



YFS: Youth-Friendly Services

*Civil Society perspectives on Sexual and
Reproductive Health, Rights and Justice
in Latin America and the Caribbean.*

FÒS FEMINISTA

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Acronyms

ADIDE:	Disability Alliance for Our Rights, The Dominican Republic
AFM:	Articulación Feminista Marcosur
ASIE:	Integral Health Counseling in Secondary Schools, Argentina
CCSS:	Costa Rican Social Security Fund
CEPAM:	Centro de Estudios y Promoción de la Mujer, Ecuador
CLADEM:	Comité de América Latina y el Caribe para la Defensa de los Derechos de las Mujeres
COEPSIDA:	Committee of Educators in AIDS Prevention, Guatemala
CSE:	Comprehensive Sexuality Education
CSO:	Civil Society Organization
ECLAC/CEPAL:	Economic Commission for Latin America and the Caribbean
ECMIA:	The Continental Link of Indigenous Women of the Americas
ENADID:	National Demographic Dynamics Survey, Mexico
ENAPEA:	National Strategy for the Prevention of Adolescent Pregnancy, Mexico
ENDIREH:	National Survey on the Dynamics of Relationships in Households, Mexico
FDA:	Food and Drug Administration
FOBAM:	Fund for the Well-being and Advancement of Women, Mexico
FPATT:	Family Planning Association of Trinidad and Tobago
FPC:	Family Planning and Contraception
GBV:	Gender-Based Violence
HFLE:	Health and Family Life Education
ICPD:	International Conference on Population and Development
ICW Latina:	International Community of Women Living with HIV/AIDS
IHSS:	Honduran Social Security Institute
INFOD:	National Institute of Teacher Training, El Salvador
INPI:	National Institute of Indigenous Peoples, Mexico
IVE:	Intrauterine Device
LAC:	Voluntary Interruption of Pregnancy
LARC:	Latin America and the Caribbean
LEIV:	Long-Acting Reversible Contraceptives
LGAMVLV:	Special Comprehensive Law for a Life Free from Violence for Women, El Salvador
LIE:	Mexico's General Law on Women's Access to a Life Free of Violence
MC:	Law on Equality, Equity and the Eradication of Discrimination Against Women, El Salvador
MQTM:	Montevideo Consensus
OSAR:	Mira Que Te Miro
PARE:	Observatory of Sexual and Reproductive Health, Guatemala
PES:	Committee for Prevention, Support, Rescue, and Education on Gender Violence, Puerto Rico
PIPASEVM:	The Sexual Education Program
PLANОВI:	Program to Prevent, Address, Sanction, and Eradicate Violence Against Women, Mexico
PNTE:	National Plan for the Prevention and Eradication of Violence Against Women, Guatemala
PNUD:	National Plan for Educational Transformation, Paraguay
PROMSEX:	United Nations Development Program Center for the Promotion and Defense of Sexual and Reproductive Rights, Peru

Acronyms

RCPD:	Regional Conference on Population and Development
Red-LAC:	The Latin American and the Caribbean Network of Youth for Sexual and Reproductive Rights
RMAAD:	Network of Afro-Latin America, Afro-Caribbean, and Diaspora Women
SAS:	Safe Abortion Services
SDG:	Sustainable Development Goals
SEC:	Systematically Excluded Communities
SEDESOL:	Ministry of Social Development, Honduras
SOGIE:	Sexual Orientation, Gender Identity, and Expression
SRHRJ:	Sexual and Reproductive Health, Rights, and Justice
SRHS:	Sexual and Reproductive Health Services
SVET:	Unit for the Prevention and Care of Crimes of Sexual Violence, Exploitation, and Trafficking in Persons, Guatemala
TTPS:	Trinidad and Tobago Police Service
YFS:	Youth Friendly Services
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNFPA:	United Nations Population Fund
WHO:	World Health Organization

1. Introduction

Sexual and Reproductive Health, Rights, and Justice (SRHRJ) are fundamental human rights essential for ensuring individuals' well-being and their ability to meaningfully participate in society.

SRHRJ encompass a broad spectrum of efforts aimed at eliminating preventable maternal and neonatal mortality and morbidity, eliminating unsafe abortion, ensuring the provision of high-quality *Sexual and Reproductive Health Services (SRHS)*, including contraception and family planning, and addressing issues such as *Sexually Transmitted Infections (STIs)*, cervical cancer, *Gender-Based Violence (GBV)*, and the specific *Sexual and Reproductive Health (SRH)* needs of adolescents through *Comprehensive Sexuality Education (CSE)* and *Youth-Friendly Services (YFS)*. Achieving universal access to SRHS is not only crucial for advancing sustainable development but also for meeting the diverse needs and aspirations of individuals worldwide, thus promoting the realization of their health and human rights.

Despite their well-documented significance, countries throughout Latin America and the Caribbean (LAC) face substantial challenges in upholding these essential rights, particularly for Systematically Excluded Communities (SEC), such as indigenous communities, Afro-descendant communities, **LGBTIQ+** individuals, persons with disabilities youth, older adults, and migrants.ⁱⁱⁱ These communities often encounter heightened levels of discrimination, coercion, and violence when seeking to access SRHRJ.

The Montevideo Consensus (MC), a political document of the Regional Conference on Population and Development, adopted by all Member States of the Latin American and Caribbean (LAC) Region in 2013, stands as a testament to the tireless efforts and dedication of feminist and social justice movements from LAC, built on years of advocacy. Civil society played an instrumental role in its inception, design, and the defined pathway for its execution. This emphasis is evident in the framework of the Consensus, which underscores the collaboration between governments and civil society for both its implementation and subsequent reviews.

This report is designed to serve as an advocacy tool, shedding light on the glaring disparities in SRHRJ implementation within the LAC region. It offers an analysis of the progress, challenges, and setbacks experienced over the past decade, as documented by the ECLAC and Civil Society Organizations (CSOs) with extensive experience in SRHRJ across the region.



Fòs Feminista / Paola Luisi / Argentina 2022

The report navigates the nuanced landscape, sometimes contradictory due to political shifts, in advancing **SRHRJ** and underscores the limitations encountered in ensuring access. As the report highlights, access may be limited due to territorial inequalities, and policymakers and implementers must work to expand access to **SEC**, implement intercultural and intersectional approaches, ensure data accessibility, generation, and quality, and recognize the pivotal role of **CSOs** in shaping the **SRHRJ** *legal, programmatic, and financial frameworks*, as well as the implementation of these. The report aims to act as a catalyst, to recognize the challenges and take concrete actions to ensure these are tackled appropriately.

1.1 The Initiative

In commemoration of the **10th Anniversary** of the Montevideo Consensus (MC), **Fòs Feminista** supported 20 **CSOs** in the creation of national reports that document the progress, gaps, challenges, and best practices in delivering **SRHRJ** commitments for women, girls and gender-diverse individuals and their different intersections. Moreover, **Fòs** supported five regional networks led by *Afro-descendants, young people, women with disabilities, indigenous women, and transgender people.*

Fòs identified five priority topics within **SRHRJ**: 1) **Abortion**, 2) **Comprehensive Sexuality Education**, 3) **Gender-Based Violence**, 4) **Family Planning and Contraception** and 5) **Youth-Friendly Services**. A report is available for each of these priority topics and a sixth report highlights the specific challenges faced by Systematically Excluded Communities (**SEC**) in the region. The report on **SEC** can be accessed by those seeking a more detailed analysis of the **SRHRJ** issues faced by **SEC**, than those outlined in this report. The analysis of each priority topic covers six major areas of assessment: 1) **Legal Framework**, 2) **Financial Framework**, 3) **Programmatic Framework**, 4) **Territorial Inequalities**, 5) **Civil Society participation**, and 6) **Data Access, Generation and Quality**. Each priority topic includes sections for Recommendations and the identification of Best Practices, from both **CSOs** and national governments. Designed to be adaptable, the framework recognizes the expertise of participating networks and the limitation of publicly available information. This flexibility allowed these networks to identify other priority issues and undertake political analyses tailored to the specific contexts they addressed. All of this is reflected in the reports that make up this series.

To facilitate the reporting process, a template featuring 47 open-ended orientation questions was provided. These questions aimed to elicit qualitative information on the implementation of the commitments made under the **MC** over the past decade. All data used in the subsequent sections originates from reports created by participating organizations and submitted to **Fòs Feminista** for analysis. Where necessary, this information is complemented by data from monitoring tools like **Mira Que te Miro (MQMT)** and **ISO Quito**, voluntary national reports submitted to **ECLAC**, as well as relevant reports from **ECLAC**, **UNESCO**, **UNFPA**, **UN Women**, and scientific literature on the subject.

It is important to highlight that participating **CSOs** and networks encountered challenges in obtaining data. This is due to a general lack of publicly available and reliable data from official sources, and when available, it is seldom disaggregated. This underscores the pressing need for increased investment in producing quality, reliable, up-to-date data, and disaggregating it. This investment is crucial to enhance the understanding of the complex issues related to **SRHRJ** legal, financial, and programmatic frameworks, ultimately leading to improved implementation.

The reporting from **CSOs** and networks serves as a medium for engaging in dialogue, generating knowledge, and highlighting often overlooked experiences. This initiative aims to act as a catalyst for more comprehensive interventions, deepening our understanding of challenges and ensuring no one is left behind in the process toward advancing **SRHRJ** in the **LAC** region and beyond.

2. The Reports

This series of reports presents the findings derived from compiled national-level data, offering a comprehensive analysis of **Abortion**, **Comprehensive Sexuality Education (CSE)**, **Gender-Based Violence (GBV)**, **Family Planning and Contraception (FPC)**, and **Youth-Friendly Services (YFS)** across 20 countries in Latin America and the Caribbean (**LAC**). Beginning with an introduction to the social monitoring platform **MQTM**, the report proceeds with an overview of the geographical scope and the political dynamics influencing **SRHRJ** in the region. Despite a volatile political landscape at present, the **MC** emerges as a progressive framework with political commitments aimed at advancing **SRHRJ** in the region. The reports underscore the significance of this instrument and the crucial role it plays in advancing key **SRHRJ** objectives leading up to the **30th anniversary** of the International Conference on Population and Development (**ICPD**) in 2024. Each report in this series is organized into three main sections: the first analyzes key findings in both monitoring and implementation of the priority theme reported by sub-region. The second section provides recommendations, and the final section offers one concrete best practice identified in the region.

