Guatemala

A. We Lead Programme Overview

CoA Member Organizations

The Community of Action (CoA) in Guatemala was composed of eleven organizations.[1] Some organizations, such as [redacted], were initially involved but later left the CoA. CoA organizations undertook activities across the country, some with coverage in several departments and regions: in Petén (north), Sololá, Quetzaltenango and Huehuetenango (west), Jalapa (east) and Guatemala City (center).

Main Activities

- **Capacity building and training**: training for CoA member organizations and individual rightsholders on SRH-R, political advocacy, safety, protection, and organizational skills; training on personal healing processes using dynamic and creative methodologies, such as the experiential "LILO" methodologies , art, and theatre.
- **Public awareness and community engagement on SRH-R**: Various campaigns to increase public awareness and support for SRH-R, including social media campaigns on platforms like TikTok, as well as radio broadcasts; Theatre and public performances to creatively express SRH-R themes; coordinating collective actions, including participating in public marches and protests.
- **Engagement with health services**: Training health providers on respectful and non-discriminatory care for diverse populations, including indigenous women and the [redacted] community; Monitoring youth clinics and collecting data to advocate for improvements in care and service provision.
- **Policy and legislative advocacy**: Advocacy at local, national, and international level, including drafting "Guidelines for More Humanised Healthcare" with the Ministry of Health's Gender Unit, supporting a proposal for a menstrual leave law, participating in legislative and electoral forums and participation in the United Nations Commission on the Status of Women (CSW) in 2022.

B. End Term Evaluation Fieldwork

Number of stakeholders interviewed	11 women; 1 man
Number of participants of CoA Sensemaking Workshop	8 women
Number of participants of Rightsholder Sensemaking Workshops	18 women
Total number of participants	**38**

C. Country Context

Guatemala is navigating a transition from a conservative government to a more centrist-progressive one under President Bernardo Arévalo. While the new government is committed to social reforms, it faces significant conservative resistance that slows progress on SRH-R and

[redacted]

[redacted] rights. The previous government (2020-2024) introduced the Law for the Protection of Life and the Family[2], prohibiting same-sex marriage, increasing the prison sentence for abortion, and prohibiting the teaching of sexual diversity in schools. Meanwhile, over 9,000 instances of aggression against human rights defenders and journalists have been recorded recently, indicating a deteriorating civic space.[3]

While homosexuality is not criminalized, there are no legal protections or recognition for same-sex partnerships or gender identity for the [redacted] community. These individuals face widespread stigma, discrimination, and occasional violence. Abortion remains criminalized[4] and violations can lead to up to 25 years' imprisonment for women and providers. Between 2018 and 2024, more than 14,000 girls aged 10-14 gave birth,[5] highlighting a severe issue with forced and adolescent pregnancies. In 2015, Guatemala raised the minimum age for marriage for both boys and girls to 18.[6],The UN Human Rights Committee condemned Guatemala in June 2025 for forcing a young girl to continue a pregnancy after rape, characterizing it as "torture" and "discrimination".[7]

Regarding the rights of people with disabilities, the programme worked on Bill 5125, which was not approved despite passing its third reading in 2024. This led people with disabilities and organizations in the department of Chiquimula to develop a draft bill in the second half of 2024. This draft incorporated the perspectives, opinions, and realities of people with disabilities, including those from rural and indigenous areas. This document served as the basis for the content of Bill 5125, resulting in a single bill now known as Bill 6571, the Law for Equal Rights for Persons with Disabilities. The Commission on Disability Affairs has since indicated that it will present an alternative bill without consulting the affected populations.[8]

The public health system is underfunded, fragmented, and suffers from critical supply inconsistencies, with government spending on health below regional averages. Although a law on universal access to family planning services[9] was introduced in 2005, it is poorly enforced. Health centres and hospitals do not have all contraceptive methods available, nor do they have information in different languages or tailored to different populations. Access to services for STI prevention is further hampered by stigma.

More than half of health spending is covered by out-of-pocket expenses.[10] This results in stark access gaps, particularly for indigenous peoples and in rural areas, where clinics often lack essential supplies and personnel. Guatemala's maternal mortality ratio (MMR) is about 94 deaths per 100,000 live births,[11] significantly higher in rural and indigenous areas. The country also has a high fertility rate of 2.3 children per woman[12] and one of the highest adolescent birth rates in Latin America.[13]

While the country has experienced moderate economic growth, this is paired with high levels of inequality and poverty, disproportionately affecting indigenous populations.[14] Almost 45% of the population belong to the 22 Mayan, one Garífuna, one Xinca and one Creole or Afro-descendant peoples.[15] There have been and continue to be attempts to erase and render invisible the country's diversity, from genocide committed during the internal armed conflict that sought to

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[2] Law 5272

[3] Human Rights Watch World Report 2025 Guatemala. See here.

