Resolution 3280 of 2018:

Maternal Perinatal Route of the Ministry of Health; the Technical Guidelines for the Restoration of Rights of children and adolescents with threatened or violated rights; and victims of sexual violence of the ICBF. *La Mesa* also made interventions in cases studied by the Constitutional Court that resulted in the judgments: C-754 of 2015 - Obligatory nature of the Health Care Protocol for Victims of Sexual Violence; T-301/2016 - Causal health / case accompanied by *La Mesa*; SU-096/2018 - reiteration of the jurisprudence on abortion; C-117/2018 - Elimination of tax on sanitary napkins and tampons.

In terms of communication actions and campaigns, *La Mesa* designed and launched the campaign titled *Mujeres Imparables, 20 años abriendo camino* (Unstoppable Women, 20 years paving the way). This was a transmedia artistic campaign to present the history of *La Mesa's* activism in support of women's SRR. It was based on the life stories of women who have been accompanied by this organization and its struggle for the decriminalization of abortion in Colombia. The campaign included different territorial actions and involved different types of artists in the fields of literature, illustration and urban art who highlighted the experiences of women and men in relation to abortion. *La Mesa* also worked on the September 28 Campaign for the Decriminalization of Abortion in Latin America and the Caribbean, which consisted of communications actions in social networks as well as awareness-raising actions and training sessions in Bogota and other regions of the country. Finally, *La Mesa* led the campaign #No-MásBarreraSinRazón, with the objective of publicizing the barriers that women face when they want to access an abortion in Colombia. Digital communication actions and street actions were carried out in Barranquilla, Bucaramanga, Pereira and Cartagena for this campaign.

Through these campaign and advocacy actions, *La Mesa* achieved 302 media appearances between 2015 and 2018, with the highest number of appearances coming from the *First*

Perception Survey on Voluntary Interruption of Pregnancy in Colombia and the *Unstoppable Women* campaign. During the period *La Mesa* positioned itself in the media as an authoritative voice on this issue at the national level.

Some noteworthy achievements in the area of advocacy to which *La Mesa* made significant contributions include: i.) The Constitutional Court's Ruling C-294/19, which declared unconstitutional the paragraph of Article 2 of Law 1805 of 2016: "Organs or tissues of aborted unborn children cannot be donated or used"; ii.) Denial by the Council of State (largely due to the arguments presented by *La Mesa*) of the request for suspension of the legal effects of Directive 0006/2016 issued by the Attorney General's Office on guidelines for the investigation and prosecution of the crime of abortion; iii.) Contributions to the updating of the "Protocol for Comprehensive Health Care for Victims of Sexual Violence" of the Ministry of Health; iv.) Contributions to the "National Development Plan 2018-2020. Pact for Colombia, Pact for Equity", in the Promotion and sexual health of girls and adolescents component; v.) The Resolution through which a single regulation was issued to guarantee the Voluntary Interruption of Pregnancy in cases decriminalized in Ruling C-355 of 2006 in compliance with the third order of the Unification Ruling 096 of 2018 of the Constitutional Court; vi.) Advocacy in relation to a bill on conscientious objection presented by the Democratic Center political party; and vii.) Construction of the "District Agenda for the Rights of Diverse Women of Bogotá D.C. 2020-2024, because we continue proposing, deciding and choosing", which was presented to the candidates for Mayor of Bogota.

In 2019, the participation of *Fundación Oriéntame*, as the delegate organization of the program, in the Commission on the Legal and Social Condition of Women (CSW) stands out, a space that it contributed to *Fundación Oriéntame* in: The internal workplace harassment policy was formalized and is ready to be shared with all the organization's staff; The contents of the virtual courses and the embarrassing games tool with gender

language were adapted, the gender approach was included in the training plan for human resources.

During the second period of the program, *La Mesa* implemented the following advocacy actions, which had to be adjusted in 2020 to the new realities caused by the pandemic, reducing the implementation of face-to-face activities: political opposition to the proposal from the Democratic Center party to annul Ruling SU-096 of 2018; an intervention before the Constitutional Court in the case of forced contraception and abortion; advocacy actions carried out before Congress in relation to a bill on conscientious objection, which was proposed by María del Rosario Guerra from the Democratic Center political party and that would affect other SRHS, in addition to abortion; support for the formulation of the legal component of the technical concept for abortion by the College of Psychologists, a process that is particularly relevant due to the role that psychologists play in the abortion care pathway and especially in the framework of the health system.

Within the advocacy framework for the effects on women's SRR during the COVID-19 pandemic, the program, through *La Mesa's* work in alliance with the Center for Reproductive Rights, participated in the PS177 session of the IACHR thematic hearings on "Sexual violence, forced pregnancies and access to health services in the context of the COVID-19 pandemic". This was an achievement in the areas of advocacy and political communication.

In turn, and with support from the program, *La Mesa* was able to expand knowledge management on the SRR situation in Colombia with 6 studies/documents published: i.) The article *A las dos orillas*, which highlighted the reality of access to SRH: <https://www.orientame.org.co/salud-y-derechos-reproductivos-a-orillas-del-guaviare/>; ii.) *Causa Justa. Arguments for the debate on the total decriminalization of abortion in Colombia*; iii.) *Venezuelan migrants in Colombia: barriers to access to the Voluntary Interruption of Pregnancy*; iv.)

Barriers to access to the Voluntary Interruption of Pregnancy in Colombia (available at: <https://bit.ly/36wITya>); v.) *Advocacy Guide for the 2019 Local Elections* so that women and their organizations can include issues related to SRR and abortion in local electoral processes; vi.) *Eliminating Abortion from Criminal Law in Colombia: A Just Cause*, written by three members of the collective, which describes the experience of *La Mesa* and its initiative to completely decriminalize abortion (See: <https://bit.ly/360xRD8>).

The report *Venezuelan migrants in Colombia: Barriers to Access to the Voluntary Interruption of Pregnancy* describes 21 cases accompanied between November 2018 and September 2019 and presents the obstacles experienced by Venezuelan migrants when requesting a VIP. This report is notable for its use as an instrument for pedagogical and political actions, as it allowed *La Mesa* to work with local organizations such as *Mujer Denuncia* and *Muévete* in Cúcuta to position the issue on the public migration agenda. This work highlighted the importance of guaranteeing the right to abortion in the context of migration and updating the categorization of these barriers that was carried out by *La Mesa* in 2017. This report was launched in 2019 in Cúcuta with the presence of Venezuelan women leaders, regional authorities, the Ombudsman's Office, CSO and local media. Progress was also made in positioning new arguments in favor of the total decriminalization of abortion, including the differential impact on Venezuelan women in a situation of irregular migration and the State's duty to protect the freedom of profession for health workers.

In terms of visibility and advocacy on women's SRR, *La Mesa* implemented the following campaigns: actions during the electoral campaign titled *#VotoPorMisDerechos*; *#MigraciónyDerechoa la VIE* in the framework of the launch event on the report on barriers to access for Venezuelan migrants; *#AbortoLibreySeguro* leading up to September 28; and *#LoMíoloCuido*, created in response to pressure from anti-rights groups on the Ministry of Health not to publish the Resolution on VIP.

In 2020, *La Mesa* prepared the reports: *Abortion and forced contraception for female combatants in the context of the armed conflict*, *Barriers to access to abortion in the context of the COVID 19 pandemic* and *Monitoring of sexual reproductive health policies in the context of responses to the COVID 19 outbreak and advocacy actions at the national level to strengthen access to essential reproductive health services at the national level (Colombia)*, working with CLACAI and the Center for Reproductive Rights. *La Mesa* also prepared the *Guide Without Conditions: Tools to defend reproductive health in times of COVID*, designed in alliance with organizations in the region, and the article *Women's Sexual and Reproductive Health: A Challenge in the Face of Covid-19* to highlight the reality of women's access to SRH in the context of the COVID-19 pandemic, which was published in the *FOKUS Mujeres Colombia* magazine.

The year 2020 in Colombia also saw the presentation and acceptance of the unconstitutionality lawsuit against Art. 122 of the Penal Code for the elimination of the crime of abortion in this Code. This lawsuit was presented by the *Causa Justa* movement, which involved the articulation of 4 organizations in the drafting process and the subsequent expression of support from more than 91 organizations and 150 people nationwide. This initiative was supported by more than 70 citizen interventions in favor of the lawsuit during October and November, of which 20 received technical accompaniment from *La Mesa*. The *Causa Justa* movement was positioned as a broad and diverse movement to influence public opinion, which doesn't just seek the total decriminalization of abortion in legal terms, but also the social decriminalization and regulation of the health service once it is no longer a crime.

Although 2020 was marked by the pandemic, not just in terms of public health but also in terms of the political and media agenda in the country, *Causa Justa's* work is notable as it positions the SRR of women and keeps this discussion on the public agenda. However, this broad activism has led to attacks on the organizations that are members of the *Causa Justa* movement

(including *La Mesa*) on social networks and media from anti-rights movements and actors, and a significant increase in bills with regressive intentions on the issue of SRH (specifically abortion).

At the local level, social advocacy actions have been developed by the collectives / organizations supported by *Fondo Lunaria*, among which the following stand out: raising awareness and building agreements with the authorities of the *Kämentsa* council to be able to address SRHR issues with the / young indigenous *Kämentsa*, by *Ndayan Guaman Ainanok*: alliances with the University of Cauca. By *Aquelarre*, for socialization and testing of the created material; construction of links and agreements with the Secretary of Education, Culture and Sports.

On the part of the group *Construyendo Igualdad de Género*, for the realization of projects in sexual education in its educational institution; and alliances managed by the group *Vivo mi Sexualidad en todo mi Derecho* with the *Asmupaz* organization, made up of sex workers and trans women, to carry out joint actions in the promotion and training of Ruling C-355. Actions that show that the proposals supported by *Fondo Lunaria* have achieved an outstanding level of articulation, dialogue and visibility before local actors of their work and of the SRR of young women; as well as the positioning of the issue with other influential social actors in their local contexts: educational institutions, social organizations, ethnic authorities and public entities of the local order.

In Guatemala, to address the number of political decision-makers who promote the revision of laws that allow girls, adolescents and women access to safe and legal abortion in cases of sexual violence, *Grupo Multi* conducted a mapping of allied political actors and held political forums with the participation of local and national candidates to position this issue during the electoral process. *Grupo Multi* also implemented the Champion methodology, which brought together public officials and important personalities in politics, academia and the administration of

justice who publicly expressed their support for the legal initiatives related to girls who are victims of sexual violence. At the same time, strategic alliances were formed with social organizations to define work areas aimed at stopping the proposed Law 5272 "For the protection of Life and the Family". This Law represents the interests of conservative religious groups. *Grupo Multi* and other organizations helped modify the bill in 2017 and prevented its progress. This bill is currently awaiting debate in the Congress of the Republic.

In 2015, MTM prepared the document *Contributions to the Strategic Litigation of cases related to the Defense of Sexual and Reproductive Rights of Women in Guatemala*, which was socialized with the different Victim Referral Networks operated by the Public Ministry around the country. This document provides support for the litigation of cases of sexual violence, pregnancy and forced maternity using a gender and human rights approach. MTM also implemented a strategic litigation model using a multidisciplinary team (consisting of legal, social, psychological and communications staff) that includes a system of referral and counter-referral of cases with allied organizations. This facilitated the positioning of the strategy at the national level as a model of specialized work in this area.

In 2018, advocacy activities were jointly coordinated between *Grupo Multi* and MTM to support the legislative initiative for the protection of girls and its subsequent policy. *Grupo Multi* made valuable contributions and inputs to the change processes that support strengthening the exercising of women's human rights in Guatemala. The organization has also strengthened its alliances with feminist organizations and human rights defenders in Guatemala. In 2017 it presented an alternative report to the CEDAW on compliance by the State of Guatemala with the articles related to the SRR of women contained in the Convention.