The initial section of each report serves to contextualize each sub-region (**Central America, the Caribbean and South America**) by presenting **MQTM**'s compliance scores alongside insights from **CSO** reports. This section is divided into two sub-sections. The first sub-section analyzes the legal, programmatic, and financial frameworks, addressing the progress made, identifying existing gaps, and outlining barriers highlighted in the **CSO** reports. Meanwhile, the second sub-section delves into five major key themes: territorial inequalities, data access, generation and quality, engagement with **SEC**, adoption of intersectional and intercultural approaches, and the extent of **CSOs**' involvement in decision-making and policy implementation.

In the second section, the reports offer recommendations and one concrete example of a best practice from the region: **Mexico** stands out for its approach to abortion, **Peru** for **CSE**, **Costa Rica** for **GBV** prevention, **Chile** for **FPC**, and **Bolivia** for **YFS**. For each best practice, the reports contextualize the setting, identify the challenges faced, describe the specific initiatives undertaken, and delineate key takeaways for future endeavors.

1.3. Social Monitoring: Mira Que te Miro

Mira que te Miro^u is a social monitoring initiative and platform dedicated to tracking the **SRHRJ** commitments outlined in the **MC** and led by Vecinas Feministas, Red Latinoamericana y del Caribe Católicas por el Derecho a Decidir, **Fòs Feminista**, Comité de América Latina y el Caribe para la Defensa de los Derechos de las Mujeres (**CLADEM**), Comunidad Internacional de Mujeres Viviendo con **VIH/SIDA (ICW Latina)** and the Latin American and Caribbean Women's Health Network (**LACWHN**). **MQTM** provides a vital platform for observing, analyzing, and comparing the progress made in legislation, policies, strategies, and programs across fourteen specific **SRHRJ** topics throughout the **LAC** region. This initiative stands as a testament to the commitment of **CSOs** working in the region to promote comprehensive **SRHRJ**. Its role in ensuring accountability and transparency in the implementation of the **MC** is pivotal, and its contribution to advancing these essential rights for all, especially for **SEC**, is undeniable.

This series of reports complements the **MQTM** initiative by offering qualitative insights into the challenges in the implementation of the **MC**. It serves to deepen our understanding of the complexity of **SRHRJ** issues in the region and to renew our commitment to a more equitable and rights-driven society. **MQTM** continues to be an invaluable tool in our pursuit of a more equitable and rights-driven society.



1.4. Geographical Scope

The organizations contributing to this report are categorized into three sub-regions: **Central America** (including **Mexico**), the **Caribbean**, and **South America**. Within **South America**, a further distinction is commonly made between the **Southern Cone** and **Andean Regions**. The **Southern Cone** includes **Brazil, Uruguay, Argentina, Chile,** and **Paraguay**, whereas the **Andean Region** encompasses **Bolivia, Colombia, Peru, Venezuela,** and **Ecuador**. This demarcation, influenced by geographical, sociocultural, and historical factors, is occasionally employed in these reports to highlight distinct patterns, or discern trends.

There are noticeable trends in the region, with certain countries standing out and others lagging behind in establishing a sustainable **SRHRJ** landscape. In the **Southern Cone, Argentina** typically emerges as a frontrunner in the region concerning **SRHRJ**, while **Paraguay** faces significant challenges related to access. Similarly, in the **Andean** region, **Colombia** often leads the way, whereas **Venezuela**, amidst a humanitarian crisis, confronts substantial barriers to ensuring access to **SRHRJ**.

The **Caribbean** presents the most complex landscape within the region, with **Puerto Rico** demonstrating the most progress, while the rest of the countries contend with some of the most restrictive laws and policies. **Central America** closely mirrors this complexity. **Mexico** takes a leading role in this subregion, while **Honduras, El Salvador,** and **Guatemala** face the most challenges.



Figure 1. Countries covered in the initiative by sub-region

1.5. Political Dynamics

The LAC region is characterized by a dynamic political landscape, with frequent shifts between progressive political parties, often associated with progressive agendas, and conservative parties holding highly conservative ideologies. Recent developments in the region include the electoral victory of progressive political parties in **Guatemala**, contrasted by the rise of conservative leadership in **El Salvador** under *Nayib Bukele* and in **Argentina** with *Javier Milei*. **Central American** nations find themselves in a state of division, with **Mexico**, **Guatemala**, and **Honduras** now governed by progressive presidencies, yet encountering significant resistance from conservative factions within the government. **Honduras**, in particular, has faced challenges in advancing progressive legislation.

In the **Caribbean**, conservative resistance persists across all countries, albeit with variations influenced by British, American, and French colonial legacies. **Puerto Rico** continues to grapple with an annexationist regime from the **United States**, while **Haiti** currently lacks a legal government, and the **Dominican Republic** is under the governance of a conservative president. Notably, **Antigua & Barbuda** and **Trinidad & Tobago** have made significant strides by overturning archaic buggery laws that once criminalized same-sex relationships, relics of the British colonial era. ^{vi}

South America is currently divided, with five countries under progressive administrations, however with three of these challenged by majority conservative parliaments, remnants of previous regimes, namely in **Chile**, **Brazil**, and **Colombia**. **Bolivia** faces political instability within progressive circles, while **Venezuela** grapples with a deep humanitarian crisis. Conversely, **Argentina**, **Uruguay**, **Paraguay**, **Peru**, and **Ecuador** have conservative regimes in power. However, it is worth noting that in **Argentina**, the conservative party lacks a parliamentary majority.

Despite some political analysts heralding recent shifts in governance as a resurgence of progressive influence across **Latin American** countries, ^{vii} current progressive governments encounter major obstacles in advancing progressive agendas. Not only do conservative-leaning parliaments present concrete obstacles to passing progressive agendas, but the recent **COVID-19** pandemic exacerbated socioeconomic instability across the region, with significant impacts on **SRHRJ** that were often sidelined due to a prioritization of other 'essential services' that directly tackled the ongoing public health emergency. ^{viiiix}

1.6. Central America

In **Mexico**, the government of **López Obrador** (2018–2024) has made significant progress in expanding access to universal health coverage for adolescents and providing support to keep them enrolled in the education system, as well as through the provision of quality medical care for pregnant youth. ^x Despite these achievements, challenges persist, including the disappearance of programs like the Childcare Centers Program and the absence of comprehensive feminist policies, as highlighted in the report from **CSOs**. Notably, in September 2023, **Mexico's** Supreme Court unanimously ruled that state laws prohibiting abortion are unconstitutional, marking a victory for **SRHRJ** activists across **Latin America**. ^{xi}



Fós Feminista / Abortion March. Mexico 2022.

Conversely, **El Salvador** has faced a series of challenges since March 2022 when President **Nayib Bukele** declared a state of emergency due to a surge in homicides, compromising citizens' fundamental rights. This state of emergency, which included the suspension of fundamental rights such as freedom of association and due process, has been continuously extended despite being put in place initially for a single month. ^{xii} Concerns have also been raised by **CSOs** regarding the announced territorial reconfiguration starting in 2024, which centralizes power in urban areas, leading to apprehensions about the potential spread of President **Bukele's** populist and authoritarian tactics to other countries in **LAC**. **Bukele**, who assumed office in 2019, has, at the beginning of 2024, been formally re-elected despite human rights concerns. ^{xiii xiv}

In **Guatemala**, the 2023 election marked a significant milestone with the election of President **Bernardo Arévalo**, hailed as the most progressive president in the past 40 years. ^{xv} President **Arévalo** has prioritized social justice and human rights, offering a promising opportunity to address the democratic crisis. ^{xvi} His commitment to these values raises hope for positive transformations in **Guatemala's** approach to **SRHRJ**, especially since **SRHRJ** have historically been treated as taboo and often depend on political will for consideration and resource allocation.

On the other hand, the current government in **Costa Rica**, led by President **Rodrigo Chaves Robles**, has aligned with evangelical pastors and anti-rights groups, undermining **SRHRJ** in the education system. **CSO** reports have identified this alliance as an attempt to roll back progress on **CSE** in schools. Additionally, the lack of political will means the country is being governed by outdated **SRHRJ** policies and those policies that are in place, lack comprehensive implementation. ^{xvii}

In **Honduras**, strong opposition from groups like “Generación Celeste” ^{xviii} reflects the ideological divide that President **Xiomara Castro** faces. President **Castro** assumed office in 2022 as the first woman president of the country. Despite the expectations placed on her to advance gender-related bills as part of her Plan to Re-found Honduras (2022-2026), she has encountered significant opposition from conservative movements within the country. The **CSO’s** report highlights the legislative progress made in terms of advocating for policies aimed at safeguarding individuals' **SRHRJ**, but also showcases how current authorities engage in ideological debates and power struggles, often at the expense of the health and well-being of children, adolescents, women and gender-diverse individuals.

Fós Feminista / Jazmyn Henry, Honduras.



1.7. The Caribbean

In **Antigua & Barbuda**, reports from United Nations Educational, Scientific and Cultural Organization (UNESCO)^{xxix} and the World Health Organization (WHO)^{xxx} indicate that the government, led by Prime Minister **Gaston Browne** since 2014, has taken some steps to acknowledge the importance of CSE. While SRHRJ still have a long way to go, human rights organizations celebrated **Antigua & Barbuda's** Court decision to decriminalize same-sex intimacy in 2022.^{xxxi}

Haiti faces deeper challenges, reporting dysfunctions across the entire health system, as well as significant governance issues, including the absence of a legal government, raising concerns about the enforcement of any existing legal frameworks. The serious political, economic, humanitarian, and refugee crisis has led Human Rights Watch to deem it a “catastrophic situation.”^{xxxi}

In **Trinidad & Tobago**, while the UN's Human Rights Committee commends women's representation in public bodies following the election of the second woman president **Christine Kangaloo**, conservative resistance, and the current refugee crisis due to the humanitarian crisis in neighboring **Venezuela** have led to complex challenges in upholding and advancing SRHRJ.^{xxiii}

In the **Dominican Republic**, the current government, led by President **Luis Abinader** since 2020, has led to a conservative shift, with a targeting of the Haitian migrant population who are majority Afro-descendant, in particular pregnant women.^{xxiv} The country lacks official reliable data on the living conditions of its Afro-descendant population, a major barrier to ensuring inclusive, intersectional SRHRJ is upheld. Presidential elections are to be held this year, acting as an opportunity for a shift in government and a renewed focus on SRHRJ.