[4] only permitted to save a pregnant person's life

[5] Human Rights Watch 2025 UN Panel Finds Guatemala Responsible for Forcing Girl into Unwanted Pregnancy, Motherhood. See here.

[6] https://www.loc.gov/item/global-legal-monitor/2016-01-11/guatemala-congress-raises-marriage-age/

[7] UN OHCHR 2025 “From rape to lost childhood“. See here.

[8] E1

[9] Law on Universal and Equitable Access to Family Planning Services and its Integration into the National Reproductive Health Programme

[10] See World Bank.

[11] See World Bank.

[12] See World Bank.

[13] See Statistica.

[14] World Bank “Guatemala Poverty and Equity Brief: October 2024”. See here.

[15] https://iwgia.org/en/guatemala.html

eliminate Mayan populations from different territories, to erasing and delegitimising indigenous spiritual, justice and health practices. As a result, indigenous and rural populations consistently experience significantly worse health outcomes, economic marginalization, and limited access to services.

D. Evaluation results

Relevance

The words that CoA member organisations would most use to describe the programme in Guatemala, according to the survey, emphasise the supportive and participatory aspects of the programme's design and activities. Respondents particularly highlight advocacy as an area that resonates strongly with the work in the country as well as leadership, while recognising that there have nevertheless been challenges:

The survey results found that in Guatemala the programme was perceived by the CoA to have been well designed (either very or fairly well) to meet the needs of the different rightsholder groups, although the findings suggest that there were some limitations with the design which prevented the activities from being very well suited to meet the varying needs of the different communities. The [redacted] community perceived to have been the best served by the programme's design with 50% of the organisations who answered the survey saying that they had been very well served. In contrast none of the organisations felt that the programme was very well designed for women affected by displacement.

Q: And now, thinking about the design of the We Lead programme for your country, how well or badly would you say the programme was designed to respond to the SRH-R needs of:

	Young women and girls generally?	Young women and girls with disabilities?	Young women and girls living with HIV?	Young women and girls who are affected by displacement?	Young women and girls who identify as belonging to the [redacted] community?
Very well	20%	10%	10%	0%	50%
Fairly well	70%	90%	70%	56%	40%
Neither well nor badly	10%	0%	20%	33%	10%

Fairly badly	0%	0%	0%	0%	0%
Very badly	0%	0%	0%	0%	0%
Don't know	0%	0%	0%	11%	0%

We Lead conducted interviews and focus groups with rightsholders to inform the localisation of the theory of change (ToC). Every year the programme updated the ToC as part of the annual planning process.[16] As a result, the programme was able to adapt to emerging challenges both internally and externally. After the consortium was formed, a contextualization process was carried out through interviews with key actors and organizations. Each organization in the CoA was given the opportunity to target specific objectives based on their constituency, priorities, knowledge, capacities, and budgets. There was an opportunity to revisit activities in November of each year when the workplan for the following year was submitted.[17] Each year, monitoring spaces were created at two levels (technical-programmatic and financial) as well as a space for the projection and planning of individual and joint actions. While the strategies that were implemented were analysed extensively before any steps were taken to achieve the goal, some felt that meetings aimed at reviewing them were very rushed and loaded with information.[18]

The programme demonstrated flexibility by adapting to local needs, such as using art and graphics for young women and women living with disabilities, or adjusting content with a community-based and intercultural approach. The programme also included sign language interpreters, which was highly valued by deaf women participants.[19] The programme adapted to Guatemala's politically conservative environment by framing dialogues in more generic terms and avoiding direct use of organizations' names to prevent backlash. Local campaigns, which were more contextualized and used local languages, proved more successful than the centralized programme-led campaign, which was led by foreign consultants and suffered from a degree of self-censorship (see below). The programme's responsiveness was also evident in its decision to include midwives as health service providers, an aspect that was not considered in the initial design but was advocated for by partner organizations.

The programme also adapted to internal changes, such as high staff turnover and personnel changes. Despite the resignation of the CoA facilitator in April 2023, ongoing support from the new Programme Officer at Hivos enabled the CoA and its organizations to continue with their activities.