As a result of the litigation strategy established

by MTM, in 2016, 10 cases involving girls and adolescents were litigated in the department of Quiché and Guatemala. The impact of this litigation went beyond the survivors, generating increased awareness and recognition of the SRR of women in these departments. Between 2015 and 2017, 4 cases received legal and psychological accompaniment in which access to the voluntary termination of pregnancy was achieved in the context of sexual violence.

In 2016, MTM designed 3 bills to comply with what was established in the Public Policy Proposal. The most important of these bills related to SRR was for the voluntary interruption of pregnancy in girls under 14 years of age.

As a result of the strategic litigation carried out by MTM for cases of sexual violence of girls and adolescents with forced pregnancies and maternity, and with the strategic support from key actors like Congresswoman Sandra Moran¹⁹, the most important result achieved during 2016 and 2017 was work related to Law 5376 "Law for the Comprehensive Protection, Access to Justice and Dignified and Transformative Reparation to Girls and Adolescent Victims of Sexual Violence, Sexual Exploitation and Human Trafficking". MTM argued that within the framework of a dignified and transformative reparations, access to voluntary interruption of forced pregnancy in girls and adolescents due to sexual violence should be granted to restore their SRR. Several civil society organizations were convened to discuss the bill and carry out social and political analysis in working groups. This helped achieve public visibility for the issue through media coverage, which in turn increased the actions of conservative groups, which held "pro-life" mobilizations at national level.

In terms of advocacy and visibility, in March 2018 and with the support of FOKUS, MTM participated in the CSW in New York, during the week with the presence of CSO. This action had the objective of forming strategic alliances to advocate before the United Nations regarding recommendations to countries in relation to SRR.

19. Member of the Congress of the Republic of Guatemala, member of the Convergencia political party. 2016-2019

FOKUS carried out important actions in this space and MTM shared its experiences of litigation work for cases of sexual violence, specifically discussing the *Sepur Zarco* case.

In terms of advocacy, on December 7, 2019 the proposal for the *Public Policy for Dignified and Transformative Reparations for Cases of Sexual Violence, Forced Pregnancy and Forced Maternity in Girls and Adolescents* and its 2016-2026 Action Plan was presented. This proposal was the result of the formation of a high-level technical round table that had the participation of judges, magistrates, representatives of the bodies that form the judiciary, international organizations such as *UN Women* and *Lawyers without Borders* and MTM as a social organization invited due to its pioneering work on the issue of Transformative Reparations. This public policy proposal was approved by the Plenary of Magistrates of the Supreme Court of Justice. The main challenge during the coming years, but what is also an important opportunity, will be the implementation of this public policy and the oversight role of social organizations.

In 2019, an election year, several speeches based on religious fundamentalisms were promoted by "pro-life" groups that spoke against women's SRR. During this year there were different setbacks for women's SRR, partly due to the reduction of State budgets allocated to this issue and the intentional weakening of institutions responsible for the protection, promotion and defense of women's human rights²⁰, as well as the refusal by the Ministry of Women to approve the initiative. These situations led to a change in the action strategy of organizations that defend SRR, focusing on avoiding setbacks in the area and preserving what has been achieved to date.

Subsequently, in 2020 and with the arrival of the new national government led by President Alejandro Giamattei, congressional deputies and municipal and departmental authorities

came out against sexual diversity and abortion in Guatemala. This coincided with restrictions caused by the pandemic, which limited social organizations in their carrying out of face-to-face advocacy and lobbying actions. This meant that 2020 was a year in which the agenda of anti-rights groups was strengthened, which caused setbacks in the exercising of women's SRR. The pandemic was used as an excuse to limit SRHS, strengthen alliances with politicians and increase complaints against human rights defenders and organizations. In August 2020, the *Asociación La Familia Importa* filed a complaint against the Human Rights Ombudsman of Guatemala, claiming that he defends abortion. In response, *Grupo Multi* established a legal recourse to support actions that defend SRR and developed political coordination with the Human Rights Ombudsman for this purpose.

To counteract this panorama, *Grupo Multi* developed virtual communication actions with social organizations, increasing the visibility and positioning of women's SRHR in social networks through 10 webinars that addressed the following topics: i.) Sexuality from a feminist perspective; ii.) Lay State; iii.) Legal frameworks that address SRR; iv.) Sexual violence and pregnancy in girls; v.-) Right to decide; vi.) Anti-rights, democracies and human rights groups; vii.) Public Policies regarding SRR in Guatemala; viii.) Androcentric insurance in communication and critical analysis of journalistic production in Guatemala; ix.) New journalistic and communications approaches to SRR; sexuality based on a proposal of communication for emancipation; and a series of 5 webinars to generate dialogue on religious fundamentalism, citizenship and democracy, religion and sexuality and comprehensive sexuality education.

In 2020, and in a complementary manner, MTM worked on the presentation of a new initiative of Framework Law (No. 5848) on Transformative Reparations for girls and adolescent victims of sexual violence before the Congress of the

20. The closure of the Presidential Secretariat for Women, the reduction of budgets for the Comprehensive Assistance Centers for Women Victims of Violence, the threat to the life of the National Coordinator for the Prevention of Domestic Violence and Violence against Women, the non-designation of the Secretariat of SEPREM, the cancellation of COPREDEH (entity responsible for advising the Presidency on human rights issues, designing public policy proposals on the subject, monitoring commitments and training officials on human rights, analyzing and intervening in situations that threaten human rights defenders and following up on international human rights commitments) and the cancellation of the Peace Secretariat of the Presidency.

Republic of Guatemala. This aims to regulate the legal framework to implement administrative, social and economic measures for the benefit of all mestizo, Mayan, Garifuna, Xinka, Afro-descendant or disabled girls and adolescents who have been victims of sexual violence.

Finally, in May 2021 *Grupo Multi* launched *Mirador*, a Platform for Monitoring, Auditing and Oversight of the Fulfillment of Sexual and Reproductive Rights in Guatemala. This tool is expected to contribute to the verification of the efficiency of public policies on SRR and will generate information and analysis for monitoring, auditing and proposing political advocacy actions that support women's SRR.

Strategy 3. Organizational Strengthening

In relation to this strategy, the results are evidenced at two levels: the strengthening of the partners part of the program, on the one hand, and the strengthening of the grassroots / collective organizations supported and with whom the partner organizations have built alliances and synergies for the development of territorial actions, on the other.

In the case of *La Mesa*, the FOKUS program has made it possible to expand and strengthen its activities in different territories of the country, in addition to Bogotá, such as Caldas, Tolima, Huila, Boyacá, Quindío and Cauca; as well as the accompaniment and the work of alliance and articulation with local women's organizations in said territories, strengthening the alliances previously built and creating new ones.

So that for the development of processes at the territorial level and to expand its work in new scenarios and areas of the country, the alliance with local organizations such as the *Corporación Jurídica Violeta en Movimiento* in Pasto, *Tamboras Insurrectas* in Cali, *Cedesocial* in Barranquilla, *Colectiva Feminista* in Duitama, *Colectivo de Mujeres del Tolima* in Ibagué, *Red Nacional de Mujeres - Caldas Node*, *Red Huilense de Defensa y Acompañamiento en DSR* (RHUDA) in Neiva, *Red DeFemSoras* en Sogamoso, *Yukasa* -

Casa Feminista in Armenia, *Corporación Mujer Denuncia y Muévete* in Cúcuta, *Fundación Mujer y Futuro* in Bucaramanga, *Casa de la Mujer* in Pereira and *Red de Empoderamiento de Mujeres de Cartagena*, has been key.

These alliances have allowed *La Mesa* to expand its regional work, strengthen its knowledge and strategies based on the particular territorial realities in the face of women's SRR, and expand its knowledge and understanding of the barriers to access to VIP in those territories.

La Mesa, has contributed to the strengthening of these organizations through training and awareness-raising for the work team of these organizations in medical and legal aspects of the VIP; in the capacities to follow up and monitor compliance with norms, plans, programs and projects that guarantee the SRR of women in their territories; accompanying them in the construction of protocols and care routes for the attention of cases and in the development of academic spaces and research and diagnoses on the subject (in Huila, Boyacá and Quindío local diagnoses are being carried out on access to VIP); as well as in the reception of cases of women who request access to an IVE and encounter multiple barriers in their territories and in the legal support of these cases.

This is the case of *Fundación Cedesocial*, an organization that worked on issues of sexual violence, and that from the articulation with *La Mesa* expanded its work to include the right to IVE, which was possible after a process of training and raising awareness of its work team and volunteers, resulting in the formation of an VIP Committee within the organization; and RHUDA, made up of a group of activists who had been accompanied by *La Mesa*, and who managed to consolidate this regional alliance for the SRR of women in Huila:

We decided to form the Network thanks to the support of La Mesa and Católicas por el derecho a decidir. The relationship with la Mesa has been constant, beyond funding, they have been very willing to accompany in training spaces and support cases

(this has helped us to strengthen ourselves organizationally)

RHUDA

Thus, the local women's groups / organizations that have received support and accompaniment by *La Mesa* in the aforementioned territories, stand out within the framework of the evaluation process that such support has contributed to: i.) expanding their work to other territories (especially to rural territories and far from capital cities) as is the case of *Yukasa - Casa Feminista*, *Colectivo de Mujeres del Tolima* and *Red Nacional de Mujeres - Caldas Node*; ii.) development of research on access to IVE in their department or municipality, with technical and financial support from *La Mesa*, as is the case with the *Colectivo de Mujeres del Tolima*, *Yukasa - Casa Feminista*, *RHUDA* and *Red DeFemSoras*; iii.) expand their capacity to provide initial support to women seeking access to an VIP, and that later some of these cases are referred to *La Mesa* for legal advice and support, as is the case of *Yukasa - Casa Feminista*, *Red Nacional de Mujeres - Caldas Node* and the Campaign for safe and free legal abortion - Colombia; iv.) have pedagogical and communicative materials on VIP that facilitate the development of awareness-raising and training processes at the territorial level, as is the case of all the groups already mentioned; v.) strengthening of territorial spokespersons, through actions such as the Speakers' Workshops within the framework of *Causa Justa*; vi.) consolidate its recognition at the local level and its capacity to advocate with local and departmental actors, such as *Cedesocial* and *Red DeFemSoras*; and vii.) development of academic spaces and with actors from the health and justice sector to raise awareness about the right to VIP, such as the *Corporación Jurídica Violeta en Movimiento*, *Red Nacional de Mujeres - Caldas Node*, and *Colectivo de Mujeres del Tolima*, *RHUDA*.

Regarding the relationship established with local organizations, within the framework of the evaluation, these stand out:

I emphasize that although La Mesa has a lot of expe-

rience at the national level, we find that it has a lot of respect and recognition for local processes, for territorial realities and dynamics. We are working on the VIP issue, they have provided us with resources for the workshops in the territory, but beyond the money, they manage to be there. There are many organizations that accompany, but it is intermittent.

Red Nacional de Mujeres - Caldas Node

We are confident that we have them, we have always received a positive response to the requests we have made.

RHUDA

For us it is important that every action that is carried out is done from a territorial perspective, this has been the basis of our relationship with La Mesa.

Corporación Jurídica Violeta en Movimiento

We have several relationships with national platforms and organizations. The relationship with La Mesa is one of the most respectful of relationships, they accompany us, they invite us, they support us, they are ready to attend to cases that require legal support.