In **Puerto Rico**, the current governor **Pedro Pierluisi**, embraces an annexationist stance, denying **Puerto Rico's** status as a LAC country and insisting it is a **US** territory.^{xxv} Consequently, the government rejects accountability or representation before UN bodies like ECLAC. Beyond this, **Puerto Rico** faces an unprecedented economic, social, and political crisis due to socio-natural disasters, the **COVID-19** pandemic, and overwhelming government debt. The education and health systems are on the brink of collapse, prompting the government to attract foreign investors, leading to the displacement of vulnerable communities, particularly women.^{xxvi} This dire situation makes **Puerto Rico** the most impoverished territory under **US** control.

1.8. South America

1.8.1 Southern Cone

The recent political landscape in **Brazil** has been marked by the challenging four years of former President **Jair Bolsonaro** (2019–2022) coupled with the after-effects of the **COVID-19** pandemic, both of which led to significant setbacks for gender equality in the country. **Bolsonaro's** election in 2018 symbolized a reversal and neglect of the advances made by gender equality activists in the decades before. Currently, the **Brazilian** congress is divided into five ideological groups, with conservatives holding most seats (**40%**), while feminists hold a mere **20%**, posing significant obstacles to passing progressive reforms and legislation. ^{xxvii} However, despite these challenges, the inauguration of progressive President **Lula da Silva** in 2023 has set in motion positive developments, including efforts to revitalize **SRHRJ** initiatives. ^{xxviii}

Uruguay's legal frameworks reflect a commitment to **SRHRJ**, with these principles, aligned with international human rights standards, embedded into national laws during the “progressive cycle” of the previous government (2005–2019). ^{xxix} However, under the current government, which took power in 2020, President **Lacalle Pou** (2020–2025), has implemented cuts in funding, impacting the continuity and effectiveness of **SRHRJ** initiatives. ^{xxx}

Four years after the social uprising in 2019 in **Chile**, President **Gabriel Boric** has faced a number of setbacks, led by conservative groups and conservative politicians, such as the rejection of a progressive constitutional project in 2021 and the drafting of a second project by a conservative majority in 2023. ^{xxxi} The rejection of both projects means that the constitution enacted by conservative dictator **Augusto Pinochet** in the 1980s, continues in place. ^{xxxii}

Conservative groups in **Paraguay**, supported by the **US** Christian advocacy group Alliance Defending Freedom, have actively lobbied for banning gender discussions in classrooms in the country. ^{xxxiii} The absence of specific laws, clear policies, and guidelines, coupled with a political landscape marked by mis- and disinformation, has led to the characterization of the country as an “anti-rights think tank”. ^{xxxiv}

In **Argentina**, concerns have emerged regarding the potential impact on **SRHRJ** following the recent election of ultra-conservative President **Javier Milei**. Advocates in the country fear for a reversal of the progress made during the progressive administrations of the **Kirchners** (2003–2015). In fact, at the beginning of February 2024, **Milei's** party submitted a bill to Congress seeking to repeal abortion laws, even in cases of rape. ^{xxxv} While **Milei's** spokesperson has denied this bill as part of the broader governmental agenda, stating that the President is focused on more “urgent matters,” alerts have been raised in the face of threats to **SRHRJ**, given the claims made by the new President. ^{xxxvi}

1.8.2 Andean Region

In **Bolivia**, the aftermath of the 2019 coup against **Evo Morales**, who governed the country for nearly 14 years, and the ongoing rivalry with current president **Luis Arce**, have cast doubts on the stability of progressive governance in the country. ^{xxxviii} Despite modest progress on **SRHRJ**, concerns persist regarding the fragility of the State's systems, particularly in guaranteeing **SRHRJ** for adolescents, women and gender-diverse individuals in rural areas.

In **Colombia**, **Gustavo Petro** assumed office in 2022 with a progressive agenda that included a bill promoting **CSE** in all public and private institutions, ^{xxxviii} alongside other reforms and policies, including the establishment of the Ministry of Equality to safeguard **SRHRJ**. ^{xxxix} However, tensions in Congress, fueled by opposition from conservative, religious representatives labeling the reform as “gender ideology,” have hindered the bill's approval. ^{xl} Lack of majority support, even within his own party, has left President **Petro's** progressive agenda largely unfulfilled. ^{xli}

Peru has faced significant political fragmentation and turmoil since 2018 and its current President, **Dina Boluarte**, was put in place by Congress after the previous President **Pedro Castro** was removed in 2022. ^{xlii} The current majority in Congress leans towards the conservative and ultra-conservative, and **Boluarte's** government is perceived as conservative authoritarian. ^{xliii} The case of Mila, an 11-year-old girl who, from the age of six was systematically abused by her stepfather and found 13 weeks pregnant, has garnered international attention and condemnation by the **UN** for violating the rights of an abused child, prompting calls for increased protection for children and guaranteed access to comprehensive **SRHRJ**. ^{xliii}

Since 2016, **Venezuela**, led by President **Nicolás Maduro** who took power in 2013, has faced a deepening crisis marked by food scarcity, poverty, inequality, severe healthcare access issues, conflicts related to citizen insecurity, an increase in the informal economy, and significant emigration. This multifaceted crisis unfolded amidst deficiencies in state institutions, political polarization, unilateral coercive measures applied by the **US**, and widespread corruption. ^{xliii}

Recognizing the crisis as a complex humanitarian situation in 2018, the **UN**, in collaboration with President **Maduro's** government, and the **Venezuelan** government initiated humanitarian aid. The humanitarian crisis, exacerbated in 2020 by the **COVID-19** pandemic, has severely impacted access to healthcare, including **SRHRJ**. ^{xliii}

Currently facing a major security crisis, **Ecuador**, under President **Gustavo Noboa's** declaration of an “internal armed conflict” in January 2024, raises concerns about **SRHRJ** in the country, exacerbating already existent challenges. ^{xliii} Human Rights Watch has expressed concerns about the wave of violence faced by citizens of **Ecuador**, ^{xliiii} resulting in significant impacts on public services in education, health, social security, employment, **SRHRJ** and other essential areas.

SRHRJ in the Montevideo Consensus

The Montevideo Consensus (MC) agreed on by all governments of the LAC region in 2013 at the first Regional Conference on Population and Development (RCPD) stands as one of the most progressive intergovernmental agreements concerning SRHRJ. This agreement serves as a regional landmark dedicating an entire chapter to “Universal access to sexual and reproductive health services.” Chapter D has 14 priority actions that include promoting policies that enable individuals to exercise their sexual rights freely and without coercion, reviewing legislation to ensure access to comprehensive SRHS, designing programs to eradicate discrimination based on sexual orientation and gender identity, guaranteeing universal access to quality SRHS for all individuals, strengthening measures for HIV/AIDS prevention and treatment, eliminating preventable maternal morbidity and mortality, ensuring access to safe abortion services (SAS) where legal, promoting prevention and self-care programs for men's SRH, and guaranteeing effective access to comprehensive healthcare during the reproductive cycle. Additionally, these actions emphasize the need to allocate sufficient financial, human, and technological resources to ensure universal access to SRHS without discrimination.

This report delves into five priority topics outlined in Chapter D of the MC, each addressing crucial aspects of SRHRJ. Regarding abortion, priority actions 40 and 42 of the MC aim to reduce maternal morbidity and mortality by improving abortion services where legal or decriminalized. CSE is addressed in priority action 40, recognizing its role in preventing maternal morbidity and mortality. Gender-Based Violence (GBV) is emphasized in priority actions 33 and 34, aiming to ensure individuals' rights to a life free from discrimination and violence, enabling them to exercise their sexual rights without coercion or discrimination. Access to SRHS, especially family planning and contraception, is covered in priority actions 40, 43, and 44, striving to ensure access to culturally relevant and scientifically sound contraceptive methods, including emergency oral contraception, alongside counseling and comprehensive care, including maternal health services and compassionate obstetric care. Finally, Youth-Friendly Services (YFS) are addressed under priority action 35, aiming to expand access to SRHS, including comprehensive user-friendly services tailored to adolescents and youth.

1.9. Towards ICPD+30

The **LAC** region faces numerous challenges in realizing universal access to **SRHRJ**, exacerbated by the **COVID-19** pandemic. Disruptions in services, including family planning, prenatal care, childbirth, abortion, and post-abortion care, have underscored the urgent need to address these issues. ^{xlix} Persistent obstacles such as financing constraints, unequal resource distribution, and variations in service quality persist across the region, further exacerbated by the **COVID-19** pandemic. ^l

Amidst these challenges, the significance of **SRHRJ** cannot be overstated, particularly in the context of the commemoration of the 30th anniversary of the International Conference on Population and Development (**ICPD+30**) in 2024 and the broader 2030 Agenda for Sustainable Development. **SRHRJ** are fundamental human rights, essential for individuals' well-being.

Despite the challenges posed by the pandemic, progress has been made in reducing adolescent fertility rates, highlighting the impact of commitments made in the **MC**. ^{li} However, disparities persist, particularly in the **Caribbean** subregion, where adolescent pregnancy negatively impacts the lives of young women and gender-diverse individuals, hindering their development and perpetuating cycles of poor health and poverty. ^{lii}

The realization of **SRHRJ** is indispensable for advancing the Sustainable Development Goals (**SDGs**), notably **SDG 3** (Good Health and Well-Being) and **SDG 5** (Gender Equality). Target 3.7 of **SDG 3** emphasizes the importance of ensuring universal access to **SRHS**, while Target 5.6 of **SDG 5** highlights the imperative of upholding sexual and reproductive rights. ^{liii}

Upholding **SRHRJ** not only benefits individual health and well-being but also contributes to environmental, social, and economic development. Prioritizing **SRHRJ** within the agenda of **ICPD+30** and the broader framework of the 2030 Agenda is imperative to ensure inclusivity and equitable progress towards the **SDGs**, leaving no one behind.



Fós Feminista / Martin Gutierrez, Buenos Aires.

2. YFS: Youth-Friendly Services Monitoring and Implementation Insights

MQTM monitors Youth-Friendly Services (YFS), assessing legal, political, programmatic, and operational frameworks, as well as legal barriers, and available resources.

The overall compliance score for YFS remained unchanged from 2017 to 2023 for the 24 countries monitored by MQTM. While most countries demonstrate acceptable progress, there is a crucial need to ensure reporting mechanisms for service denial are in place. Approximately one-third of the monitored countries face barriers for comprehensive availability of services. For instance, in eight of these countries, requirements for parental consent impede the provision of services such as HIV testing. ¹¹⁰

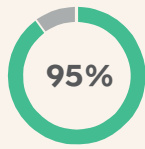
Across the 18 monitored countries in this report, **83%** exhibit good (**72%**) and optimal (**11%**) compliance, with none falling into the deficient category. **Trinidad & Tobago** and **Puerto Rico**, however, stand out with limited compliance scores of **47%** and **55%** respectively, facing resource shortages, legal barriers, and deficiencies in both programmatic and operational frameworks. The collective compliance score for the 18 monitored countries in this report is **76%**, indicating an overall good compliance to ensuring YFS in the region.