Crucially, the programme also engaged in a learning process around intersectionality to link for example displacement, disability, and trans issues to broader SRH-R. It was noted that rightsholders themselves were key to this learning, recognising, for example, the specific needs of indigenous members of the [redacted] community who tend to have less visibility.[20]

Despite this collaborative process, a number of rightsholders described the programme's global Theory of Change (ToC) as too idealised and ambitious for the Guatemalan context and not adequately accounting for local realities and risks. For example, some felt that the programme tried to cover too much in terms of advocacy on national and international policy-making in too little time, given that only one CoA organisation had any real experience in this area (although intensive training was carried out later for other CoA organisations)[21]. This was further exacerbated by the political context under the previous government which made advocacy work

[16] E2
[17] Researcher meeting with Hivos
[18] CoA survey
[19] FG RH3
[20] FG RH2
[21] IIS1

on policies or laws extremely difficult.[22] Furthermore, not all participants from the organisations understood the Theory of Change and how it applied to their contexts, due to high staff turnover.[23]

The programme was also not initially designed with a strong intersectional lens. Some noted, for example, that the feminist camp did not adequately consider the needs of women with disabilities[24], or that the programme was lacking in some aspects regarding youth perspectives.[25] A noted gap was found in meeting the concerns of transgender, bisexual, and lesbian women - while the programme included trans women, it did not work with trans men. The CoA experienced some internal conflict as a result of the resistance on the part of one CoA organisation to working with lesbian and transgender women.[26] This suggests that the CoA may have benefitted from a values clarification exercise at the outset of the programme to discuss attitudes towards different rightsholder groups. That said, the programme eventually incorporated intersectional, participatory and restorative approaches that responded directly to the realities of young women. The intersectional approach allowed women leaders to position themselves as active political subjects, not just beneficiaries, strengthening themselves in organisational and decision-making spaces.[27]

Other design challenges included insufficient consideration of language, translation and sign language interpretation, the use of technical terms which were not widely understood[28], or the framing of concepts such as "self-care practices" in a way which didn't take into account the very limited economic resources of rightsholders.[29] One participant gave the example of being asked to openly state their sexual orientation as a rightsholder, without considering the harm this might cause.[30]

Several participants also argued that to achieve real impact, the programme should have been designed for a longer cycle than five years, given the initial need to build capacity in areas such as programme development, monitoring and evaluation, and reporting.[31]

Effectiveness

Outcome 1: Strengthening the capacity of CoA members and rights holders

Key capacity strengthening activities undertaken by the We Lead programme in Guatemala include psychosocial support through individual therapy sessions, self-care workshops, wellbeing dialogues, the Looking In Looking Out (LILO) methodology for personal agency development[32], and healing through art workshops using techniques like photo embroidery to raise awareness.[33] The programme also undertook political advocacy and leadership training via diploma courses on political advocacy, workshops on SRH-R knowledge with intercultural approaches, training on international advocacy and lobbying skills, feminist schools examining intersectional violence, and peer-led replications of SRH-R knowledge. Other key capacity building activities included access to information and communication skills development, digital communication campaign training, sign language courses for inclusive communication, English language classes for international

[22] Hivos representative
[23] CoA survey
[24] FG CoA
[25] E3
[26] FG RH1
[27] CoA survey
[28] FG RH1, FG RH2
[29] FG CoA
[30] FG CoA
[31] IES3, FG CoA
[32] Looking In, Looking Out (LILO) are a suite of workshops, processes and methods developed by Positive Vibes with partners which all enable development and conscientisation processes for rightsholders (or other key stakeholders) while contributing to social change goals. The LILO methodologies were implemented in most countries to build self-esteem, personal agency, and long-term resilience, supplemented by individual counselling, group therapy, self-care workshops, and healing through creative arts.
[33] Monitoring documents and programme reports