Colectivo de Mujeres del Tolima

On the other hand, the alliances of *La Mesa* with women's organizations and defenders of women's rights at the national level stand out, such as: *Women's Link Worldwide*, *Centro de Derechos Reproductivos*, *Red Nacional de Mujeres*, *Católicas por el Derecho a Decidir*, *Campaign for free and safe legal abortion - Colombia*, *Siete Polas*, *Las Igualadas*, *Las Parceras*, *Artemisas*, *Federación Colombiana de Asociaciones de Obstetricia y Ginecología*, *Grupo Médico por el Derecho a Decidir*, *Colegio Colombiano de Psicólogos*, *Profamilia*, *Red Alas*, among others; which has allowed them to strengthen their work based on various knowledge and fields of expertise, join forces for the development of legal and advocacy actions, as well as campaign and communication actions aimed at the legal and social decriminalization of abortion in Colombia.

The *Medical Group for the Right to Decide*, highlights in the framework of the evaluation, how strategic the work of articulation with *La Mesa* is:

We provide the technical, medical, scientific voice for advocacy and support for cases. La Mesa is a more recognized organization, with more experience in advocacy, so all this impact and reputation also benefits us. We make a good complement between the medical and the legal. We lack resources to reach doctors from other regions, to advance in training with them in SRR; so we have been able to take advantage of the presence that La Mesa has in different territories, to train more personnel in the health sector regarding the right to VIP.

Likewise, *Causa Justa* movement, supported by FOKUS, among other donors and allies, has generated an important link between various social organizations: human rights organizations, community and neighborhood organizations, women's and feminist organizations, legal organizations and artists; adding more than 90 organizations and 134 activists from all over the country.

Within the framework of this articulation and seeking to facilitate the exchange of experiences between groups and organizations, on October 15 and 16, 2019, *La Mesa* convened a regional exchange around *Causa Justa*, in which 26 young women from Barranquilla, Manizales, Pereira, Armenia, Pasto, Cúcuta, Cali, Antioquia, Bogotá, Huila and Ibagué participated, who based on their experiences and reflections from their territorial realities, nurtured the strategies of *Causa Justa*. Spaces that have contributed to the meeting and relationship of territorial organizations, beyond *La Mesa*, and that is evidenced, for example, in the methodological exchange that took place on December 12, 2019 between the *Colectivo de Mujeres del Tolima*, *Yukasa - Casa Feminista* in Armenia and groups from Neiva, which were supported by *La Mesa*.

Causa Justa allowed the meeting between regions and organizations, brotherhood to talk about the issue, has allowed to maintain dialogue and articulation with other organizations, for example, the Regional Board for the Right to Decide, in which Cauca, Boyacá, Armenia and, Risaralda participates. Strengthening this joint work at the territorial level has been very important, because Bogotá no longer has

has a monopoly on dialogue

Yukasa - Casa Feminista, Armenia

We participated in the socialization space of Causa Justa in Bogotá, this space was very important for us, to understand from where the decriminalization of abortion had been read, the arguments that other organizations had been working on. It allowed us to meet other organizations from other territories with whom we began to make some alliances (whit Yukasa i.e).

Corporación Jurídica Violeta en Movimiento, Pasto.

Causa Justa stands out then as one of the experiences that has generated organizational strengthening both for *La Mesa*, as well as for the organizations part of the movement, in order to build and strengthen alliances between different voices and expertise. In this regard, Beatriz Quintero, founder and member of *La Mesa* and currently director of the National Women's Network (part of *Causa Justa*) points out:

The engine of *Causa Justa* has been *La Mesa*, articulating with almost the entire women's movement that works in SRR. She achieved that articulation, managed to gain recognition, a personality of her own, with good arguments and a good litigation strategy. As well as a wide territorial coverage. Organizations suffer from collective protagonism, when you win an individualistic position and not a collective position. I would sacrifice the leading roles of individual organizations, for a large and collective articulation, to achieve decriminalization. Perhaps it would have been more remarkable for *La Mesa* if it had taken *Causa Justa* alone, but it was more coherent and politically correct to do so from a logic of assemblage.

In Causa Justa, the medical voice should be there, for us to be in that movement is a recognition, a privilege, it represents what we want to achieve, but that we will not achieve alone. It contributes a lot to us, inasmuch as it is a scenario that allows us to participate in the dialogue, we contribute because the discussion is very fragmented; then we contribute from a bioethical approach, moral, ideological, the role from our profession. It is important that there is a medical voice, sometimes activism lacks that technical part.

Medical Group for the Right to Decide

On the other hand, based on the support of

FOKUS, among other donors and allies, in recent years *La Mesa* has managed to update and strengthen its institutional communication strategy, which has allowed it to advance in the positioning of the decriminalization of the IVE in social media and media; position itself as an expert voice on the subject, to speak not only in the legal field and activism but in a much broader social sphere; and to move the public debate on abortion in the country in other spaces, beyond the circles in which this debate usually occurs.

Likewise, due to the way in which the communication strategy within *La Mesa* has been conceived, strategies have been included to strengthen communication and the spokespersons of the organizations accompanied and allied to *La Mesa* at the territorial level, through actions such as spokespeople workshops for young people in the framework of *Causa Justa*; the creation of a work manual with the media, a question and answer document, and the development of a mock workshop with real actors and journalists, which facilitates and guides dialogue with the media and the positioning of key messages.

Thus, the program has contributed comprehensively to the development and strengthening of the different areas and working groups: legal and political advocacy area, implementation area; legal support area for VIP cases, regional work area, research and knowledge generation area and communications area.

For its part, *Fundación Oriéntame* points out that the program has contributed to its strengthening at various levels, from the technical and financial possibility of expanding coverage for SRH care for women, as well as improving the conditions for the professionals in charge. of this care, especially in times of pandemic, likewise an important advance was manifested in the development and incorporation of the differential approach to care, which results in the improvement of the care provided to specific populations such as indigenous women, in situation of disability and different age groups. In his own words, the strengthening has been reflected in:

The ability to attend to the needs of women in the different territories where we arrive today, thanks to the support of FOKUS, and with the required quality.

We have learned about incorporating the differential approach by improving our interventions, as well as a greater participation in institutional exchange and openness to work with collectives and groups of women that can be allies in the territories.

Mainly with FOKUS we have increased access to services in multiple ways; We have also taken an active part in the implementation of R1325, especially within the framework of the agreements. In this context, Oriéntame came to be recognized as an implementer of resolution 1325 among organizations that have been doing it for much longer.

Regarding the development of strategic alliances for the promotion of SRHR of women at the territorial level, *Fundación Oriéntame* highlights the articulation with the *Centro de Promoción y Cultura (CPC)*, *Limpal*, *Kilombo Girasol* and *Fundación FUCISPAC*, with whom activities of promotion of SRH with young people and women in vulnerable situations.

Proposals for financing articulated between the aforementioned organizations were prepared and presented, in addition to the exchange of experiences and knowledge among the participating organizations.

For the development of the *Decide Sin Fronteras* project, the alliance with CSO in the Táchira border area was key, among them *Fundación Feminista Mujer*, *Decide y Denuncia* and *Fundación Juvenil 5ta con 5ta Crew*, with whom it articulated the different SRR promotion activities of the Venezuelan population in transit.

In turn, the alliance made within the program between *Fondo Lunaria* and *Fundación Oriéntame* stands out, in order to strengthen the work that had been carried out with groups of young women on RSD, based on *Fundación Oriéntame's* expertise on this issue. In this way, it has been possible to generate a greater impact on young organizations by providing them with more tools and experiences to define how to address

SRR with the communities with whom they work at the territorial level. From the work carried out by *Fundación Oriéntame* with *Fondo Lunaria*, new possibilities of territorial work have been generated, as is the case of Palenque (Cartagena), who requested support from *Fundación Oriéntame* to develop actions for the prevention of adolescent pregnancy.

Likewise, *La Mesa* supported the development of two training sessions with beneficiary organizations of the convocation *Defending the sexual and reproductive rights of young women of Fondo Lunaria*, on the legal framework of the VIP in Colombia, and were subsequently invited to a dialogue of experiences with some of these groups.

For *Fondo Lunaria*, the accompaniment and financial support of FOKUS has been fundamental for the strengthening of the line *Defending the sexual and reproductive rights of young women*, which has been developed for some years before receiving financial support from FOKUS. Through this line of work, *Fondo Lunaria* provides support to organizations/groups of young women from rural territories, of ethnic, gender and sexual diversity. Based on the financial support of FOKUS, in 2019 they directly supported 6 grassroots or collective organizations of young women, belonging to the cities of Popayán (*Colectivo Aquelarre*), Bogotá (*Colectivo Jembe Afram*), Mocoa (*Ndayan Guaman Ainanok*), Medellín (*Colectivo Autónomas*), Pasto (*Vivo mi Sexualidad en Todo mi Derecho*) and San Pedro de Urabá (*Construyendo Igualdad de Género*); which developed the following actions to train and promote SRR for women in their territories.

These 6 processes financed within the framework of the FOKUS program, were in turn part of a process of training and exchange of experiences in SRHR, led by *Fondo Lunaria* with support from *Fundación Oriéntame*, with the participation of 35 young women; workshops in which the proposals to be developed were socialized, the initiative of *Las Parceras* (a line and support network in safe abortion) was presen-

ted, and the document *Access to sexual and reproductive rights An approach from the realities of diverse young women in Colombia*. In turn, a presentation was made of the legal framework of the VIP in Colombia (with the support of *La Mesa*). With the support of *Fundación Oriéntame*, SRH service fairs were also held in Cartagena, Cúcuta and Bogotá, which were aimed at young women from the groups supported by *Fondo Lunaria*.

The relationship with FOKUS has allowed them to generate joint strategies for the accompaniment and support of these groups, it has also allowed them to strengthen relationships with other organizations in order to have the possibility of giving young women access to services and training. Specifically through the alliance with *Fundación Oriéntame*, joint training activities, access to prevention kits and professional guidance for cases of VIP have been developed. On the other hand, *Fondo Lunaria* has strengthened its internal Monitoring and Evaluation system, adapting the production of information to the requirements of FOKUS in terms of accountability.

For their part, the groups/organizations of young women point out that the support and accompaniment by *Fondo Lunaria* has meant in many cases to project their actions and strategies, which until receiving financing were carried out with scarce resources, likewise, being part of the *Fondo Lunaria* opens the possibility of being part of a broader platform, in which new relationships are built with other collectives and grassroots organizations. In this sense, they point out:

Our collective has made great progress in understanding Sexual Rights, far from religious fundamentalisms and having techniques and methodologies to develop our work with young people and other organizations in the municipality.

Our organization has received awareness and training on SRR, we understand them as human rights, we have been able to establish strategies for training in these rights with our afro community.

I think the most important thing has been the knowledge acquired to be able to share it, not only with the

girls who attend the workshops but with our family and friends. We also question the practices that we generated, relate the myths that we carried and the stigma that existed on the bodies and sexuality of black women and black men.

In particular, it stands out as a factor strengthening the spaces provided by *La Mesa* and *Fondo Lunaria* for the exchange of experiences between territorial organizations work. On the other hand, collective identify a level of complementarity between the training offered and advice given by *Fundación Oriéntame* and technical and financial support provided by the mechanism of strengthening by *Fondo Lunaria*'s strengthening mechanism, despite the lags or possible uncoordinated events that may have been given. Probably an exercise of territorial reading and joint operational planning between organizations such as *Fondo Lunaria* and *Fundación Oriéntame* can facilitate actions with greater leverage that lead to reducing efforts and amplifying coverage.

In Guatemala, *Grupo Multi* has strengthened its internal structure; leadership within organizations working for DSR, currently being a leader on the issue of the right to decide for women in Guatemala; and their role in *La Mesa Ampliada de Derechos Sexuales y Reproductivos* in Congress. Also in line with the need to strengthen their work in digital communication, evidenced further in the context of the pandemic, *Grupo Multi* updated its communication strategy in order to strengthen internal communication of the organization and external to the incidence in the framework of the new context, including joint actions such as the *National Network for Sexual and Reproductive Rights* in Guatemala.