Sub-regionally, the **Caribbean** shows the lowest compliance score, with both **Trinidad & Tobago** and **Puerto Rico** scoring the lowest. **Central America** has good overall scores, with **El Salvador** achieving an optimal score of **95%**. However, **Honduras** lags with a **63%**. In **South America**, countries have good overall scores, reflecting a positive trend in providing YFS.

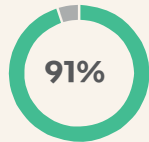


Fós Feminista / 2014 Boliuia. Girls participating in the Men and Boys case study

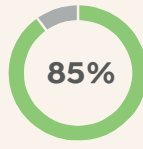
Compliance Percentage



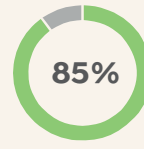
El Salvador



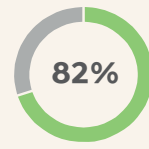
Mexico



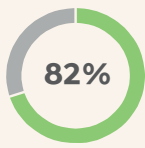
Ecuador



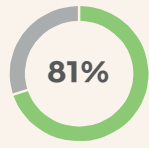
Chile



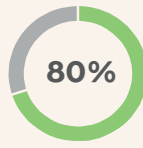
Argentina



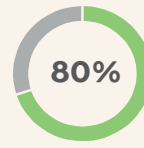
Costa Rica



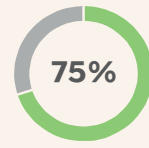
Paraguay



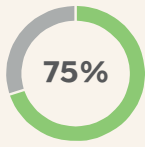
Colombia



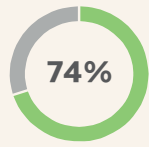
Peru



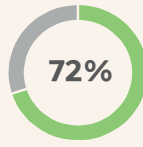
Dominican Republic



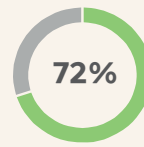
Bolivia



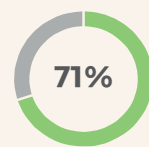
Brazil



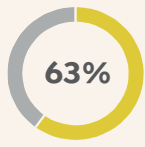
Venezuela



Guatemala



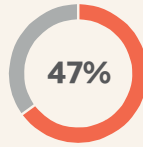
Uruguay



Honduras



Puerto Rico



Trinidad & Tobago

N.A.

Haiti

N.A.

Antigua & Barbuda

91 - 100%

71 - 90%

56 - 70%

41 - 55%

0 - 40%

2.1. Central America

2.1.1 Legal, Programmatic and Financial Frameworks

A. Legal Frameworks



In **Central America**, legal frameworks for the provision of YFS are good, achieving an overall score of **90%**.

In **Mexico**, a law mandates the health sector to provide youth-friendly and gender-sensitive SRHS.^{lv} Despite this, there are notable gaps in the dissemination of information and challenges regarding healthcare staff turnover, hindering the establishment of fully equipped teams to deliver quality services.

El Salvador's 2023 law upholds the right to health for young people yet is said to take a maternal-child focus, neglecting other lifecycle stages in its approach.^{lvii} Additionally, a shift in governmental prioritization towards early childhood is seen to put at risk other health initiatives for youth.

Guatemala's guides for implementation of YFS,^{lviii} quality standards for comprehensive adolescent care^{lviii} and national plans for adolescent and youth health from 2018,^{lix} indicate progress. The National Council for Youth^{lvii} plays a vital role in implementing preventive programs.

Costa Rican legislation from 2022^{lxi} and national standards from 2014 emphasize the importance of comprehensive care for adolescents. Health centers are mandated to offer evidence-based contraceptive information and a range of methods, with initiatives from 2014^{lxii} and 2018.^{lxiii}

In **Honduras**, the government has recognized its responsibility to guarantee SRHS for children, adolescents, and young adults through the National Policy on Sexual and Reproductive Health from 2016.^{lxiv} Governmental initiatives^{lxv} aim to provide comprehensive counseling and support services for adolescents but have limited effectiveness in impacting young people and contributing to the reduction of school dropout rates due to pregnancies.^{lxvi}



B. Programmatic Frameworks



Programmatic frameworks across **Central America** are good, with the subregion scoring **80%**. **Honduras** records the lowest score, with a **58%**, and **Costa Rica** holds the highest at an optimal score of **93%**.

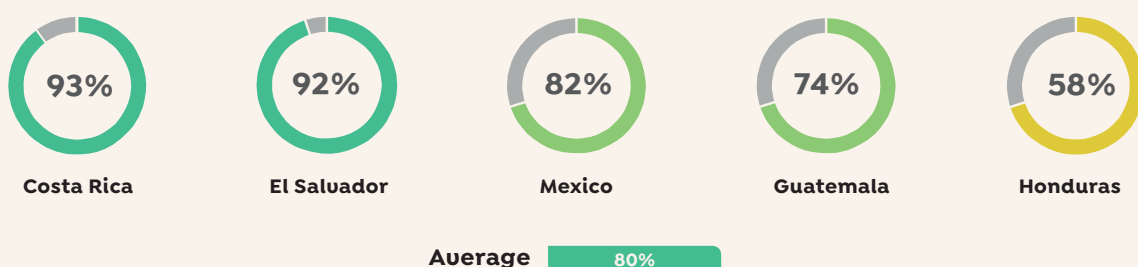
In **Mexico**, hotlines and chat services, and mobile units reach young people. ^{lxvii} Despite the 3,116 **YFS** centers across the country, there are gaps in service delivery, limited staffing and operating hours, a lack of awareness among the target population and challenges in meeting the diverse needs of adolescents, particularly regarding gender identity and sexual orientation. These barriers hinder the accessibility and inclusivity of services.

El Salvador has taken steps towards improving **YFS**, including a 2022 update of technical guidelines for providing comprehensive healthcare for individuals affected by violence. ^{lxviii} However, inconsistencies in services offered, and shortages of specialists pose significant challenges. The absence of a dedicated strategy or guideline to enhance access to **SRHS** for adolescents further exacerbates these issues. Moreover, services have been disrupted, particularly in rural areas.

Guatemala has advanced on **YFS** through a young leaders program ^{lxix} and a teenage pregnancy prevention program from 2018. ^{lxx} A focus on life skills development, **CSE**, and access to differentiated health services delivers positive results. However, resistance to providing information or contraceptives to minors without guardian's consent, highlight the importance of addressing systemic challenges to ensure comprehensive service delivery for all young individuals.

Costa Rica's 2018 policy on providing **SRHS** for youth is the most notable example from the country on advancing **YFS**. ^{lxxi} However, frameworks need updating and require a specific focus on **SEC** to address the needs of adolescents in all of their diversity.

In **Honduras**, a 2022 redesign of institutional frameworks elevate the importance of preventing adolescent pregnancies. ^{lxxii} However, the lack of progress on providing education and information regarding **SRHRJ** in schools across the country, remains a significant gap in ensuring young people can make informed decisions about their health.



C. Financial Frameworks



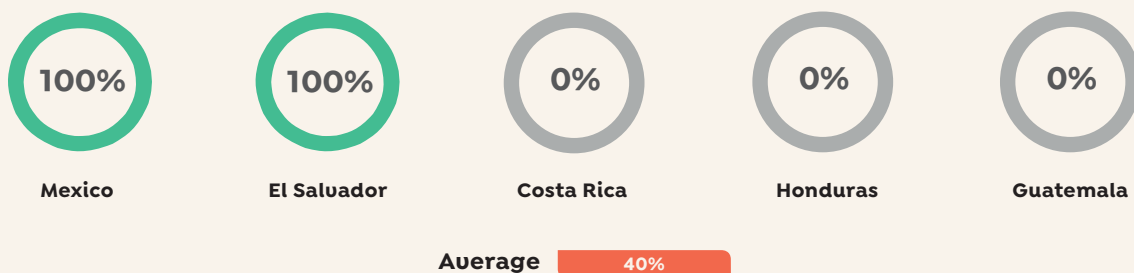
Financial frameworks are overall deficient in the sub-region, with only **Costa Rica** achieving a **100%** score. **El Salvador** and **Honduras** raise concerns with a lack of financial framework, while **Mexico** and **Guatemala** score **50%**.

In **Mexico**, the dissolution of the Agreement for the Strengthening of Public Health Actions in the Federal Entities ^{xxv} has made it challenging to track allocated resources, leading to a lack of operational rules standardizing budget design. This lack of transparency impedes efforts to ensure adequate funding for **FPC** initiatives. It also highlights a significant gap in addressing the reproductive needs of adolescents, as evidenced by the highest unmet need for contraceptive methods among individuals aged 15 to 19 in 2021.^{xxvi}

In **El Salvador**, limited budgetary allocation restricts the variety of contraceptive methods offered to the public, particularly long-term methods like the **IUD** and implants, which are cost-effective and offer extended protection. This limitation in budget allocation hampers the availability of highly effective contraceptive options, potentially contributing to unmet needs among the population.

Guatemala's financial framework presents notable fluctuations in budget allocation for **FPC** programs, with significant increases through 2017 and 2018 followed by a **32%** reduction in 2019 to the Program to Prevent Maternal Mortality.^{xxvii} Despite consistent budgeting for this program during the **COVID-19** pandemic and a **22%** budget increase in 2022, ^{xxviii} poor execution of allocated resources persists as a challenge. The low execution rate of the 2023 budget underscores an ongoing issue of ineffective resource utilization.^{xxix}

Honduras adopts a municipal budget allocation approach, with an emphasis on comprehensive healthcare for women, including **SRHS**. However, despite earmarked funding for health, there remains a notable unmet demand for modern contraceptive methods, particularly among marginalized women.^{xxx} Challenges in accessing counseling and contraceptive methods, especially for unmarried young women, further exacerbate the issue, limiting their ability to make informed decisions about their **SRH**.



Key Themes

A. Territorial Inequalities



In **Mexico**, rural-urban disparities affect access and quality of healthcare services for adolescents. Healthcare personnel in rural areas often disclose sensitive information at the municipal level, affecting the willingness of adolescents to seek services. In addition, contraceptive use among adolescents is stigmatized.