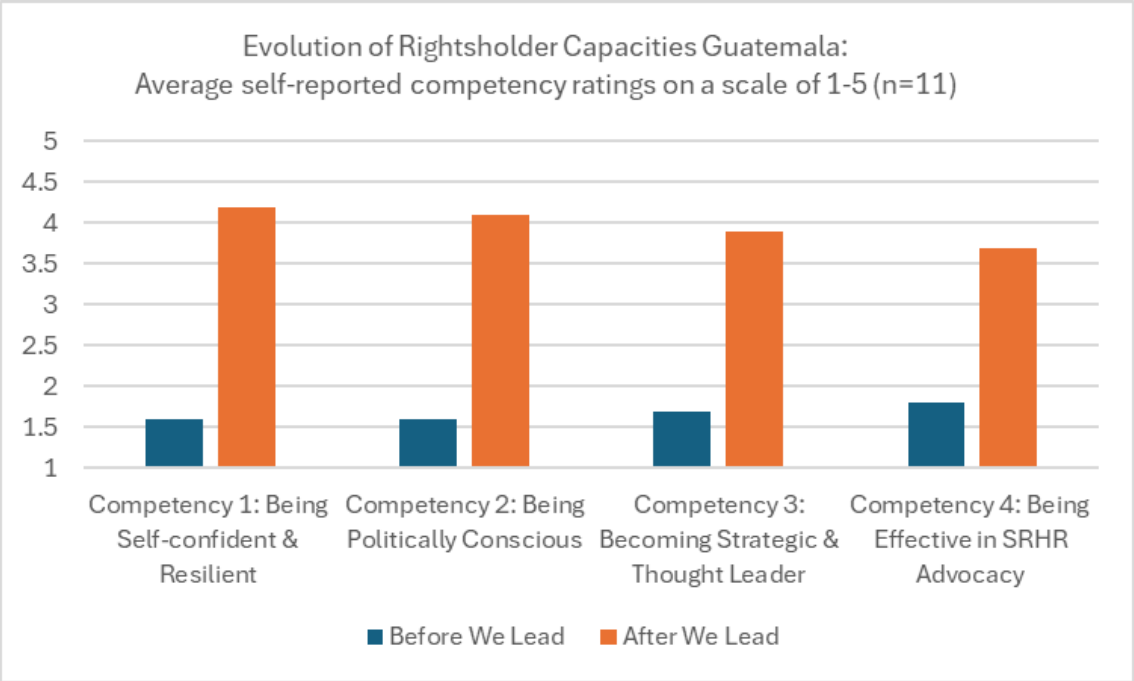
advocacy, and safety and security capacity building including feminist self-defense training, development of physical and digital security protocols, and socio-political risk analysis workshops.

Overall, the programme's capacity-strengthening activities were found to be highly effective, significantly boosting the abilities of both CoA member organizations and individual rightsholders to speak up for their own rights and identify as leaders. The CoA member survey results show that in Guatemala a majority of the organisations reported either a very substantial or substantial contribution from the programme to their capacity strengthening across all capacity areas, most notably in the area of active promotion of SRH-R realisation. As shown in the table below, the majority of the CoA organisations attribute their improvements in capacities to the programme, for all the capacity strengthening topics. 80% reported a very substantial contribution for their improved capacities for promotion of SRH-R realisation. A small minority of the organisations reported moderate contributions or limited contributions to capacity development.

Q: To what extent has the We Lead program contributed to strengthening your organisation's capabilities to be:

	Credible and sustainable?	Resilient and adaptive?	Inclusive, supportive, and led by young women rights-holders?	Active in promoting SRH-R realization?	Safe, secure and practice collective care?	Act jointly?
A very substantial contribution	50%	40%	50%	80%	50%	40%
A substantial contribution	30%	40%	40%	10%	30%	50%
A moderate contribution	20%	20%	10%	10%	10%	10%
A limited contribution	0%	0%	0%	0%	10%	0%
No contribution at all	0%	0%	0%	0%	0%	0%
Don't know	0%	0%	0%	0%	0%	0%

The capacity assessment results for the rightsholders also confirm high levels of improvement in capacities across all 4 themes from before and after the programme, with the biggest improvement seen in terms of self-confidence and resilience.



Rightsholders noted greater confidence when demanding health treatment or services thanks to a stronger understanding of their rights.[34] Talking about sexuality, including the right to enjoyment and pleasure, was also identified as a turning point for some.[35] Others reported taking a firm stance with their families on the issue of violence[36].

> *"It has been difficult to get good treatment in hospitals because there were no interpreters, but now I can find interpreters and stand up for myself so that I get treated. Some people have taken advantage of me, but now I know how to defend myself."*[37]

In addition to learning about their own rights, several of the CoA's rightsholders now lead training, translation, interpretation and contextualisation processes on these issues.[38] For example, one of the sign language interpreters also works to raise awareness of the rights of the LBTQI+ population in the hospital where she works[39], while another leads volunteer spaces in her organisation.[40]

> *"... The We Lead training has enabled us to empower ourselves, speak out, and name ourselves as rightsholders. The programme allowed us to talk about sexuality, we were able to share experiences of family barriers, the health system, accessibility"*[41].