Grupo Multi has no legal status, so the organization designated to manage resources is *Asociación Movimiento por la Equidad* in Guatemala; however, *Grupo Multi* has strengthened its political capacity to coordinate alliances with other organizations for advocacy, making effective use of human and financial resources to carry out and maintain dialogues, exchanges and communication campaigns agreed with other CSO, to

position the SRR agenda in a context of political changes occurring nationwide.

Regarding alliances with other actors, *Grupo Multi* strengthened its alliances and articulations with *Centro de Estudios de Guatemala* (CEG), *Instituto de Estudios Comparados en Ciencias Penales de Guatemala* (ICCPG), *Observatorio de los Derechos de la Niñez* (CIPRODENI), *Secretaría Presidencial de la Mujer* (SEPREM), LEGIS, UNFPA, *Grupo Guatemalteco de Mujeres* and other social organizations; this allowed the formation of the Intersectoral Group to define strategies on how to face the advancement of the initiative of law 5272 and the support in the dialogue analysis tables supporting the law of comprehensive care for girls and gender identity in the Congress of the Republic of Guatemala.

MTM, meanwhile, has established itself nationally as a leader in the defense and promotion of SRR girls, adolescents and women, reaching implementing political, social and academic partnerships that will allow positioning the subject in national level; at the same time, due to the work that it carries out, it is recognized as a promoter of social articulation and a reference in the subject of strategic litigation. Through the diagnostic document *Situation of abortion in the country and legal cases related to abortion*, it was possible to determine the current situation of abortion in the country, making this document a key tool for the work of MTM, which made it possible to develop a strategy for advocacy, lobbying, legal and communication actions in favor of the legalization of abortion in cases of rape.

Regarding the consolidation of networks and alliances at the national and regional level, MTM highlights the strengthening of these with: *Alianza de Mujeres* and *Mujeres Indígenas por la Justicia* in Guatemala, *Grupo Multi*, *Red de Defensoras Mesoamericanas*, *Proyecto Miriam*, *Red de Derivación del Ministerio Público* of Guatemala and with the networks of Jalapa, Izabal, Quiché, Huehuetenango, San Marcos and Quetzaltenango for training process through a course aimed at psychologists and psychologists in the group therapeutic approach to sexual abuse and

incest in girls, children, adolescents and adults. Also with organizations like *Refugio de la Niñez*, *Fundación Sobrevivientes*, *La Alianza*, CONACMI -Coordinadora Institucional de Promoción de los Derechos de la Niñez, among others; aimed at collaboration and articulation of efforts in the Initiative for the Protection of the Girl child.

As a factor of institutional and organizational strengthening, national and international exchanges stand out as fundamental tools for acquiring new knowledge and sharing experiences and strategies for addressing SRR in a framework of human rights and international resolutions, among which are stand out, in Guatemala: the Central American Meeting for the Voluntary Interruption of Pregnancy, Sexual Violence, Dignified and Transformative Reparation and the 1st and 2nd Mesoamerican Meeting *Models of Dignified and Transformative Reparation for the rights of girls, adolescents and indigenous women survivors of violence against women*; and in Colombia: the knowledge exchange meetings between *Embera*, *Wounaan* and *Inga* indigenous women and health providers from *Fundación Oriéntame*.

As well as the international meeting between Guatemala and Colombia, in which representatives of MTM, Grupo Multi, *Fundación Oriéntame*, *La Mesa* and *Corporación Humanas* participated, with the aim of exchanging experiences and knowledge; strengthen capacities, arguments and strategies for each of the contexts; as well as creating synergies of joint work between the organizations and regional advocacy strategies for the full implementation and enjoyment of the SRR. In the case of Guatemala organizations, these developed several meetings with *Corporación Humanas* to establish litigation strategies in emblematic cases of sexual violence. Meanwhile exchanging experiences with partners in Guatemala was also valued as an opportunity to update knowledge on the challenges faced by these organizations, and identify concrete actions exchange.

The program partners have identified as added value in accompanying FOKUS, making constant

efforts to open other scenarios such as CSW and promoting synergies and coordination between the partners. Satisfactorily also it appreciates the assumption of the program by the Office of FOKUS in Colombia because it provides greater closeness and support in budgetary matters and follow-up and monitoring.

In conclusion, the organizational strengthening strategy at both levels has been successful, without denying that there are still specific challenges in the work plans of the different organizations, as well as challenges related to advocacy actions, access to services, and dissemination capacity and alliance management.

In general, FOKUS partners recognize the added value of having FOKUS as a partner organization of the action, given that on the one hand it is recognized as an organization with programmatic work and advocacy on SRR in different regions of the world; likewise, the action of FOKUS is attributed an integral vision that gives interventions, creating processes of establishment in the thematic, at the same time that it facilitates institutional articulation and the exchange of knowledge, maintaining the rights of women as the central axis of the process.

FOKUS has established itself as an organization that validates and recognizes the work of organizations and through the program gives political support through the international dissemination of the results achieved and the recognition of institutional trajectories.

In addition there is a consensus regarding the role of FOKUS in organizational strengthening, as the permanent dialogue both politically and administratively, it also means an improvement in the internal procedures of organizations.

In this same sense, the organizations recognize the efforts of FOKUS to generate constant spaces for work and advice (technical and financial) and its great capacity for adaptability, much more evident in the way in which the contingencies of the pandemic have been addressed.

On the other hand, the partners of FOKUS have identified actions that can improve the levels of coordination and strengthening of both the partner organizations and the role of FOKUS as a companion and financing organization, among others the following were mentioned:

- In future strategic planning exercises, directly involve partner organizations in the design of quantitative and qualitative indicators, a process that can lead to building consensus among organizations on their understanding and scope.
- Continue technical assistance from program officers, especially for Guatemala is important to consolidate a team of more permanent technical support and follow-up actions.
- Regarding the spaces for international exchange, it is considered that to some extent the strategy has been wasted, it is proposed to consolidate a more permanent communication mechanism between partner organizations, which facilitates exchange on legal and advocacy issues, among others.
- Create discussion groups and reflection, against critics of the SSR processes and encourage more joint advocacy actions in each country.

Strengthen monitoring activities, beyond bilateral meetings, promote periodic meetings with partner organizations in each country, which support the strengthening of political and technical capacities from the exchange and participation in the follow-up of the SRR agenda at the international level, this in order to advance an analysis.

•• Program in numbers

5

The following is a review of compliance with the program's goals in the two periods, based on the quantitative indicators defined in the planning phase. As a traffic light, you can see the Goals achieved with a value higher than expected, the goals met as expected and the goals not reached. Next, the exercise for each of the periods

Target achieved well above expectations

Goal achieved

Target not achieved

5.1 Period 2015 -2018

Program: Removing barriers and increasing access to sexual and reproductive health and rights for women in Latin America










Specific objective	Indicators	Goal achieved	% compliance
0.) Increased access to SRHR for adolescent girls and women in Colombia and Guatemala.	0.1.) Number of socioeconomically vulnerable women and girls in Colombia who call the contact center and receive free counseling on unwanted pregnancies (Target: 5.200).	9,197 socioeconomically vulnerable girls and women called the <i>Fundación Oriéntame</i> contact center and received counseling on unwanted pregnancies.	117%
	0.2.) Number of socioeconomically vulnerable women and girls in Colombia who call the contact center and are able to access safe abortion services (Target: 4.000).	5,804 women subsidized access to safe abortion in <i>Fundación Oriéntame</i> . In addition, 325 women accessed abortion after legal support from <i>La Mesa</i> .	145%
	0.3.) Number of socioeconomically vulnerable women and girls who call the contact center to initiate post-abortion contraception (Target: 2.464).	5,023 socioeconomically vulnerable women and girls called the contact center to access a post-abortion contraceptive method.	204%
	0.4.) Number of Colombian women (Afro-Colombian, indigenous and adolescent) referred by a field program who have received abortions (1,050) and/or contraception (800) from <i>Fundación Oriéntame</i> (Target: 1.850).	1,138 Afro-Colombian, indigenous or adolescent women have had access to legal abortion services and 775 women from the same population have accessed contraceptive methods.	103%
	0.5.) Number of registered cases of sexual violence that receive care in accordance with health and justice service standards in Guatemala (Target: 120).	According to the Ministry of Public Health and Social Welfare of Guatemala, a total of 3,096 cases of women registered for sexual violence have received assistance in accordance with the Violence Protocol. Of these, 1,402 of the cases are from areas where the program is implemented. The result cannot be directly linked to this program.	Cannot be determined
1.) Expanded and simplified abortion services at <i>Fundación Oriéntame</i> 's clinics in Colombia	1.1.) Increase in the proportion of medical abortions compared to surgical abortions (Target 40%).	Of every 100 women who had an abortion in <i>Fundación Oriéntame</i> , 48 had it with medication.	120%

















Specific objective	Indicators	Goal achieved	% compliance
	1.2.) 2 satellite centers that exclusively provide abortions with medications established by <i>Fundación Oriéntame</i> .	<i>Fundación Oriéntame</i> 's satellite centers established in vulnerable sectors to carry out medical abortions: 2 in Bogotá, 1 in Barranquilla, 1 in Cúcuta and 1 in Medellín.	250%
	1.3.) Intersectoral and user-friendly approach for the provision of services and materials.	156 field agents (indigenous, Afro-Colombian, public officials and private sector institutions) and 88 <i>Fundación Oriéntame</i> 's staff members received training on the provision of SRHR services using a differential approach for Afro-Colombian, indigenous and adolescent women who are in situations of socioeconomic vulnerability. <i>Fundación Oriéntame</i> designed a plan for the incorporation of differential approach guidelines (user-friendly). 98.8% of the plan has been implemented.	It cannot be established in the exact % of compliance, because the indicator does not set a clear goal.
2.) Increased awareness and knowledge of SRHR and current abortion legislation.	2.2.) Number of media appearances, social media outreach and publications on SRHR (Target: 2000).	302 media appearances. 12.043 followers on FB and 3.149 on TW. 3 reports on causes, barriers and institutional conscience objection.	570%
	2.2.) Number of regional representatives (health care and legal sector) who received training on legal and medical aspects of abortion (Target: 2000).	5.014 public officials received training.	251%
	2.3.) 36,000 community members receive information on contraception and abortion from field-based programs.	47.261 community members received information and had their awareness raised.	131%
	2.4.) Number of women, women's organizations, students, etc. trained on SRHR (Target: 1.000).	2.357 women trained on accessing the right to abortion.	236%
3.) Colombian women's SRHR are raised/supported in the legal system.	3.1.) Number of advocacy efforts to influence bills or regulations on women's SRHR.	8 actions (bill conscientious objection, Directive 006/2016, bill about Penal Code, bill that regulates SSR, Resolution 0652/2016, Circular 003/2013, bill on criminal policy, Resolution 1904/2017). Additionally, five actions were underway in 2018.	This did not have a specific quantitative target, so the level of compliance cannot be established
	3.2.) Number of interventions in legal processes that promote SRHR (Target 4 annually).	12 interventions since 2016..	75%