In **El Salvador**, YFS are primarily concentrated in urban areas, leaving rural populations underserved. Adolescents and young individuals from rural areas face challenges accessing services due to transportation barriers and the long distance to healthcare facilities.

In **Costa Rica**, disparities in access and quality of care for young people and adolescents persist due to unaddressed territorial inequalities within the programmatic and legal frameworks governing YFS. Meanwhile, **Guatemala** provides YFS through the health service network as well as through community outreach activities led by the Ministry of Health, aiming to enhance accessibility for all.

In **Honduras**, youth living in rural and conflict-affected areas lack access to YFS. These disparities are exacerbated by territorial disputes and a lack of resources to underserved areas, creating significant barriers for adolescents and young individuals in communities in the interior of the country.



Fós Feminista / Trip to Belize. 2022.

B. Data Access, Generation, and Quality



In **Mexico**, a publication developed by **UNFPA** in partnership with the Mexican government in 2019 revealed a gradual decrease in the fertility rate among adolescents aged 15 to 19 over the past four decades, contrasting with trends observed in other demographic groups of reproductive age. ^{lxxiv}

In **El Salvador** and **Costa Rica**, data on **YFS** are scarce or nonexistent, reflecting a broader lack of government prioritization in this area. **CSOs** and news outlets remain the primary sources of information.

In **Guatemala**, disaggregated data on **YFS** is lacking. The country's documentation methods fail to capture the diverse needs and experiences of adolescents and young people, particularly those belonging to the **LGBTIQ+** community.

Honduras' 2019 National Demographic and Health Survey ^{lxxv} was supported by international organizations, and provides valuable insights into various health indicators, including fertility rates, infant mortality, and **HIV/AIDS** prevalence.

C. Systematically Excluded Communities



In **Mexico**, **YFS** do not utilize a holistic approach to the **SRH** and well-being of adolescents and young people and fail to break free from the stigmas surrounding sexuality and sexual diversity. Privacy and confidentiality are not maintained, despite program objectives. Moreover, the predominant focus on preventing teenage pregnancy overshadows addressing the diverse needs of users. Adolescents and young people describe services as being confusing, stigmatizing, and bureaucratic, as well as adult-centric and discriminatory.

CSOs reporting on **Guatemala** outline a lack of clinics designed to provide **YFS**.

D. Intersectional and Intercultural Approach



Intercultural and intersectional considerations within **YFS** initiatives are missing across the sub-region. Addressing these gaps is paramount to guaranteeing inclusivity and cultural sensitivity within **YFS** programs. Information in indigenous languages is lacking.

E. CSO Participation



In **Mexico**, while requests for joint collaborations between the healthcare sector and civil society have been made, such partnerships remain largely isolated and ad hoc, often occurring during special events or commemorative dates. While integration of **CSOs** into some state working committees has taken place, there is a need for more sustained and systematic engagement between **CSOs** and the healthcare sector.

In **El Salvador**, young individuals organized at the territorial level actively collaborate with local health authorities to shape public health services according to their needs. However, limitations in representation exist, with organized youth representing a minority, potentially leaving most adolescents and young people's needs unaddressed.

In **Guatemala**, **CSOs** have taken steps to advocate for the rights and needs of adolescents, and youth. By collaborating with impartial stakeholders, individuals with no particular alignment to a political party or interest group, within public institutions, **CSOs** have been instrumental in monitoring healthcare and justice systems, to ensure that **YFS** are delivered with quality and empathy, promoting inclusivity, respect, and non-discrimination in all aspects of care and support provided to the youth population.

In **Costa Rica**, **CSOs** contribute to the expansion of **YFS**. In **Honduras**, **CSOs** advocate for **YFS** with support from the United Nations Development Program (**UNDP**), by fostering political engagement and addressing challenges faced by youth, particularly focusing on empowering **LGBTIQ+** youth.

3.1. The Caribbean

3.1.1 Legal, Programmatic and Financial Frameworks

A. Legal Frameworks



Legal frameworks for the provision of YFS in the **Caribbean** vary, with **Puerto Rico** scoring 100% according to MQMT, and **Trinidad & Tobago** scoring **59%**.

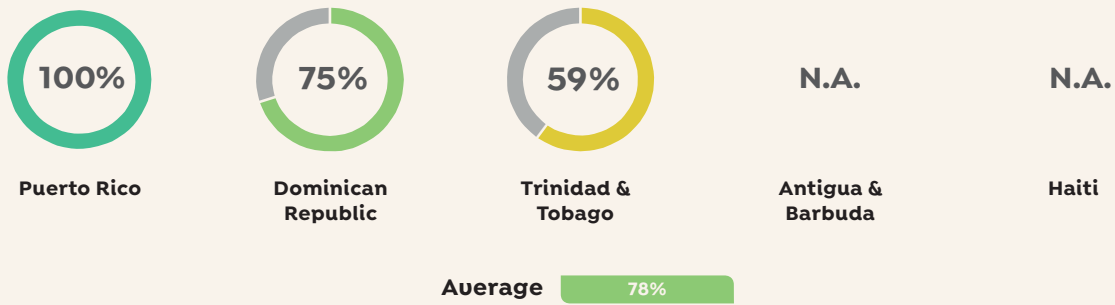
In **Trinidad & Tobago**, amendments to legislation in 2015 raised the legal age of marriage to 18 years, aligning it with the age of sexual consent, taking a step towards safeguarding the rights of children and adolescents. ^{lxxvi} Additionally, a report on "Safeguarding Children in Community Residences and Child Support Centers" commissioned in 2021 by the country's cabinet and produced by an independent investigation team, has led to enhanced regulations requiring all community residences housing children to be licensed, and thus strengthening child protection measures. ^{lxxvii}

In **Antigua & Barbuda**, efforts are underway to address youth development needs through the implementation of the National Youth Policy, aimed at fostering a multi-sectoral approach to youth empowerment and support. ^{lxxviii} However, limited information is available regarding specific provisions related to YFS under the policy.

In **the Dominican Republic**, health regulations ^{lxxix} address key areas like adolescent pregnancy, and contraceptive guidance for teens. Despite initiatives to enhance reproductive health protocols and offer complimentary contraceptive services, the lack of a youth-specific policy hinders the implementation of targeted interventions to address the unique **SRH** needs of adolescents and young adults.

In **Puerto Rico**, the enactment of the "Law to Adopt the Charter of Rights of Youth" from 2003 ^{lxxx} guarantees access to YFS, a reason for which the country scores perfectly on MQTM. Furthermore, there is no mandate in place that requires consent from a parent or guardian, ensuring autonomy in accessing these services. However, **CSOs** note a lack of new policies and programs initiated over the past decade to advance the **SRHRJ** of adolescents and youth.

Access to **SRHR** for young people in **Haiti** is limited and exacerbated by the ongoing food crisis. ^{lxxxi} Food scarcity disproportionately affects vulnerable groups, including children, adolescent girls, and pregnant or lactating women. Despite efforts by community organizations to share information on family planning and sexual health, access to services remains limited, with young people struggling to afford essential items like menstrual pads.



B. Programmatic Frameworks

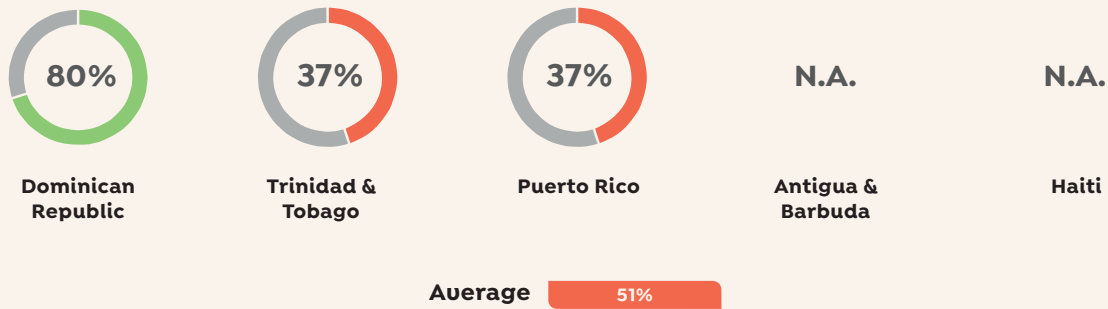


Across the **Caribbean**, programmatic frameworks are limited, with an overall score of **51%**, according to MQTM. The **Dominican Republic** scores highest at **80%**, while both **Trinidad & Tobago** and **Puerto Rico** lag behind, scoring a mere **37%**.

Trinidad & Tobago, **Puerto Rico**, and **Antigua & Barbuda** lack data on the progress, gaps, and barriers in the provision of YFS within the programmatic frameworks.

In **Antigua & Barbuda**, UNICEF reports adolescents benefit from some exemptions of user fees when accessing health services, including **SRHS**.^{lxxxii} These exemptions cover a range of services such as contraceptives, **HPV** vaccination, **STI** testing and treatment, **HIV** testing and counseling, and mental health care.^{lxxxiii} In **Puerto Rico**, there are no specific **SRH** programs for youth, but youth are instead covered in other programs targeting **SRH** for the general population. In **Trinidad & Tobago**, the Guide for Establishing Community Youth Friendly Spaces published in 2010 by the Ministry of Culture, Youth & Sports provides programming for YFS.^{lxxxiv}

The **Dominican Republic** has implemented various strategic plans and policies aimed at improving youth access to **SRHS**, focused on reducing maternal mortality, reducing adolescent pregnancy rates, and preventing and treating **STIs**.^{lxxxv lxxxvi lxxxvii lxxxviii} Additionally, the country has established protocols for contraception provision to adolescents, and initiatives are in place to reduce adolescent pregnancies, such as media campaigns and free provision of contraceptives to adolescents.^{lxxxix}



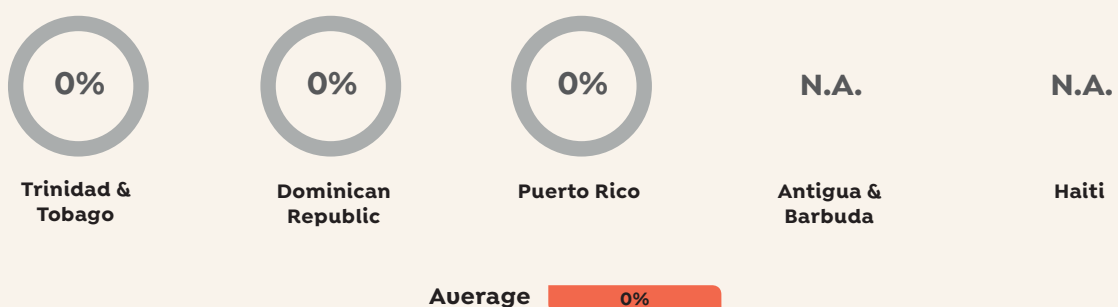
C. Financial Frameworks



Across the **Caribbean**, there is a stark absence of funding allocated to the provision of YFS, according to MQTM.