Several training sessions were mentioned as particularly effective, including those on political advocacy and international mechanisms, safety and protection, basic and internal care and protocols and personal healing, although some felt that some training sessions were too long and lacked follow-up or support.[42] Several participants mentioned the LILO Women methodology as a very useful and practical tool for building joint action at the political level. As a result, rightsholders noted having more information and clarity on how to accompany survivors of violence, file anonymous complaints, and know which laws support women.[43]

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[34] FG CoA, IES9
[35] FG RH1 & 2
[36] FG RH3
[37] FG RH1
[38] FG CoA & RHs
[39] RH FG3
[40] FG RH2
[41] FG RH1
[42] FG CoA
[43] FG RH3

The programme provided the financial resources and flexibility for organizations to create more inventive and independent capacity-building spaces, which proved to be effective for the targeted populations. This was particularly crucial for reaching women in rural areas, and women with disabilities, many of whom do not leave their local areas due to the difficulty and cost of transport.

Several rightsholders referenced transformational experiences which they had thanks to their newfound confidence gained through We Lead, for example, participating publicly in the March 8th protests and other spaces such as conferences and meetings,[44] direct involvement in supreme electoral court issues, advocating in the Guatemalan Congress and protesting peacefully when denied access to services or the right to speak.[45] One participant was even motivated to run for office.

Organizations like [redacted] gained a clearer understanding of the SRH-R needs of lesbian and bisexual women, which strengthened their advocacy within the broader [redacted] movement. Some rightsholders also noted a change in their own understanding of the challenges faced by the [redacted] community through collaboration within the CoA. [46]

Outcome 2: Awareness and support among the general public for the sexual and reproductive health rights of young women

Public awareness activities in Guatemala included a combination of creative and cultural campaigns (artivism), digital and communication campaigns, community outreach and public actions (such as public forums on International Women's and Youth Days, feminist popular assemblies, March 8th protests etc.) and work to counter opposing narratives via journalistic research, public forums and strategic political communication.

The programme's contribution to changes in public awareness and support for young women's SRH-R had mixed results. Locally driven campaigns were considered by those involved in their implementation as the most successful. Examples of local campaigns included a campaign in Petén against sexual harassment, led by [redacted] in the local Maya Itza language (2024); "The ABCs of sexual and reproductive rights" on social media, led by [redacted] in Quetzaltenango (2024); the SRH-R campaign by women's rights holders (2023); the digital campaign on social media, community radio stations and television to position SRH-R for rightsholders led by [redacted]2022); and "Sentir es resistir" (Feeling is resisting) by [redacted] (2022). In Quetzaltenango, the Pride March was reactivated through the coordination of several organisations led by [redacted] These campaigns tended to reach more young people (17-35) than other age groups given the focus on social media.[47]

The programme also effectively used art and theatre in public spaces to raise awareness, such as the "Sexuality Gallery" in Panajachel and Theatre of the Oppressed plays in Flores. The Interactive House was a playful way to raise awareness among the general public and talk about the rights of young women, using the "Las Super Lémuras" comics to reach a diverse audience. (Some organisations[48] have asked for more copies of the comics to be sent to them and for the Interactive House to continue).[49] These efforts successfully broke down myths and taboos around sexuality, with many participants gaining the confidence to speak openly about their health and experiences.

In contrast, the central programme-led campaign in Guatemala, "Pongámosle Nombre" ("Let's Name It"), was considered less successful. It was managed by strategic partner [redacted] according to one participant, lacked sufficient contextual knowledge, resulting in stereotypical messages, censorship, hate messages, and a reluctance among participants to

[44] FG RHs
[45] FG RH2
[46] FG RH1
[47] IES8
[48] The Comprehensive Rehabilitation Centre (CRI) of the Benemerito Committee for the Blind and Deaf of Guatemala and Casa Joven
[49] FG RH1, FG RH2

engage publicly.[50] Eventually the campaign was “de-personalised”, using animations instead of real people, to protect participants, although this inevitably reduced its impact.[51]

The campaign also led to attacks on social media.[52] Hivos noted that in all cases of attacks, direct and confidential support was provided by the persons designated in the programme.[53] Funding was also provided for psychological therapy of the choice of the persons affected by attacks to accompany them during the crisis and in some cases, links were made with international actors to support the most serious cases, even temporarily relocating a colleague abroad for safety reasons.[54] Nevertheless, some participants felt that We Lead had not initially provided sufficient support for those involved in the campaign, beyond training sessions on digital security[55].