Specific objective	Indicators	Goal Achieved	% compliance
	3.3.) Number of cases of women facing abortion barriers taken on by <i>La Mesa</i> (Target 600).	348 cases during the implementation period.	58%
4.) Increased public awareness of sexual violence and the consequences of rape cases that lead to unwanted pregnancies in Guatemala.	4.1.) National/local radio stations include topics on sexual violence and the consequences of rape that cause unwanted pregnancies in their programs.	In 2016 and 2017, local radio stations in Huehuetenango, San Marcos, El Quiché, Totonicapán, Quetzaltenango broadcast content for listeners aged 15 to 65 of Mayan origin about the consequences of sexual violence. In 2017, <i>Grupo Multi</i> mobilized in the national media to obstruct the approval of Law 5272 by Congress, which would further toughen penalties for abortion. <i>Grupo Multi</i> also trained 20 reporters from around the country on the problem of women's limited access to their SRR.	100%
	4.2.) Number of listeners.	The radio spots broadcast on the different channels have reached a total of 3,612,000 listeners in rural areas.	It did not have a specific quantitative target, so the level of compliance cannot be established.
5.) Guatemala's legal prohibition of abortion in cases of rape is challenged.	5.1.) Number of litigated cases of unwanted pregnancies of raped girls and adolescents (Target: 40).	MTM has litigated 29 cases of unwanted pregnancies, of which 5 have received a conviction in court and are awaiting dignified reparations.	73%
	5.2.) Number of decision making "leaders who publicly support the extension of the legal framework" (Target: 10).	In total, 4 members of Congress support the expansion of the legal framework. Two of them, Sandra Moran and Enrique de Alvarez, promoted the legislative initiative that would make it possible for girls up to 14 years access to legal abortion.	40%
6.) 8 health clinics receive training to provide comprehensive and multidisciplinary care to victims of sexual violence and unwanted pregnancies in Guatemala.	6.1.) 8 clinics (operated by the Ministry of Health Services) that provide care to victims of sexual violence have the necessary equipment and infrastructure.	A total of 8 Red Cross clinics were opened and established in Quiché, Coatepeque, Chiquimula, Amatitlán, Quetzaltenango, Cunén, Tejutla and Chichicastenango. The opening of clinics operated by the Ministry of Health was not feasible during the 2015-2018 period. The purchase and installation of the 8 planned clinics was completed. These are located in hospitals in Quiché, Coatepeque, Chiquimula, Amatitlán and Quetzaltenango, and in Permanent Care Centers - CAP - Tejutla, Cunén and Chichicastenango.	100%

Specific objective	Indicators	Goal achieved	% compliance
	6.2.) The multidisciplinary teams from the 8 clinics have the necessary skills to provide care in accordance with the protocol for the care of victims of sexual violence.	A total of 200 gynecologists, doctors, nurses and social workers received training in Red Cross clinics on how to provide care in accordance with the protocol for victims of sexual violence.	100%

5.2 Period 2019 -2022 (till 2020, date of the last report)

Specific objective	Indicators	2020 Target (according to approved Logical Framework)	Actual (target achieved in 2019 & 2020)	% compliance
Specific Objective 2: Improving women's and girls' access to safe abortion and sexual and reproductive health and rights (SRHR).	0.1.) Number of women and girls assisted in the realization of their SRHR.	2019: 2.095	2019: 1.902	2019: 
		2020: 4.986	2020: 6.358	2020: 
	0.2.) Proportion of SRHR-related legal aid cases with favorable legal outcomes (%).	2019: 64%	2019: 63.9%	2019: 
		2020: 65%	2020: 80%	2020: 
	0.4.) Number of public policies, laws, and action plans related to SRHR influenced.	2019: 7	2019: 10	2019: 
		2020: 10%	2020: 13	2020: 
Specific objective	Indicator	Goal 2020	Actual (target achieved in 2019 & 2020)	% compliance
2.1.) Women and girls receive assistance to enjoy their SRR.	2.1.1.) Number of clinics supported to provide SRHR services to socioeconomically vulnerable women and girls.	2019: 3	2019: 7	2019: 
		2020: 6	2020: 2	2020:  The goal has not been reached because of the COVID-19 pandemic. The hospitals that the program planned to work with had to allocate all their human resources and efforts to attend to the health emergency. This prevented them from being involved in the program's actions.
	2.1.2.) Number of vulnerable women and girls assisted with essential SRHS during and after the COVID-19 pandemic.	2020: 1.210	2020: 1.269	2020: 

Resultado	Indicadores	Meta 2020	Actual (meta alcanzada en 2020)	% Cumplimiento
2.2.) Strengthened capacities of public and private actors working on SRR for women and girls.	2.2.1.) Number of capacity building materials created.	2019: 2	2019: 11	2019:  550%
		2020: 4	2020: 11	2020:  275%
		2019: 970	2019: 1.344	2019:  139%
	2.2.2.) Number of professionals trained in SRHR.	2020: 2.340	2020: 1.326	2020:  57% This target is below the target because the availability of health, protection and judicial staff has been limited by the COVID-19 pandemic.
2.3.) Strengthened advocacy actions by CSO to improve women's and girls' access to their SRR.	2.3.1.) Number of studies published on SRHR for women and girls.	2019: 8	2019: 12	2019:  150%
		2020: 17	2020: 20	2020:  118%
2.4.) Expanded knowledge of women's and girls' SRHR	2.4.1.) Number of people educated about SRHR.	2019: 5	2019: 10	2019:  200%
		2020: 7	2020: 13	2020:  186%
2.5.) Awareness raised about women's and girls' SRR.	2.5.1.) Number of people educated about SRHR.	2019: 20.817	2019: 41.784	2019:  191%
		2020: 41.784	2020: 78.006	2020:  187% Due to the COVID-19 pandemic, most of the awareness-raising activities were implemented virtually, which has made it difficult to keep a more detailed record of the people reached. As a result, the data reported is approximate.
	2.5.2.) Number of awareness-raising campaigns conducted about SRHR for women and girls.	2019: 3	2019: 8	2019:  267%
		2020: 7	2020: 11	2020:  157%
2.6.) Strengthened partner/stakeholder capacities.	2.6.1.) Number of FOKUS partner organizations working in SRHR that have received and/or support with their organizational and professional development.	2019: 5	2019: 5	2019:  100%
		2020: 5	2020: 5	2020:  100%
	2.6.2.) Number of exchanges carried out by FOKUS partner organizations	2019: 1	2019: 4	2019:  400%
		2020: 2	2020: 7	2020:  350%

6

This chapter presents the findings of the evaluation based on its established criteria. These findings can be used by stakeholders in future planning exercises.

6.1 Relevance

Although there is currently greater recognition by the States of Guatemala and Colombia of the SRHR of women, with respect to the years 2014-2015, in which the program was formulated; many of the barriers to accessing these rights remain, since the conquests in the legal frameworks do not imply an immediate or short-term change in the social realities and the imaginaries and beliefs that influence the guarantee of these rights. Likewise, the systematic sexual violence against women and girls, the precariousness of the health system (especially in rural areas) and the impossibility of accessing a safe, free and dignified abortion, mean that women and girls continue to be forced to carry unwanted pregnancies to term, putting their health (physical, mental or emotional) at risk and contrary to their right to autonomy. Proof of this situation is that the rate of pregnancies in women under 16 years of age has continued to increase during the last decade. It is also evident that in Latin America and the Caribbean, the design of policies aimed at guaranteeing the SRR won by the women's social movement at the global level has been affected by the backward and conservative tendency of what has been called the anti-rights movement, which has established positions against the legalization of abortion and the promotion of comprehensive sexual education.

In both Colombia and Guatemala, organizations and beneficiaries continue to identify the application of restrictive laws that affect women, with a disproportionate effect on girls and adolescents and a special emphasis on women from rural areas, as the main barrier that impedes access to SRHS. In addition, administrative barriers imposed by service providers in contexts where abortion is partially legalized generate delays in access to services, contribute to a lack of trained professionals and are a factor in the

absence of an inter-agency approach to SRH.

In the 2015-2021 period, both the program's strategic objectives and the goals, which have been adjusted every four years, are relevant to the contexts in which the program has been implemented, as these strategies have been defined in response to the needs of women and the organizations that provide support and accompaniment at the local level.

The prioritization of activities and budget allocations to strengthen health services and attend to the cases of women who require specialized services given the permanent failure of the public health system have met the challenges faced by these organizations and the demand for these services from women.

The program has recognized emerging issues and responds to challenges such as providing outreach services to serve populations in remote areas or where they do not have access to the health system. This includes the migrant population, who lack effective health care programs. Through actions in each territory, the program has implemented actions that address gaps in programs aimed at the youth population for the prevention of pregnancy and access to legal abortion.

In addition, the program's political and social advocacy strategy has been evolving, along with the growing challenges facing the legal system and the need to publicly position the SRHR issue. In the case of Colombia, several campaigns have led to the advancement of local assessment exercises on the current situation of women's SRHR, producing pedagogical results for women's organizations and youth collectives. This work also resulted in the consolidation of *Causa Justa* as a platform that brings together the efforts of a significant number of organizations and activists, which has demonstrated a number of early achievements. This work is much more difficult in Guatemala, where the context has been adverse and regressive, both in terms of policy areas and the limited participation spaces for civil society to engage with the

the State. The current challenge, particularly in Guatemala, is to rethink these approaches and assess the real possibilities of influencing the SRHR issue, or if this is not possible, then it is necessary to make a shift and focus efforts on grassroots organizations and their capacity to resist-assist. This involves resisting in a context that makes them fragile and assisting women who are seeking information and support to exercise their rights. In the same sense, and in the event of including new organizations in Guatemala, it will be feasible to restructure the advocacy strategy taking into account the challenges of the social and legislative context.

6.2 Effectiveness

The effectiveness of the program involves assessing the achievements made during the two implementation periods in terms of improving access to SRHS for women through the work areas established by the program.

As mentioned throughout this document, there are a series of results in terms of public policy advocacy, which, although they cannot be read in terms of achieving permanent institutional changes, they do represent partial achievements that are contributing to the possibility of more extensive change. An example of this is the advocacy and lobbying work carried out by MTM and *Grupo Multi* to position the issue of sexual violence, pregnancies and forced maternity in cases of girls and adolescents in the justice system. Although in some specific cases favorable sentences have been achieved, the greatest contribution by the program in this area has been positioning this enormous problem in the agendas of the legal system and public opinion. This work has highlighted legislative gaps and provides elements for the design of policies and legal frameworks aimed at protecting the rights of women, girls and adolescents and to reparation for victims of sexual violence and unwanted pregnancies.

Although it has encountered the problem of accessibility to SRHS in the two countries, particularly in rural areas, the program has been

effective in designing medical care protocols for women that have been adjusted to their needs and realities. In the case of Colombia, the expansion of the number of care clinics has also implied a greater strengthening of the medical care capacity of a significant number of professionals and has improved the material conditions of care, expanding coverage, and bringing the service to areas that are difficult to access or where the lack of quality health services for women is common.

For the implementing organizations, the effectiveness of the program has included:

- Positioning of specific proposals for legislative initiatives in Congress.
- More women accessing quality sexual and reproductive health services
- Training of medical, legal and social assistance staff
- Improvement of assistance mechanisms in intervention areas
- Improved community response to SRH through local structures such as Gender and Health Committees
- Positioning of key messages on SRR with communities and public opinion. During the implementation of the program its partners have made significant progress with the use of alternative and traditional means of communication.
- Promotion of youth participation on SRR issues
- Accompaniment and best practices through referrals to allied providers for voluntary termination of pregnancies.
- Through the training and counselling processes for women, there is increased knowledge and exercising of rights and more women defenders and promoters of these rights at the local level.
- Alliances have been built with a range of sectors and actors to implement advocacy actions that favor SRR.

In conclusion, the program has achieved a high level of effectiveness in its work areas, as well as increasing its coverage, contributing to the

efforts of other platforms and partners that have a presence in Colombia and Guatemala. The program has reached a level of maturity in its work strategies. In the program's next phase there will be challenges with consolidating these processes, expanding coverage and strengthening the organizational fabric of women, which at a local level contributes dynamism and permanence to the actions promoted by partner organizations.