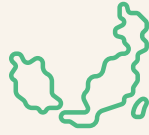
In **Trinidad & Tobago**, while funds towards youth-development have been allocated to the Ministry of Sport and Youth Affairs between 2017-2020,^{xc} it is unclear how much of these allocations are directed towards youth-focused **SRHR** initiatives. Similarly, while the Children’s Authority has invested in child safeguarding initiatives,^{xc} details about **SRHR** programs for youth are lacking.

In **Antigua & Barbuda**, the **Dominican Republic** and **Puerto Rico**, there is a notable absence of data regarding budget allocations, disbursed funds, and the extent to which youth needs in **SRHR** are being met.



Key Themes

A. Territorial Inequalities



In **Trinidad & Tobago**, according to **CSO** reports, significant rural-urban disparities exist for youth in accessing education, healthcare, employment opportunities and social services. Rural areas lack necessary physical, digital and telecommunication infrastructure, have lower levels of digital literacy and have limited access to reliable transportation. These limitations hinder young people's ability to access essential services and opportunities, exacerbating existing inequalities between urban and rural areas.

In **Antigua & Barbuda**, the **Dominican Republic**, and **Puerto Rico**, data on rural-urban disparities in accessing **YFS** is not available. However, given the diverse geographical landscapes of these countries, it is reasonable to assume that territorial inequalities may exist, affecting young people's access to essential services.

B. Data Access, Generation, and Quality



In **Trinidad & Tobago**, **Antigua & Barbuda**, the **Dominican Republic** and **Puerto Rico**, there are notable gaps in data access related to **YFS**. While some countries generate national-level data, there are challenges in accessing this information, especially in **Antigua & Barbuda**.

Reports from **CSOs** in the **Dominican Republic** and **Trinidad & Tobago**, emphasize the need to create detailed information and databases, stressing the importance of data disaggregation by various criteria such as sex, sexual orientation, gender identity, ethnicity, age, disability status, and economic situation.

C. Systematically Excluded Communities



As youth are considered a **SEC** in this report, the presence of legal and programmatic frameworks that specifically provide **SRHS** for youth is a step in the right direction. However, other **SEC** are missing from policies and programs across all countries of the sub-region. This lack of targeted interventions may exacerbate disparities in healthcare access and outcomes for these groups. Reports from **CSOs** underscore the importance of governments acknowledging the significance of health services that cater to the specific needs of youth, considering their intersecting identities and experiences.

D. Intersectional and Intercultural Approach



While intersectional and intercultural approaches play a crucial role in ensuring equitable access to **YFS**, these approaches have not been widely integrated across the **Caribbean**. Localized efforts by **CSOs** are commendable, yet they are not sufficient on their own. Urgent action is needed to incorporate these approaches within legal, programmatic, and financial frameworks to advance and uphold the rights of adolescents and youth in all their diversity.

E. CSO Participation



In examining the involvement of **CSOs** in the provision of **YFS** across the **Caribbean** sub-region, **Trinidad & Tobago** stands out for its active engagement of **CSOs** like the Family Planning Association. ^{xcii} These organizations play a crucial role in providing programs and services related to **SRHR** for youth. However, closer collaboration with corresponding ministries is crucial.

Similarly, in **Antigua & Barbuda**, **CSOs** collaborate with the Department of Youth, a government agency, in carrying out youth development programs. However, there is an absence of specific **YFS** initiatives.

4.1. South America

4.1.1 Legal, Programmatic and Financial Frameworks

A. Legal Frameworks



Legal frameworks for YFS in **South America** are well established, with most countries in the sub-region scoring **100%** according to MQTM. **Venezuela, Paraguay** and **Ecuador** register lower scores, at **75%**.

In **Brazil**, the Youth Statute from 2013 ^{xciii} and the establishment of a National Youth System, ^{xciv} are tools for the defense of youth rights with specific public policies and guidelines aimed at addressing the population between 15 and 29 years old. The legal milestones, while recent, highlight a growing awareness of the need to protect youth rights, but challenges persist in achieving comprehensive implementation and overcoming societal barriers. Cultural taboos and stigma, such as adult centrism, surrounding **SRH** act as barriers for youth accessing these services.

In **Uruguay**, **SRHS** provision is guaranteed through legal frameworks such as a 2020 governmental Decree which organizes the functioning of health services specifically designed for adolescents. ^{xcv} Policies exist that address adolescent pregnancy and other **SRH** issues. ^{xcvi} **Argentina** guarantees young people access to health services through its Constitution. ^{xcvii} Additionally, two laws ensure **SRH** access and **CSE** for youth. ^{xcviii xcix}

Chile updated its National Sexual Health Policy in 2018, ^c ensuring the right to **SRH** for young people without discrimination.

Paraguay's legal framework ensures the right to health for adolescents, protected under the National Constitution ^{ci} and the Code of Children and Adolescents. ^{cii} However, **YFS** for **SRHS** are not specified, indicating a need for more concrete guarantees in providing youth with discrimination-free access to **SRHS** and **CSE**.

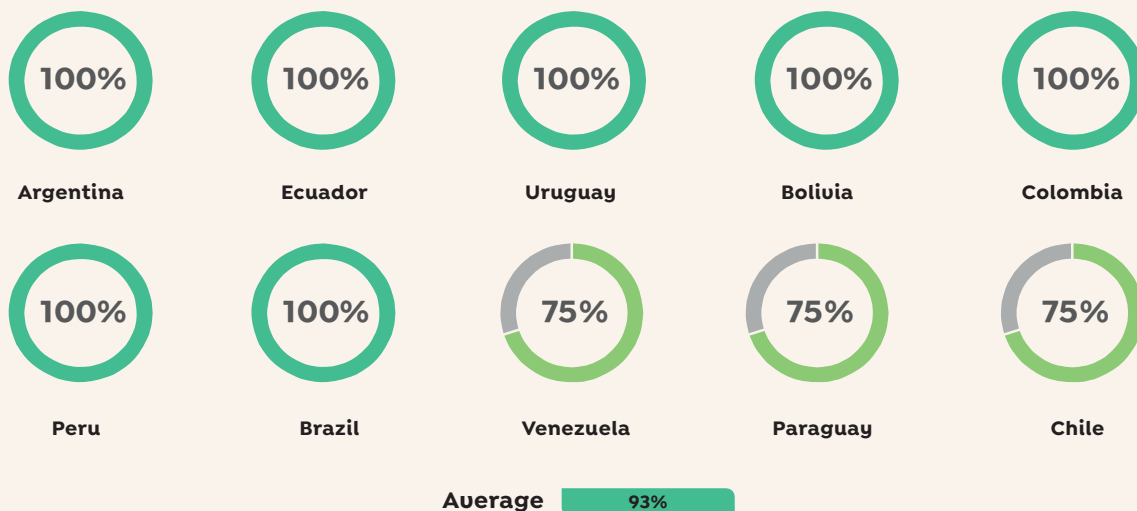
In **Bolivia**, laws from 2010, ^{ciii} 2014, ^{civ} and 2018, ^{cv} provide protection for the rights of children and adolescents, including protection against sexual violence and access to comprehensive healthcare. Additionally, technical normative documents facilitate young people's access to **SRHS**. ^{cvi} However, despite these advances, **Bolivia** faces barriers in the provision of **YFS**, such as insufficient training of health personnel, lack of normative improvements for quality care, and financial barriers. Patients, particularly youth, incur high costs having to purchase medication at pharmacies. Furthermore, limited youth participation in decision-making processes remains a critical barrier to effectively addressing adolescents' needs in the country.

Colombia ensures **YFS** are available through differentiated consultation, a healthcare approach tailored specifically to the needs, preferences, and developmental stage of young people, and friendly health units and centers. Laws from 2015 ^{cvii} and 2018 ^{cviii} provide guidelines for health promotion and maternal-perinatal care, with an emphasis on integrated services and youth-friendly initiatives. However, gaps persist, particularly a lack of multi-sectoral collaboration between the Ministries of Health and Education. The limited public awareness of **YFS**, coupled with the tendency to view adolescents primarily through the lens of risk, further hinder their utilization of these services.

In **Peru**, a 2023 technical health standard establishes friendly health spaces for youth, meeting quality standards. ^{cx}

Venezuela has taken significant steps towards ensuring adolescents access to **SRHS** through constitutional and legislative frameworks starting in 2007. ^{cx} Regulations from 2013 ^{cx} and 2014 ^{cxii} provide specific guidelines for the provision of **YFS**, integrate protocols to ensure uniformity in the provision of services, ^{cxiii} and include **YFS** in national plans. However, no legislative advances have been made over the past decade, and the complex humanitarian context hinders access.

Ecuador recognizes the rights of adolescents in education ^{cxiv} and health, ^{cxv} ensuring their access to **CSE**, civic participation and **SRHS**. These legislative measures reflect **Ecuador's** dedication to fostering youth development and ensuring the well-being of this population.



B. Programmatic Frameworks



In **South America**, programmatic frameworks for YFS score well according to MQTM. Only **Peru** and **Brazil** lag behind slightly, with scores of **53%** and **58%**, respectively. The sub-region's average score stands at **72%** for YFS in programs.

In **Brazil**, youth have been involved in decision-making for programs and policies through national and municipal councils. ^{lxiii lxiu} The programs launched in 2012, ^{cxviii} 2015 ^{cxix} and 2020, ^{cxx} target youth autonomy, the right to basic education and protect the rights of children and adolescents. However, access to quality health services remains a major challenge for Brazilian adolescents and youth.