Some interviewees noted the importance of targeting positive campaign messages at children as well as men, however the programme did not appear to directly target those groups.[56]

Outcome 3: Awareness among health service providers and service delivery

Activities with health care providers focused on training and sensitization, monitoring and accountability mechanisms, and institutional alliances to improve SRH-R service accessibility and quality for rightsholders.[57] Key activities included: training, dialogue, and sensitization through inclusive SRH-R workshops with 166 health workers using intercultural approaches incorporating Mayan language terminology and nahuales, comprehensive and differentiated health strategy workshops for 60 healthcare providers on trans health care across multiple Health Area Directorates, contraceptive methods and differentiated care training in Petén for adolescent services, dialogue workshops on [redacted] issues, and international knowledge dialogues on HIV care for indigenous populations involving Ministry of Health personnel. Monitoring and accountability work included the establishment of "Estableciendo Los Niveles" dialogues where young rightsholders engaged directly with healthcare providers for the first time, Health System Monitoring using Positive Vibes’ Ma'Box virtual suggestion box tool to collect user feedback at health facilities, data analysis socialization with health personnel, research on sexual health and HPV addressing [redacted] women's experiences accessing gynecological services, and preparation of comprehensive reports for the Ministry of Health to promote SRH-R improvements. Work on improving institutional alliances and protocols included socialization of updated comprehensive and differentiated care clinic guidelines, advocacy for reopening youth care clinics, management of collaboration agreements with the Ministry of Public Health to incorporate youth focus and differentiated care into SRH-R policies, engagement with 97 traditional midwives (comadronas) using an intercultural methodology, participation in Local Referral Networks ensuring care for rightsholder victims of crime, provision of accessible SRH-R service days for women with disabilities, and participation in intersectoral roundtables for follow-up of the Comprehensive Health Protocol for [redacted]. One CoA member, for example, worked especially in the area of comprehensive health for trans people, reaching 489 health providers who were supported and strengthened between 2022 and 2025 in various departments of the country.[58]

Thanks to these efforts, the programme saw some tangible progress in increasing health services’ responsiveness to rightsholder needs. For example, in Petén in 2022, [redacted] along with

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[50] IIS1

[51] Meeting with Hivos

[52] Posts on social media unintentionally contributed to the anti-rights attack on the content published by the organisation, especially posts on the decriminalisation of abortion and old posts from 2020 made in conjunction with HIVOS on safe sexting. On 28 September 2023, as part of the "Day for the Decriminalisation of Abortion", the [redacted] page was singled out for the content it shared. In addition, some anti-rights pages pointed to as an organisation funded by HIVOS that promotes "gender ideology".

[53] Meeting with Hivos

[54] Meeting with Hivos

[55] FG CoA, IIS1

[56] IES1, IES7

[57] Monitoring documents and programme reports

[58] E2

partners, successfully demanded the reopening of the comprehensive and differentiated care clinic for adolescents, a space that had been used to provide care during the COVID19 pandemic. In 2023, the Ministry of Health of Alta Verapaz signed a commitment with [redacted]N to provide quality health services with a gender focus in order to provide comprehensive care to transgender people. Also, that year, [redacted]s reached an agreement with a clinic to guarantee physical and mental health services for young women in the [redacted]- community, as well as a letter of commitment with the Quetzaltenango HIV Network to address the needs of sexually diverse groups.[59]

> "*Some places are working to improve the physical conditions and inclusion of [redacted], HIV and migrant people, and are placing importance on providing relevant care to these groups*"[60]

Another notable success was the creation of a sexual health guide for health service providers to inform them on how to care for women with disabilities.[61] In collaboration with the Ministry of Health's Gender Unit, the programme also facilitated the drafting of "Guidelines for More Humanised Healthcare," which aims to integrate gender, cultural relevance, and intersectionality into health services.[62] The programme also ran diploma courses with health providers to raise their awareness of care for trans women[63], as well as a training course in adolescent clinics for doctors, nurses and reception staff to improve the experience of young people seeking care.[64]

In some regions, youth clinics were monitored to ensure proper HIV screening and outreach to young people. Additionally, a network of community data entry operators was created to strengthen the system.[65] The monitoring of youth clinics provided technical data that led to commitments for improvements, and campaigns encouraged the use of "complaints books" to empower users. In 2024, for example, health and education services were monitored using the "Estableciendo Los Niveles" methodology[66], while several CoA organisations participated in Citizen Monitoring of Health Services on Comprehensive and Differentiated Care for Rightsholders in Guatemala City, Petén and Totonicapán.[67] The organisations participating in this work developed and piloted a waterfall model of co-learning and training to maximize support where they would participate in each other's training sessions and reflect and learn together.[68]

As noted above, the programme did not initially consider midwives as target health service providers, however, these were subsequently included in programme design thanks to the advocacy of two CoA organisations.[69] [redacted] participated in a meeting of the Indigenous Peoples' Health Care Unit in 2023, emphasising the importance of midwives in sexual and reproductive health services. It also worked with 35 coordinators of the Sexual and Reproductive Health programme and municipal midwife liaisons to strengthen their knowledge and skills in applying HIV prevention and response models, with the aim of improving care, linkage and referral for people with HIV in Quetzaltenango.