6.3 Impact

One of the important features of the program has been its technical and financial cooperation capacity, demonstrated in its implementation over a continuous and considerable period of 7 years. This has undoubtedly led to support for and strengthening of the work plans of the five partner organizations.

The impacts, understood as the changes that have been maintained and consolidated over a medium-term period, are observable on at least two levels. The first and most important level is in the lives of women, as in its 7 years of operation, the program has impacted the lives of at least 13,470 women who have had access to an abortion procedure with quality standards, as well as 5,823 women who have had access to information and tools to begin the use of contraceptives. Although the purpose of this evaluation was not to conduct an in-depth investigation of the impact that access to these medical services has had on women's SRH, the participants who shared their stories confirm that it has meant having the power to make decisions regarding their own bodies and their personal development options. Obviously, the impact achieved in the lives of these women is accompanied by multiple observable impacts on the health care strategy, tools, infrastructure, and training of medical staff, which to date has reached 5,567 health workers trained on SRR and differential approaches to care and prevention.

A second level of impact is related to the development and strengthening of the capacities of the organizations supported by the program to

engage in advocacy actions, working with other organizations and within the framework of broader platforms.

In the case of Guatemala, advocacy have led to the drafting and positioning of two bills: Law 5376 "Law for Comprehensive Protection, Access to Justice, and Dignified and Transformative Reparations for Girls and Adolescent Victims of Sexual Violence" and Law 5848 "Framework Law for Transformative Reparations for Girls and Adolescent Victims of Sexual Violence". The debates on these bills allowed the Congress of the Republic to discuss the voluntary interruption of pregnancy in cases of sexual violence. MTM and *Grupo Multi* have played a central role in these initiatives. To achieve this progress, several battles have been fought during these years to confront pro-life positions held by public institutions, which have limited and continue to limit women's access to their rights. MTM has created favorable public opinion for this issue, generating dialogues with Representatives and Congressional Committees on SRHR and creating alliances for the defense of SRHR laws and initiatives.

In Colombia, the program has witnessed important progress and achievements by the women's social movement and organizations that have been working on this issue for a long time. In 2016, the 10-year anniversary of Ruling C 355 was commemorated, in which advances, achievements and challenges were recognized. This event also included public debate on the importance of abortion and recognizing the need for women to be able to make decisions about their reproduction with full autonomy. The *Causa Justa* movement emerged from this context, which implements actions for the elimination of abortion as a crime in the Colombian Penal Code. This movement has received support from different organizations in the regions and has formed alliances at both national and international levels.

6.4 Efficiency

During its two periods, the Program has implemented mechanisms for program and budget

monitoring, which have facilitated timely decision making in relation to the planned execution of resources in each period. Both the planning of activities and the budget are programmed annually and monitoring is carried out on a quarterly basis with semi-annual reports.

Specifically, the FOKUS office in Colombia has provided administrative support to partner organizations to comply with quality standards for the production of financial reports and internal and external audit processes. During the second period, some adjustments have been made to the reporting structure, which has required an increased effort from the organizations so that they can adjust to the new requirements. This transition has been accompanied by the FOKUS team.

In the case of the partner organizations in Guatemala, they have received support from advisors who have accompanied the process, however it has not been a continuous process due to staff turnover within the advisory team. As a result of this situation, dialogue has been carried out directly with the person in charge of the program at the FOKUS Central Office in Norway.

A positive relationship has been identified between the results achieved and the implementation process, which can be observed in Section 6. The program in numbers section, with a few exceptions, evidences the program's compliance with indicators and a higher overall performance than expected. Significant achievements have been made with indicators related to health care and counseling for women, as well as coverage for training and dissemination processes. However, the context of the COVID-19 pandemic has affected the fulfillment of some of the indicators during 2020.

The financial implementation of the program in each organization has complied with the legal, accounting and tax regulations in each country and the guidelines and requirements of FOKUS and NORAD. Budget adjustment decisions have been made jointly by the organizations and the

FOKUS team based on information from monitoring activities and contextual factors.

6.5 Sustainability

As mentioned in this report, the program has installed pedagogical and other capacities in the implementing organizations. Knowledge and installed capacities contribute to the sustainability of the program's actions. It is clear that the supported organizations have a long trajectory in this field. Although they have been strengthened as a result of the support from FOKUS, their political commitments and strategic actions will continue if the program and its funding are terminated. The actions led by the program are part of institutional commitments defined by assemblies and management bodies and are contained in the organizations' strategic plans. Maintaining organizational strengthening is central in terms of the sustainability of the program's work. This is because the organizations have stated that if they have technical, political and administrative strengths, then this increases their possibility of securing new resources and alliances that guarantee the continuity of their work.

Politically, the validity of the agendas designed with the participation of grassroots organizations focus on supporting women to exercise their SRR. There are many factors that favor the sustainability of this work, especially in the most adverse context. These include the strong commitments of many organizations that have been joining and leading dissemination and social advocacy actions at the local level.

Progress has also been made with the consolidation of alliances between diverse women's sectors. These converge in action platforms in both Colombia and Guatemala.

Financially, it is clear that the five organizations depend on cooperation agreements to ensure the sustainability of their work, especially the organizations that work in direct health service delivery and have expanded their scope of action as a result of the program. These organizations

would find it difficult to sustain their actions without the financial support of FOKUS.

It is also essential to design strategies that achieve a diversification of funding sources. Progress can be made with this task by reviewing the leveraging of resources and mapping resources that are being invested by different cooperation agents in the different implementation areas. Finally, it is worth exploring the potential income stream of delivering training to organizational and institutional actors in the public and private sector. This training would be focused on the key issues of SRHS and procedures that ensure quality in the provision of health services and counseling.

Conclusions and Recommendations

7

In this section, a series of conclusions and recommendations are presented for consideration by the organizations that are part of the program and the FOKUS team in relation to the strategic definitions of the program, about coverage and territorial targeting, and about implementation by partner. and finally about the coordination and articulation mechanisms, likewise a synthesis of this chapter is presented in Annex 7.

7.1 In relation to the strategic definitions of the program

Thematic Emphasis

i.) Based on the actions implemented by the program from 2015 to 2020, it can be concluded that its emphasis has been on the promotion of women's reproductive rights, specifically: the right to make decisions about reproduction without suffering discrimination, coercion or violence; the right to decide whether or not to have children, the number of children and when to have them; access to modern contraceptive methods (including emergency contraception); access to legal, safe and free abortion; and in the case of *Fundación Oriéntame*, the right to prevention and protection from STIs and unwanted pregnancies (sexual rights). This is based on the work carried out by the program's partner organizations both in Colombia and Guatemala. However, it may be relevant for the program to explore in its new phase the promotion of sexual rights of women and people with diverse gender identities and sexual orientation. These rights include: the right to live one's sexuality without any type of violence; the right to freely choose a partner and to have consensual sexual relations; and the right to live and freely express sexual orientation and gender identity. This recommendation does not include stopping the important work already carried out with the promotion of reproductive rights. This could lead to the creation of a specific work agenda with young people and with grassroots feminist collectives and organizations.

ii.) In the case of Colombia, there is an opportunity to link the SRR program and the *Women, Peace and Security Program*, not just because two of the three partner organizations implement actions for both programs, for example with the female ex-combatants who have been assisted through the SRHR program to access VIP services. Actions in the lines of incidence, communications and training, that contribute to achieving the goals of the two programs could be designed, which would also facilitate monitoring and systematization tasks carried out by Fokus in Colombia.

iii) Although the organizations that are part of the Program have developed accompaniment actions for women during the pandemic to guarantee their SRHR; the current context of the COVID-19 pandemic remains challenging for the Program's partner organizations in terms of the design of new strategies to provide accompaniment, access health services and implement remote training and advocacy processes. The pandemic has also affected the possibility of implementing planned actions to strengthen hospitals and clinics and deliver training on abortion with health staff. This is because hospitals have focused their resources, time and efforts on the pandemic. Despite this situation, there is an opportunity for the Program to contribute to the analysis of SRHR access barriers that have worsened in the context of the pandemic , as well as the design of innovative strategies to accompany and provide care to women seeking access to contraception or an abortion in this context. There is also a need to respond in the coming years to increased economic and social vulnerabilities for women and an increased number of unwanted pregnancies, in part due to the increase in violence, including sexual violence, as a result of the pandemic. This will involve targeting resources to provide support and care to women seeking access to an abortion and who encounter additional access barriers due to the context of the pandemic.

iv) In the framework of the evaluation process,

the young women who participated in the program highlighted the additional barriers that they experience, especially those who are minors, which impede their access to an abortion or even contraception. This is because in many contexts in Guatemala and Colombia (despite this being unconstitutional), they are denied access to SRH services because they are minors, or they have to be accompanied by their parents. This is in addition to the limited information that young people receive in their schools about their SRR, which should be delivered using a secular approach, without prejudices and with clear and scientific information. This highlights a special thematic field for the program that involves implementing awareness-raising actions, delivering training on SRR and providing accompaniment that take into account the specific realities that young women and adolescents face, especially those in rural areas. These realities include an increased risk of stigmatization and violation of confidentiality for women who have access to abortion, contraception or emergency contraception. There is a need to produce communication/educational materials that inform young women and adolescents about their status as holders of SRR and the legal mechanisms for their enforceability. For this, it will be key to start from the experiences already accumulated by *Fondo Lunaria* (through the work of the supported groups) and *Fundación Oriéntame* in Colombia, and by MTM in Guatemala.

v.) Access barriers were also highlighted in the framework of the program, especially by the *Colectiva Autónomas* in Medellín (financed by *Fondo Lunaria*). This work involved focusing on women with disabilities' experiences with accessing SRHS, because they are subjected to the intermediation of third parties in this process. This situation for deaf or visually impaired women limits their right to privacy and confidentiality when making decisions about their sexual or reproductive life. In addition, women with disabilities who seek to access abortion services face increased stigmatization and social penali-

zation. SRHS and information on SRH usually lack a disability approach. This is why the production of special educational/communicative materials for women with disabilities (visual, hearing and others) about their SRR and using a differential approach is recommended, based on the experiences already developed by *Fundación Oriéntame* and *Colectiva Autónomas*. There is also a need to promote meeting and listening spaces for this population and train SRHR promoters with disabilities.

vi.) Analysis of the program's actions highlight the importance of strengthening a specific thematic area of SRHR for indigenous women, which would include training, communication, accompaniment and access to services that respond to their realities, contexts and world-views; based on the progress of the program through strategies such as *Mujer Círculo*, *Mujer Espiral*, implemented by *La Mesa* in partnership with local organizations in Manizales and Bogotá; the construction, with support from *La Mesa*, of the accompaniment route for the promotion of SRR of the women of Paez, which had an impact on 17 indigenous councils of the *Nasa* people; the alliance between *La Mesa* and the *Red Nacional de Mujeres - Caldas Node* for the design of methodologies and tools on the right to abortion using an ethnic, gender and territorial approach; the booklet titled *Different Women, Equal Rights: Tradition and sexual and reproductive health care for indigenous women*, produced by *Fundación Oriéntame* in 2018; knowledge exchange meetings between *Embera*, *Wounaan* and *Inga* indigenous women and *Fundación Oriéntame* health staff; the training process on SRR implemented with *Kämentsa* women in Putumayo that was implemented by the *Ndayan Guaman Ainanok* women's group (financed by *Fondo Lunaria*); and the work carried out by MTM to train indigenous women leaders on sexual and reproductive rights, including the right to abortion, with a focus on the Mayan cosmovision, the legal accompaniment of indigenous women's cases and the production and dissemination of radio content on SRR in

28. Through multiple rulings, such as T-731/16 and T-697/16, the Constitutional Court of Colombia has ratified that minors are full holders of the right to free development of personality, and as a result enjoy full capacity to consent to treatments and interventions on their bodies that affect their sexual and reproductive development, as well as having the right to decide freely and voluntarily on the termination of a pregnancy.

two *Mayan* languages.