Argentina's National Comprehensive Health Program for Adolescents from 2007, ^{cxxi} in addition to several national policies, protect the rights of young people and ensure their access to contraception, and participation in decision-making spaces related to **SRHR** programs. These programs and policies also recognize the specific **SRH** needs of **LGBTIQ+** and disabled youth. ^{cxvii cxviii cxvix}

In **Uruguay**, the National Program for Adolescent Health from 2007 ^{cxv} underscores a commitment to addressing the unique health needs of youth, by comprehensively ensuring access to **SRHS** for youth in safe spaces. ^{cxvii cxviii}

Chile's youth friendly spaces, provide a range of services and focus on respecting the identity of transgender and gender-nonconforming individuals. ^{cxviii} Healthcare staff are trained continuously on youth issues related to **SRHRJ**, ^{cxvix} and specific guidelines ^{cxx} provide proactive guidance for adolescents, ^{cxxi} provide information on the detection and early response to cyberbullying in adolescents and young people, ^{cxxii} and provide technical orientation aimed at bolstering the active participation of adolescents and young people in the realm of health. ^{cxxiii}

Paraguay has a national plan ^{cxxiv} that addresses adolescent health and has established youth-friendly health centers. ^{cxxv} These centers provide comprehensive care, including **SRH** information and counseling, and psychological support, and are designed to make adolescents feel comfortable and confident in seeking healthcare. However, quality of services remains a concern amongst **CSOs**, highlighting a potential weakness in the overall healthcare system.

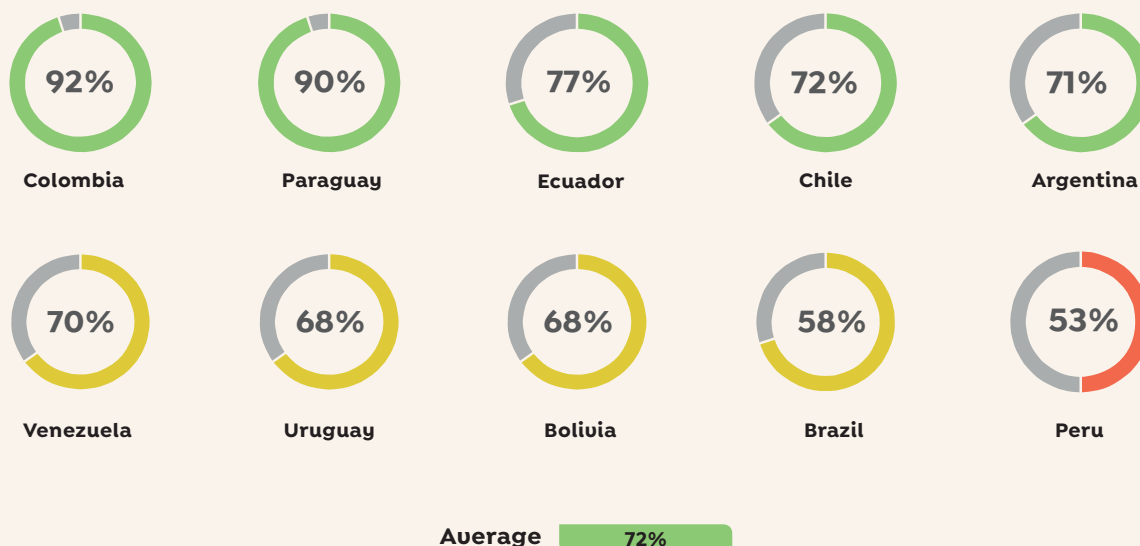
In **Bolivia**, 21 centers have been accredited as youth-friendly, and are distributed across different regions of the country since 2021. ^{cxxxvi} Municipal initiatives focused on preventing adolescent pregnancy have increased from 38 municipalities in 2021 to 124 in 2022, according to the Ministry of Health. ^{cxxxvii} Moreover, the involvement of adolescents who are community leaders with their health centers has extended to every level of care, enhancing accessibility for young people, with the number of participating facilities rising from 625 to 826 in 2022. ^{cxxxviii} Additionally, capacity building and sensitization efforts have been successful in training health professionals and facilitators on gender and rights in the context of the program Comprehensive Adolescent Care (**AIDA** for its acronym in Spanish). ^{cxxxix} However, the country lacks sufficient services to meet the needs of the young population, misses outcome data on the impact of the national plan, lacks Universal Health Insurance hindering access, and has issues related to infrastructure, and a lack of trained healthcare staff.

Colombia's National Development Plan includes initiatives aimed at enhancing **YFS**, focusing on preventive health approaches, adaptive strategies tailored to territories and ethnicities, and addressing **SRHR** comprehensively. ^{cxli} The dissemination of information on **YFS** does not reach all adolescents and youth, and public communication campaigns are needed to ensure all have access.

In **Peru**, training for health providers is lacking, particularly regarding guidelines for managing adolescent patients and requirements for parental consent in medical procedures. The pandemic worsened access to **SRHS** nationally, with adolescents being most affected due to limited availability of contraceptives, medications for **STIs**, as well as supplies for **HIV/AIDS**, prenatal care, childbirth care, and postnatal care. ^{cxlii}

In **Venezuela**, progress has been made in establishing **YFS** facilities, increasing from 35 in 2016 ^{cxliii} to 75 by 2019. ^{cxliii} Collaborative efforts between the Ministry of Popular Power for Health, **UNFPA** and **UNAIDS** have led to the creation of specialized centers across multiple states ^{cxliii} and the training of over one thousand healthcare professionals in **YFS** between 2016 and 2019. ^{cxliii} Despite these advances, the National Public Health System faces deficiencies exacerbated by a complex humanitarian emergency, including shortages of contraceptives, fuel, and healthcare professionals. ^{cxliii} Moreover, while awareness about contraceptive methods is widespread, the actual usage among adolescents remains alarmingly low, pointing to barriers related to availability and accessibility. Additionally, **YFS** within the primary care system are underdeveloped, with many lacking the necessary conditions to be considered truly "youth-friendly."

Ecuador lacks specific programs targeting youth, often employing an adult-centric perspective, and thus not fully addressing the unique needs and preferences of young people.



C. Financial Frameworks



In **South America**, half of the countries have perfect scores in relation to financial frameworks for **YFS**, while the other half have none, according to MQTM.

In **Brazil, Uruguay, Argentina,** and **Paraguay** there is insufficient data to allow for an accurate calculation of allocated budgets for **YFS**. Since 2016, national budget reports in **Brazil** no longer include information on detailed disbursed budgets by program and objective, ^{cxlii} making it challenging to systematically track them. While resources are allocated generally for youth-related initiatives, specific amounts for **YFS** cannot be determined. Similarly, in **Argentina**, the budget includes services for adolescents and youth, ^{cxliii} however, specific budgetary allocations are not available.

In **Chile**, there is a dedicated allocation of resources amounting to \$89 million pesos (around **USD\$90,000**) for "Sexual Health and Gender Identity in Primary Health Care." ^{cxlix} While a specific allocated budget for **YFS** could not be identified, the focus on training primary healthcare staff reflects a commitment to building competencies and sensitizing personnel to effectively respond to the demands of adolescents and youth.

In **Bolivia**, the lack of a designated budget for **YFS** poses significant challenges in ensuring essential aspects of healthcare are covered for adolescents and youth, including consultations, timely diagnoses, and treatment. Without allocated funds, the responsibility for covering expenses falls on adolescents and young people themselves, leading to financial strain and potential abandonment of treatment due to lack of resources. ^{cl}

Similarly, in **Colombia**, there is no specific budget allocation for YFS at the national level. Territorial entities disburse funds as they possess administrative autonomy,^{cli} leading to a lack of uniformity in funding across regions. In Peru, the absence of systematized public information and available data poses challenges in identifying specific allocations within the assigned public budget.

In **Venezuela**, while the budget does not specify plans for creating or strengthening YFS, there is a focus on consolidating the National Public Health System in 2023.^{clii} This commitment to strengthening healthcare infrastructure,^{cliii} may indirectly benefit young people by improving overall healthcare accessibility and quality.

In **Ecuador**, specific budget figures for state services accessed by young people are not available.



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Key Themes

A. Territorial Inequalities



In **Brazil**, the 2013 protests ^{cliu} shed light on the disproportionate use of force by the police, particularly against youth in peripheral regions of the country, and amongst marginalized populations. ^{clu clui} Additionally, the digital divide and limited access to essential health services, especially in economically disadvantaged areas, underscore the urgent need for a comprehensive strategy to bridge these territorial disparities.

In **Uruguay** and **Argentina**, no information is available on rural-urban disparities in **YFS**. In **Chile**, the 2020 data reveals an association between territorial disparities and adolescent pregnancy, with economically disadvantaged municipalities experiencing higher levels. ^{cluii} This suggests that the effectiveness of strategies to prevent adolescent pregnancy is closely linked to socio-economic factors.

In **Paraguay**, rural areas lack accessible health centers and specialized clinics for adolescents. Even within urban areas, there are disparities in the availability of these services.

In **Bolivia**, services for adolescents and youth are primarily concentrated in urban areas, leaving rural or remote areas underserved. Given that adolescents and young people in rural settings, with lower educational attainment and living in poverty, are at higher risk of early pregnancies, addressing this disparity is crucial to ensure equitable access to healthcare services across the country.

Colombia also grapples with rural-urban disparities in accessing **YFS**, exacerbated by educational and economic inequalities. Adolescents with less formal education and those from poorer quintiles face disadvantages in accessing these services compared to other groups. Additionally, northwestern and southern regions of the country, characterized by their diverse Afro-Colombian and indigenous communities, encounter issues with access to **YFS**, indicating the need for prioritized attention and targeted interventions to bridge the gap in healthcare access. ^{cluiii}

In **Venezuela**, rural and remote areas, including indigenous and farming communities, face significant challenges in accessing **YFS**, leading to low rates of family planning utilization and exacerbating issues like adolescent pregnancy, particularly in states with large indigenous populations. The humanitarian response has prioritized assistance in states with the most vulnerable populations, such as those with high poverty levels, significant population mobility, and limited state services, as well as border locations.

B. Data Access, Generation, and Quality



In **Brazil**, available data highlights the critical situation of the country's youth, constituting about **23%** of the population in 2021, and facing high levels of violence, particularly afro-descendent and indigenous youth. **clix clx clxi**

In **Chile**, statistical information is available on programs for adolescents, disaggregated by age, but **SRHS** is not specified. **cclxii clxiii clxiu**

In **Bolivia**, there is a lack of detailed information regarding **YFS**, with available data primarily based on studies conducted by **CSOs** and international agencies. This gap in official disaggregated and up-to-date data hinders a comprehensive understanding of the extent and effectiveness of **YFS** in the country and poses challenges to identifying specific areas for improvement and measuring progress over time. Annual indices on adolescent pregnancy are available from 2008-2016. **clxu**

Colombia lacks disaggregated, up-to-date, and reliable data on **YFS**. Moreover, there is no evidence of strategies in place to monitor and evaluate the provision of these services. In **Peru**, there is also a notable absence of disaggregated, up-to-date, and reliable data on **YFS**. The lack of comprehensive data impedes efforts to assess the accessibility and effectiveness of these services.