Outcome 4: Influence policy change

Key advocacy activities in Guatemala included countering regressive legislation and agendas through public street mobilizations against Decree 18-2022 (Law for the Protection of Life and the Family). Legal response strategies included preparation of unconstitutionality actions against anti-rights policies, communications to the UN Working Group on Discrimination against Women and Girls reporting regressive government decisions, and actions to block Law Initiative 5940 seeking

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[59] Outcome harvesting results
[60] FG CoA
[61] FG RH1 & CoA, IES5, IES6
[62] IES6
[63] IES7
[64] IES9
[65] IES3 & IES4
[66] Developed by Open Data and Positive Vibes'
[67] Positive Vibes – Incidejoven
[68] E4
[69] IIS1

to pathologize trans people. Other targets included approval of public policy on prevention of adolescent pregnancy, co-leading construction of Comprehensive Sexual Education law initiative with other organizations, participation in advancing disability law initiatives before Congress, formulation of the System of Comprehensive Attention law project for youth SRH-R services, and development of updated documentation of laws and public policies on SRH-R incorporating international conventions. The programme also made attempts to build alliances with Community Development Councils and municipal governments and establish relationships with the Youth Commission of Congress for fiscalization oversight. CoA members held meetings with the Presidential Secretariat on violence elimination strategies, dialogues with the Human Rights Ombudsman's Office, participated in Universal Periodic Review processes providing alternative reports on young women's SRH-R, contributed to CEDAW list of issues and CDESC alternative reports, and participated in global spaces like the Commission on the Status of Women.

Despite these efforts, the programme had limited immediate success in influencing policy change. CoA members engaged with individuals within the country's government,[70] not necessarily to bring about immediate policy changes, but rather to forge alliances and, in some cases, to initiate longer term advocacy work towards policy change or strengthen and continue the efforts already underway.[71] Such an approach is reasonable given a restrictive and challenging policy environment.

At the local level there were some advocacy successes, for example, [redacted] is part of the National Pregnancy Prevention Board (Plan Nacional de Prevención de Embarazos en Adolescentes or PLANEA), participating in lobbying meetings in Quiché. [redacted] worked with the Petén District Attorney's Office of the Public Ministry to ensure a signed commitment for the active participation of rightsholders in coordination spaces for equitable and equal access to justice in Petén. In 2022, [redacted] worked with a member of parliament to push for the inclusion of [redacted]-relevant data in the population, while [redacted] held registration drives for trans women. A letter was signed with the TSE to create conditions that facilitate political participation and the exercise of civic and political rights for [redacted] women in Petén, Alta Verapaz, Quiché, and Guatemala.[72]

The programme did directly assist in preparing a proposal for a menstrual leave law and initiated plans for reforms to the family planning law. As noted above, rightsholders gained significant political awareness, enabling them to participate in legislative roundtables and engage with policymakers.

However, advocacy work at the national level was limited due to a conservative government and a pervasive taboo around gender and sexuality. Many proposed laws remain "shelved" in Parliament. The programme's global design also created difficulties in addressing the specific needs of transient populations, leading to minimal policy impact for migrant women.

Support for greater empowerment of rights-holding groups, the creation of movements and an environment conducive to SRH-R

The programme fostered strong networks and alliances among diverse rightsholder groups, such as the [redacted], which continues to operate independently. This collaboration helped participants better understand intersectionality and see their struggles as part of a broader movement. For example, one participant noted that collaborating with other groups made them realize "they have the same barriers, but from different perspectives."[73] Another member of the CoA noted that more than 300 young people from different departments and municipalities participated and continue to actively participate in training processes on their SRH-R and in areas of national influence.[74]

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[70] Such as such as the Human Rights Ombudsman (PDH), the Public Prosecutor's Office, the MSPAS, Congress and local municipal governments