Strategies and actions

i.) One of the most frequent comments from women in the territory and the grassroots organizations/collectives that received accompaniment from the program is the need to increase and strengthen the territorial presence and face-to-face accompaniment provided by the partner organizations (*La Mesa, Fundación Oriéntame, Fondo Lunaria, MTM and Grupo Multi*). This is sometimes limited by time constraints and insufficient human resources for this type of accompaniment (having at least one person on the team dedicated to providing this accompaniment), and more recently by the effects of the COVID-19 pandemic. To address this situation, it is recommended that face-to-face accompaniment and training actions are prioritized and restarted in the different territories. There also needs to be a decentralization of advocacy actions, which can be strengthened through schools and territorial training spaces on SRR that are more permanent than existing initiatives. This would include: territorial advocacy training schools on access to abortion, which take into account the realities of each context and local actors (mapping of actors and power); accompaniment of grassroots collectives/organizations with advocacy actions at municipal and departmental levels; and face-to-face workshops to strengthen communication and public visibility capacities, which would include the production of communication pieces on SRR in the territories. Some of the women interviewed in the framework of the evaluation, who have previously participated in advocacy mobilizations, stated that actions should also be implemented in the most remote areas to highlight the existence of women's SRR in territories where this is still a taboo subject.

ii.) The construction of psychosocial/therapeutic support networks and listening spaces for women who seek access to abortion and experience different access barriers including discrimination, coercion or violence, is one of the actions proposed by the women who are benefi-

ciaries of the program. This proposal emerged in the framework of the collaborative mapping sessions conducted as part of the evaluation. Some of the collectives that were interviewed highlighted the importance of building psychosocial support spaces for women who accompany other women to defend their SRR, "especially during the pandemic, because women leaders are very burdened because other women seek accompaniment from them instead of the relevant institutions". This situation generates emotional burdens, anguish or stress. These emotions are sometimes not very visible, but in principle they should be recognized so that they can be managed. There is also a need to strengthen the articulation that has been occurring between the social organizations that provide accompaniment to women, specifically in terms of access to their SRR. This is especially the case for organizations at as territorial level, as well as the organizations that work more at the national level. The program proposes the creation of a directory of organizations that accompany the fight for women's SRR in different areas of the country, for example a directory of the organizations that promote SRR in the Caribbean region in Colombia. This would highlight alliances between organizations at the local level and with other groups at the national level, as well as their expertise.

iii.) Complementary to this, the importance of including a work area on protection and self-protection for women leaders and defenders of SRR on the program is recommended. This takes into account that in the territories, especially in rural areas, where the armed conflict continues, as well as in intermediate cities where the anti-rights agenda and anti-rights religious beliefs are very strong, women who publicly defend these rights, carry out advocacy actions or participate in marches/protests have been victims of stigmatization, threats and violence. An additional risk was recognized for young women who participate in more spontaneous and locally focused collective action. Although this violence has not materialized physically, or put the lives of the women leaders and defenders at risk, there have been experiences of aggression and threats made online and on social networks.

iv.) Taking this situation into account, it is recommended that the program designs a Protection/-Self-protection Protocol for SRR women leaders and activists. This protocol should recognize the needs and territorial contexts in which women carry out their work to advocate for SRR implement their organizational processes. The protocol would also take advantage of the participation in the program of national organizations that have previously implemented national and international advocacy actions, as well as the accumulated experience of FOKUS as an international actor, as this organization's support has been essential for grassroots organizations and feminist collectives.

v.) In terms of the training strategy for SRR, this was considered relevant and appropriate to the needs of the contexts and received positive evaluations from the participating women in Colombia and Guatemala in terms of language, methodologies and agendas. In most cases the training strategy has been carried out intermittently or in sporadic sessions and the women interviewed as part of the evaluation highlight the need for longer-term, comprehensive and permanent training processes for women that would ideally be face-to-face and include the capacity for replication (which would imply developing methodologies and allocating resources for replication actions). The participating women also propose carrying out awareness-raising actions and delivering training on SRR for women with families, especially young women and female adolescents, as well as with grassroots organizations in the territories (not just women's or feminist organizations, but also with community organizations such as neighborhood groups, artistic collectives and community action councils, among others).

With the goal of strengthening the training strategy, some of the women interviewed mentioned the need for pedagogical/didactic tools to support training and awareness-raising actions on sexual and reproductive rights that are appropriate to different contexts and use language that is understandable and suitable for rural, grassroots and indigenous women. These would

not be generic materials, but materials and methodologies that use a differential approach. It would be essential to include rural, grassroots, afro-descendent and indigenous women leaders in the design of this content or in their adaptation. It is also important to take into account that many of the pedagogical and didactic materials have been designed to accompany face-to-face meetings, which means that they need to be adjusted to online spaces that are an essential part of the pandemic. In the particular case of indigenous women in both Colombia and Guatemala, it is also necessary to produce pedagogical and informative materials in their own languages and that include their cultural particularities and cosmovisions. The cosmovisions of indigenous peoples can be a source of stories and ancestral practices that help position and argue the importance of SRR and women's reproductive autonomy.

vi.) Although the partner organizations have a significant track record in conducting communication campaigns for the promotion of women's SRR, especially campaigns that have a national scope, it is essential to make progress with the incorporation of a differential approach in these campaigns, as well as implementing campaigns that have a territorial scope. These campaigns need to be produced (content, messages and communication strategies) and implemented by women with disabilities and indigenous, peasant, afro, rural, youth and adolescent women based on the realities of their contexts, languages and communication priorities (in which sometimes offline communication actions are prioritized over online ones due to territorial contexts). These campaigns could form a part of strategies implemented by the program that contribute to the communicative and technical strengthening of the collectives/organizations that receive accompaniment at a territorial level. The program could support the creation of women's own content and communication products. These might be linked to existing campaigns or included in collectives/organizations' own campaigns or artistic and communication actions.

To make progress with the strengthening of communication and dissemination strategies and social networks for the promotion of women's SRR, it is recommended that the program facilitate an exchange of experiences on the use of digital tools with women from Colombia and Guatemala, as well as spaces to exchange communication strategies focused on offline scenarios. This would provide feedback and share experiences between the two countries, as well as identify digital leaders in different territories that can help lead these processes. There is also a need to take advantage of the presence of young women in the organizations to encourage their participation in communication strategies, social networks and audiovisual, photographic and radio production, among others.

vii.) One of the most notable actions implemented by the program is its support for research conducted in the territories, as well as follow-up and monitoring of women's SRHR. In the case of Guatemala, the Platform for Monitoring, Control and Oversight of the Fulfillment of Sexual and Reproductive Rights in Guatemala *Mirador*, which has been created by the *Grupo Multi*, is a notable achievement in this area; while in Colombia, the participatory assessments of the implementation of Ruling C-355 of 2006 carried out by local organizations in Ibagué, Neiva, Quindío, and Boyacá with technical and financial support from *La Mesa* have been an important contribution to this work. It is recommended that this strategy continues and support is provided to the implementation of assessment, follow-up and monitoring actions on the situation of women's SRR in Guatemala and Colombia. These types of activities produce key information (both quantitative and qualitative) that can support arguments and advocacy actions with municipal and departmental institutions. These actions can also involve the creation of systems for the registration of cases that provide accurate statistical data on abortion and overcome high levels of underreporting.

viii.) Finally, taking into account that one of the main barriers for access to SRR, especially the right to abortion, continues to be the persistence

of prejudices among health workers along with denigrating, cruel and inhumane treatment or treatment that is contrary to a rights-based approach given to women who seek access to abortion, some of the women who participated in the collaborative mapping exercise proposed the construction of a complaints mechanism to report inappropriate treatment and reproductive violence exercised by staff in the health and justice systems. In addition to contributing to the identification, visibility and possible reporting of these cases, this strategy can generate key first-hand information for the characterization of these barriers using a territorial approach. There is a need to make progress with strengthening the capacities of grassroots collectives/organizations to accompany cases of violence against women and girls, especially those related to the exercising of SRR. It is also essential to create or update dynamic and contextualized SRHR access mechanisms and socialize these at a territorial level.

ix.) Taking into account the current strength of anti-rights movements and agendas in Latin America, which are particularly opposed to the recognition and fulfillment of women's SRR, it is essential that the program increases its knowledge of the positions, logics and advances made by the agendas of fundamentalist and anti-rights groups, as well as the specific ways in which they have affected and may affect the women's SRR agenda in Colombia and Guatemala. This knowledge can be obtained by evaluating the progress made by the program's partners in Colombia and Guatemala (as is the case of *Fondo Lunaria* and *Grupo Multi*). It might be useful for the program to hold meetings with the objective of updating power and actor mapping exercises in Colombia, which were carried out during the Colombia - Guatemala exchange in November 2016. There is also a need to define work actions in this area to support the program's follow-up and advocacy actions. This would see the program taking advantage of spaces at the international level that have participation from FOKUS and partners in the two countries.

Coverage and Targeting

i.) It is evident the program's interest, especially in the second period, is in carrying out actions that are focused on young women. For this reason the contributions from the 6 women's organizations/collectives financed by *Fondo Lunaria* with support from FOKUS have been fundamental. This work has been carried out as part of the *Defending the sexual and reproductive rights of young women* work area. *Causa Justa* movement has involved young women from different territories across the country. The training and awareness-raising activities implemented by *Fundación Oriéntame* have been delivered in more than 30 schools in the city of Bogotá through the *Sex with Senses* strategy along with SRH promotion and training activities that have benefited youth collectives (artistic, neighborhood and community collectives) in Bogotá. This work has led to the consolidation of an initial group of SRHR youth promoters. In the case of Guatemala, the *Carolina Urcuyo Gender School* has been designed by MTM using a feminist and experiential methodological proposal for young people and adolescents in rural areas. This has allowed some of these participants to become involved in MTM's work in community support spaces.

In addition to being beneficiaries of the program through receiving training, support and access to services (which should undoubtedly be continued), young women have developed their own initiatives for the promotion of SRHR in their contexts and territories. It is recommended that in the future, the program should directly include some of their organizations/collectives that have the administrative capacities and legal conditions as partners. This would strengthen young women's organizations/collectives, not just by directly allocating resources, but also as a result of expanding their actions in terms of coverage and geography (most of these women mentioned their interest and the urgency of working in rural areas). These groups would benefit from being included in spaces to exchange experiences and coordinate actions with national organizations that have longer trajec-

ries, as well as the organizational strengthening and advocacy spaces provided by FOKUS. This would also allow the program to develop stronger experiences and relationships when working with young women and would also lead to the provision of direct support. This action would also support meeting and articulation spaces for indigenous and young women's organizations/collectives in Guatemala and Colombia. In the case of organizations/groups that do not have the conditions, they can continue in the strengthening process through the accompanying organizations.

ii.) It is recommended to continue strengthening and expanding the coverage of SRHR work with schools, especially those located in rural areas and intermediate cities. This recommendation is based on the awareness raising and training activities that *Fundación Oriéntame* has been implementing in: more than 30 schools in the Bogotá; *El Placer* in Marquetalia, Caldas (with the support of *La Mesa*); schools in Soledad and Barranquilla in partnership with *Cedesocial* (territorial organization accompanied by *La Mesa*), and the *Construyendo Igualdad de Género* and *Vivo mi Sexualidad en Todo mi Derecho* groups (territorial processes in San Pedro de Urabá and Pasto respectively that have been financed by *Fondo Lunaria*). This action would require the creation of learning materials and games-based methodologies, specifically for young people and adolescents in rural areas and their contexts. A reference point for this work is the illustrated youth-friendly guide called *Let's reinvent this story*, which includes a card game based on stories that facilitate pedagogical discussions about safe, legal and free abortion. This communication product was created by *Colectivo Aquelarre*, a design and visual communication laboratory in Popayán with support from the program (through *Fondo Lunaria*). Another interesting action in this area is the production of a school newspaper focused on SRR, the right to diversity, the construction of identity and diverse families.