Venezuela faces similar data challenges, with a lack of official information regarding the number and specific locations of active **YFS** locations. Additionally, there is no official data on **SRH** or access to services beyond what is reported by United Nations agencies, highlighting the need for improved data collection and monitoring systems by the government.

In **Ecuador**, there is also a notable absence of disaggregated data on how young people access government services, including **YFS**. Without available data differentiating youth access from general access statistics, it is challenging to identify specific barriers and tailor interventions to improve service delivery. **Uruguay, Paraguay, and Argentina** lack data access, generation, and quality.

C. Systematically Excluded Communities



Across the **South American** sub-region, there is insufficient information available regarding the consideration of **SEC** in **YFS**. Moreover, even where **SEC** are recognized in regulatory frameworks, access for these communities is lacking. For instance, despite being acknowledged in **Venezuelan** regulations, established protocols for the care of adolescents and young people with disabilities are absent.

According to the regional **CSO ECMIA**, even when states adopt political frameworks with an intercultural approach, **SRHS** remain unfriendly to indigenous girls and adolescents. Notably, in **Argentina**, indigenous women point to the absence of an intercultural health policy as a key factor contributing to the elevated rate of pregnancies among indigenous youth.

In **Peru**, while there exists a regulatory framework addressing the special needs of adolescents, **clxvi** it leaves out indigenous adolescents. Hierarchical and discriminatory treatment within health services, dissuade indigenous adolescents from seeking out health services and foster feelings of shame and distrust regarding the procedures or recommendations offered by professionals. **clxvii**

According to **CSO** reports, the pervasive distrust and fear experienced by indigenous adolescents when approaching health centers for matters related to **SRH** are compounded by scrutiny within their communities and families. This scrutiny emanates from the perpetuation of patriarchal norms, manifesting more intensely in the case of adolescents. It is noteworthy that the control over these adolescents is not solely sought by male relatives but extends to mothers, grandmothers, and other adult female figures in the communities.

D. Intersectional and Intercultural Approach



The **South American** sub-region lacks specific legal, programmatic, and financial frameworks that incorporate intercultural and intersectional approaches. Recognizing the rich diversity within youth populations and considering intersectional factors such as gender, ethnicity, and class are essential for ensuring that **YFS** are inclusive and tailored to the unique needs of various communities.

In **Bolivia**, despite efforts to adopt an intersectional approach, there is still a significant lack of awareness and promotion of services for adolescents and youth within healthcare centers, impacting young individuals with diverse sexual orientations who may forego seeking essential care and support.

According to findings from the **CSO ECMIA**, a lack of intercultural considerations poses a significant barrier for indigenous girls and adolescents in preventing pregnancies. To bridge these gaps, there is an immediate and pressing need for enhanced data collection mechanisms and reporting frameworks that explicitly capture the intersectional and intercultural dimensions of **YFS**.

E. CSO's Participation



In **Brazil**, **CSOs** play a significant role in fostering youth activism and participation, mobilizing other youth to ensure their voices are heard in policy discussions. **clxviii clxix clxx** **CSOs** contribute by creating educational materials related to **CSE**, improving **SRHR** awareness among the youth.

Uruguay, Argentina, and **Chile** exhibit limited information on **CSO** initiatives in the **YFS** domain. While there is a lack of detailed information on specific initiatives, **Chile** stands out with its **CSOs** participating in ministerial working groups on youth and adolescents, **clxxi** advising ministerial authorities on decisions regarding public policies and health services for youth.

In **Paraguay** **CSOs** collaborate to ensure the provision of **YFS**. Organizations like the Paraguayan Red Cross, Plan International Paraguay, and academic societies such as the Paraguayan Society of Pediatrics actively contribute to shaping youth-friendly initiatives. The engagement with international cooperation agencies like **UNFPA** and the Pan American Health Organization (**PAHO**) further emphasizes a multi-stakeholder approach.

In **Bolivia**, **CSOs**, supported by international cooperation, are instrumental in providing specialized care for adolescents, offering comprehensive and age-appropriate services for adolescents and young people in both medical educational areas. However, there appears to be a lack of specific initiatives, by the government, aimed at involving **CSOs** in the development of regulations or programmatic frameworks.

In **Colombia**, **CSO** involvement in shaping youth-friendly service policies and programs is limited. A gap in collaboration between the government and **CSOs** hinders the development of comprehensive and effective **YFS** that address

the diverse needs of young people across the country. **Peru's CSOs**, such as the feminist movement, youth organizations, and international institutions are influential stakeholders in the development and implementation of **CSE** and safeguarding of **SRHRJ**.

In **Venezuela**, CSOs participate as implementing partners of the Humanitarian Response Plan. In **Ecuador**, CSOs integrate youth participation across their initiatives, making it a core element and developing communication strategies to disseminate **CSE** campaigns. This highlights a promising approach to engaging youth in shaping policies and programs related to **SRHS**.



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Recommendations



1. Promotion and Design of Comprehensive Services:

- Leverage social media and community radio for YFS promotion.
- Integrate services for youth, including nutrition, mental health, and legal guidance on safe abortion.
- Ensure multidisciplinary teams are trained for holistic, rights-based healthcare.
- Provide free, confidential access to a diverse range of contraceptives in health centers and communities.

2. Budget Allocation and Data Generation:

- Assign specific resources for youth-targeted sexual and reproductive health services.
- Ensure universal access and allocate resources for affordable, quality care.
- Generate high-quality, accessible data on youth-friendly service implementation.
- Conduct needs assessments and awareness campaigns to identify youth-specific needs and perceptions of YFS.

3. Comprehensive Policy Implementation and Inclusivity:

- Advocate for comprehensive, quality, and accessible public health services emphasizing autonomy, mental health, and rights.
- Develop guidelines and specific programs for friendly services for youth and adolescents.
- Invest in holistic training programs, involving direct youth participation, covering various aspects.
- Engage in participatory processes and uphold international commitments.
- Develop accessible materials for diverse populations to enhance accessibility.



4. Youth-Focused Programs and Services:

- Develop a National Safeguarding Policy and Certification for healthcare professionals.
- Expand **YFS**, support centers, and clinics with trained professionals.
- Advocate for comprehensive public health services emphasizing autonomy, mental health, and rights.

5. Empowerment, Campaigns, and Accessibility:

- Prioritize the establishment of **SRHS**, especially areas with high rates of adolescent pregnancy.
- Promote the empowerment of adolescent girls through education and economic opportunities.
- Enhance **CSE** programs and communication campaigns, emphasizing empowerment and parental involvement.
- Create open spaces within Basic Health Units and conduct sensitization campaigns for a welcoming environment, particularly for those from **SEC**.

Best Practice



Context

Bolivia grapples with significant challenges in delivering comprehensive **SRHS** to adolescents and young individuals. Pressing concerns encompass issues like elevated rates of adolescent pregnancy, inadequate training for healthcare professionals, prevailing taboos around sexuality, and restricted budget allocations. Notably, **YFS** are predominantly concentrated in urban areas, emphasizing the urgent need for widespread expansion to ensure inclusivity across all regions.



Challenge

The primary challenge revolves around overcoming barriers obstructing the realization of sexual and reproductive rights for adolescents and young people in **Bolivia**. Persistent challenges include limited awareness, intricate cultural nuances, and substantial gaps in healthcare services, collectively posing impediments to the effective delivery of youth-friendly care.

The Initiatives

Strategy of Comprehensive Student Care Offices (GAIE): clxxii

• The **GAIE** aims to provide extensive psychosocial support and guidance in **CSE** for adolescent women and men, involving mothers, fathers, the community, and teachers through informative initiatives on sexuality. Generally led by psychology professionals specializing in diverse adolescent needs and emphasizing Sexual and Reproductive Rights, Human Rights, Gender, and Interculturality approaches, **GAIE** serves as an accessible resource for **CSE** awareness, addressing issues like pregnancy, sexual violence, and **STIs**. It actively promotes collaboration among institutions and social organizations to collectively respond to challenges faced by adolescents. Beyond its role as a supportive space, **GAIE** serves as a platform for knowledge exchange with municipal authorities, enhancing its impact on holistic adolescent development.

Guide on Differentiated Comprehensive Care: clxxiii

• The Guide on Differentiated Comprehensive Care from 2013, aims to enhance health services for adolescents by presenting four basic modalities. These modalities include the Differentiated Care Center for Adolescents, providing adapted spaces and cultural events, and the Differentiated Service for Adolescent Care, offering exclusive spaces with proper signage. Emphasizing privacy and comfort, the guide underscores reception and waiting areas, as well as consultation rooms equipped for confidentiality and family participation. It advocates for multidisciplinary teams in shared spaces and specialized consulting rooms for comprehensive adolescent health care.

Studies and Information Generation:

• The "Barriers to Access Public Services" conducted research in eight municipalities of **Bolivia**, carried out by the Alliance for Solidarity in 2021. ^{cxxi} Through a comprehensive analysis, the study focuses on barriers that impact the exercise of sexual and reproductive rights for adolescents and young people. The anticipated outcomes include an informed understanding of the challenges, facilitating targeted interventions.

Key Takeaways

Comprehensive Support for Adolescent Health:

Emphasize the critical role of comprehensive and accessible psychosocial support, coupled with education, in effectively addressing the complex challenges faced by adolescents in terms of their health.

Tailored Healthcare Services:

Customized healthcare services within both the education and health sectors, illustrating how tailored approaches contribute to increased accessibility and responsiveness to the specific needs of adolescents.

Importance of Research and Data:

Underscores the vital role of research and data generation in gaining insights into the obstacles hindering the provision of YFS.

This multi-faceted approach, involving education, healthcare, and research, exemplifies best practices in **Bolivia** for fostering YFS and promoting the sexual and reproductive health of adolescents and young people. legal frameworks, public programs, and collaboration with pharmacies, sets a positive example for countries seeking to enhance reproductive healthcare accessibility.

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Fòs Feminista is an intersectional feminist organization centered on the rights and needs of women, girls, and gender-diverse people in the Global South. We recognize that the ability to make free and informed decisions about sexual and reproductive health, including the ability to access safe and legal abortion, is central to gender equity and to the fulfillment of the human rights of women, girls, and all people who can become pregnant.

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