iii.) In terms of coverage in Colombia, it may be essential for the program continue to support the

work of *Fundación Oriéntame* in the provision of SRHS to Venezuelan women who are irregular migrants. This work has been successfully implemented through projects such as *Decide Without Borders*, which allowed 778 Venezuelan women to receive humanized and high quality sexual and reproductive care and services.

iv.) In terms of coverage, it will be important to focus efforts and resources to continue to strengthen training, identification and characterization of access barriers, advocacy actions and the design of mechanisms and communication/campaign actions with women and youth from indigenous communities in Guatemala and Colombia (as beneficiaries). This work has been possible through accompaniment or funding provided to the program's partners. It is also important to consider the possibility of directly financing initiatives/proposals from indigenous, peasant and afro-descendent women for the promotion of their SRHR, creating a specific funding round for proposals that promote the SRR for these population groups, that can give greater possibility of coverage to these population groups in the financed proposals, and generate meeting and exchange spaces between indigenous, peasant and afro-descendent women who are working on initiatives to promote SRR.

v.) Finally, it is essential for the program to consider the inclusion of new partner organizations in Guatemala and Colombia for the next period. This could add expertise and work experiences in new territories (which would increase the program's coverage level) to what is already being carried out by *Fundación Oriéntame*, *La Mesa*, *Fondo Lunaria*, *MTM* and *Grupo Multi*. In case it is possible to add new partners, it will be convenient to open a call so that other organizations with experience can apply, as would be the case in Colombia de *Católicas por el Derecho a Decidir*, *Programa Mujer* of *CRIC* and *Confluencia de Mujeres para la Acción Pública* in Guatemala, *CICAM*, *Alianza de Mujeres Rurales*, or *Asociación Integral Guatemalteca de Mujeres Indígenas*.

7.2 At the partner implementation level

i.) In terms of the work carried out by *La Mesa*, it is recommended that the regional work area be strengthened to achieve more permanent accompaniment of the territorial processes through which they are building alliances. However, it is important that this action does not weaken or detract their important political and legal advocacy.

ii.) It is essential to make progress with the strengthening of meeting and training spaces for health professionals (especially doctors and nurses) with the goal of building arguments and identifying role models who support women's right to abortion. The *Medical Group for the Right to Decide*, which is part of *La Mesa*, highlights the importance of creating role models, as medical training on SRR is very poor, which is why there is a need to design communication strategies and content for medical and nursing students.

iii.) At the same time, it is important to continue to make progress with the decentralization of *Causa Justa* and its implementation at the territorial level. This is because several of the organizations that were interviewed as part of this evaluation stated that the leadership and spokespersons of the movement are still based in Bogotá, and that the challenge during the current period is to continue to strengthen local spokespersons and achieve increased territorial work for *Causa Justa*. In terms of building and positioning of this campaign, it is also important to note that in terms of communication, it was necessary to first have a single campaign, identity and unified key messages (a process in which it would have been interesting to have an increased representation of the territories). In the second stage, it will be essential that these actions use regional logic.

For this purpose, it will be necessary to collect local/regional data on access to abortion, which will help position the issue at the local level and strengthen arguments for advocacy actions (and draw on the evaluations and research being

carried out by territorial organizations).

iv.) Depending on the Court's ruling on the unconstitutionality legal action against Article 122 of the Penal Code for the elimination of the crime of abortion in this Code, it will be necessary to design specific strategies along with a very clear political strategy for appearing before Congress in the two possible scenarios: if the act of abortion is legislated as a crime, Congress will have to establish regulations for this crime (in this case a strategic advocacy strategy is required that takes into account difficulties in Congress with right-wing parties, which are vocal in their opposition to the SRR of women). It will be essential that the program has a strong presence in this legal discussion and associated public debate as an expert and reference organization on the subject. There is also a need to generate advocacy actions with different political sectors so that the SRR of women these are included in the public agenda. If the bill does not pass, the program will have to continue to implement other advocacy actions.

v.) One of the central challenges in terms of advocacy is to generate proactive instead of reactive actions, as stated by the UTL Representative Mauricio Andres Toro (with whom *La Mesa* has an important relationship)

We must move forward so that the relationship with Congress is not reactive but more proactive. We should not limit ourselves to working with a specific group of women congressmen, but seek alliances with other representatives and political parties.

For example, there is the bill on gestational losses, which was presented in 2020 to the Seventh Commission of the House of Representative and that contained elements contrary to the right to VIP and the standards established by the Constitutional Court. This bill can be presented again but could include adjustments made to it by anti-rights sectors. There are other bills that are being proposed and that also seek to undermine the progress made in terms of the sexual and reproductive rights of women.

vi.) It is recommended to continue strengthening legal pedagogical actions carried out in relation to VIP, broadening the work carried out in public and the prioritized territories, as proposed by the *Corporación Gea Jurisgeneristas*, which is a member of both *La Mesa* and *Causa Justa*:

Mobilize women's organizations and young people to support the cause where the legal argument is a central aspect that can dialogue with other types of knowledge and discourses. Legal pedagogy and information about judicial decisions can reach more women from diverse territories. There are still very few women who know about their right to abortion.

vii.) It is also necessary to continue strengthening systematic and updated actions to support the bills that are being processed in the House and Senate. This requires the construction of an online resource that is constantly updated with information about bills that could affect SRR and the responses from women's organizations and movements. The UTL Representative Angélica Lozano (senator who supports the right to abortion) stated that:

This would facilitate legislative work and would greatly help the understanding of the discourse about SRHR in the House and Senate. The latter has already been done, but it needs to be strengthened. We also need to strengthen the communication channels with Congress representatives, not just with allies, and conduct a political analysis of the projects when they are debated. We need to have an analysis of who will vote for or against them. This would greatly strengthen advocacy work.

In terms of the work carried out by *Fondo Lunaria*, although the organization has consolidated a cooperation model that strengthens the autonomous plans and commitments of each collective it support, a recommendation is to develop a proposal for organizational strengthening. This would add value to financial cooperation and support different aspects of its organizational development. Today, *Fondo Lunaria* has the experience gained through the facilitation of exchange spaces, which can lead to the sharing of support and encouragement between peer organizations. *Fondo Lunaria* can facilitate the building of alliances between grassroots organi-

zations and regional and national advocacy spaces when it is in the interest of grassroots organizations.

viii.) In the case of *Fundación Oriéntame*, there is a notable need to support the systematization of the progress achieved in the design of care protocols that use a differential approach. The organization now has materials that it has developed during different moments of the program by its medical staff, health workers and psychosocial professionals. This represents an opportunity to systematize this knowledge and explore its replicability with other organizations that are specialists in the provision of SRHS in Colombia and Guatemala. There is also a need to systematize the implementation of evaluation or feedback mechanisms for users regarding the services provided. This exercise will help adjust procedures and contribute to the permanent improvement of the quality of these services.

ix.) The strengthening of MTM's territorial team could support the decentralization of actions and increase its local work capacity, supporting the consolidation of local leadership and the implementation of training, awareness-raising and advocacy actions with local authorities. It is recommended that FOKUS facilitate internal advisory spaces to support the strengthening of internal communication spaces and the generational renewal of leadership within MTM as part of its organizational strengthening agenda for partners.

x.) In terms of the advocacy agenda led by *Grupo Multi*, the positioning of any issue related to SRR in the country must be accompanied by strategies to manage religious and conservative groups, which have become the majority in the country. This means that it is necessary to maintain efforts to create jurisprudence with constitutional bodies, which facilitates support for petitions at the national level, and to bring cases before international entities Guatemala recognizes in its legislation.

xi.) The monitoring of public budgets is essential to identify the available, allocated and executed

resources in the area of SRR for public institutions in Guatemala. This has the objective of not just documenting budgetary allocations, but also identifies the resources available to address the situation of the country in the framework of its national and international commitments.

7.3 Regarding coordination and articulation mechanisms

International actions

In relation to the program's cooperation model, and in addition to the financial support, the partner organizations in Colombia highlighted the importance of the political and strategic accompaniment provided by FOKUS. This accompaniment is based on a respectful dialogue that seeks to be horizontal. They feel that FOKUS trusts in the work they carry out and recognizes their territorial realities and the autonomy of the organizations, allowing them to focus on their priorities and most important areas of work. The partner organizations see FOKUS as a donor that is committed to women's SRR, shares their views on national and global activism and they believe they could continue to consolidate a successful political and advocacy relationship with the organization. To achieve this, the program will need to define a national and regional advocacy plan (which can be permanently monitored and evaluated at strategic moments) that is based on the experiences and work already carried out by partner organizations. The plan will reinforce the work already carried out by the organizations and will not generate new agendas. This plan will also include a more systematic identification of civil society actors, agencies, politicians and embassies that are interested in working with the partner organizations on this topic.

Articulation of partner organizations

In the case of Colombia, the relevance of having a Country Office was highlighted, as this facilitates more permanent and closer dialogue and creates the possibility of implementing joint advocacy actions. Taking into account that

FOKUS is part of the *Gender Cooperation Roundtable* in Colombia, it is recommended that strategies are designed to better position women's SRR in this entity, which has previously focused on peace building. FOKUS could position messages on women's SRR as a requirement to achieve a complete peace and include this issue as part of the peace building agenda. In addition, there is a possibility of holding joint thematic meetings to carry out a contextual analysis on women's SRR and the political and legislative situations that influence these rights, as well as opportunities for the implementation of joint advocacy and communication actions, among others.

The exchange of experiences and synergies between the Program's work in Colombia and Guatemala are framed in the different cultural and legislative contexts that affect this issue and the unique trajectories and agendas of social and women's movements in each country. These differences could be considered a factor that limits the exchange of experiences. However, some of the contexts and access barriers similar in the two countries, and in both Colombia and Guatemala there is a strong need to work with women in rural areas and address the challenges facing SRHR in the context of the COVID-19 pandemic. This evidences the relevance of supporting dialogues and exchanges of experiences and knowledge between the two countries on SRR work with rural, young and indigenous women, as well as the importance of incorporating multilingual, multicultural and intergenerational approaches in these actions. The implementation of communication strategies and campaigns, such as *Causa Justa* and others, provides accumulated experience for the program, which could act as a bridge between the two countries, recognizing the particularity of each context and facilitating relevant discussions on SRR, languages, communication channels and audiences.

In terms of internal factors, the weaknesses in the joint coordination of actions between *Fundación Oriéntame* and *Fondo Lunaria* to prioritize the territories where youth collectives are streng-

thened has resulted in organizational attrition. Although this situation has not affected the work carried out in the territories, it has created tension between the organizations. As a mitigation measure, meeting spaces will be held with staff from the two organizations to identify options and form operating agreements to support two objectives: expansion of the program's work to include new collectives; and increasing access to services for young women who are identified as potential beneficiaries during the work carried out by the collectives.

8

8.1 Annexes

- Annex 1. Tools built for collecting primary information.
- Annex 2. Proposed Evaluation Matrix.
- Annex 3. Collaborative mapping on SRHR of women in Colombia.
- Annex 4. Analysis of the collaborative cartography on SRHR of women in Colombia.
- Annex 5. Collaborative mapping on SRHR of women in Guatemala.
- Annex 6. Analysis of the collaborative cartography on SRHR of women in Guatemala.
- Annex 7. Summary Table of Conclusions and Recommendations
- Annex 8. Extended context on SRHR for women in Colombia
- Annex 9. Extended context on SRHR for women in Guatemala.