[71] FG CoA, FG RH2, IES6 & IES9

[72] Outcome harvesting

[73] FG RH1

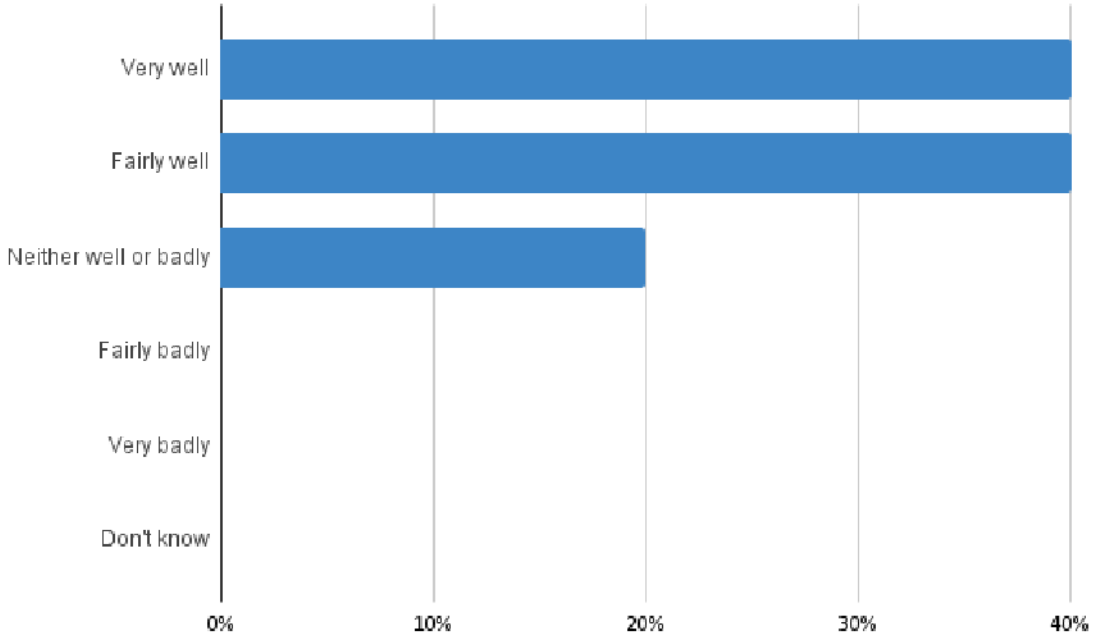
[74] E3

For many members of the CoA, getting to know each other, forming networks and building trust within the group is one of the programme's greatest successes.[75] Many remain connected to the network even though they are no longer in their organisations, and have made acquaintances and even friends.[76]

Coherence

Overall, the programme fostered a collaborative spirit within the CoA which led to valuable inter-organizational learning and exchanges, sharing of methodologies, and a deeper understanding of intersectionality. The programme also effectively leveraged and strengthened existing alliances, such as the national Women's Sector Alliance, to expand its regional reach and engage in multi-sectoral efforts with community communicators and health representatives. Participants also highlighted the presence of other programmes and organisations in the country supporting SRH-R (e.g., UNFPA, PAHO, Niñas no Madres, OSAR, ALAS) as an important enabling factor. The CoA survey also confirmed that the majority organisations involved saw that the programme coordinated well with relevant international initiatives. Only a small minority was ambivalent regarding the quality of coordination.

Q: How well or badly has the We Lead programme in your country coordinated with … other relevant international SRH-R initiatives?



A notable example of successful collaboration within the We Lead programme was during the organisation of the Regional Action Week on the Rights of Young Women Living with HIV, [redacted] People and Sex Workers. At this event, multiple allies of the consortium - including youth-led organisations and those focused on human rights - worked closely with grassroots organisations, United Nations agencies, and local governments. Each organisation contributed its specific strengths, whether in advocacy, communication, logistics or community mobilisation. Clear communication channels and regular meetings were established, allowing for agile and participatory decision-making. Alliances were forged with non-traditional actors, such as progressive media outlets and representatives from academia, thereby expanding the reach and legitimacy of the event. Organisations led by young women from key groups (such as women living with HIV and [redacted] people) played a leading role in decision-making and public representation, ensuring that their voices were at the centre. Thanks to this collaboration, the

[75] FG CoA
[76] IES10

sexual and reproductive rights agenda was positioned in the national media and direct dialogue with decision-makers was facilitated, resulting in public commitments from local authorities.[77]

At the organisational level, the CoA faced a number of challenges including lack of clarity in roles and decision-making mechanisms, weaknesses in financial sustainability, and dependence on the We Lead programme. Unequal capacity among organisations sometimes led to tensions or limitations in the implementation of joint actions.[78] Meanwhile, some felt that actions did not always take into account the needs of women with disabilities and basic aspects of well-being and safety.[79] High turnover of participants and leaders affected the continuity of training and advocacy processes.[80]

As a result, collaboration within the CoA was uneven. While some groups worked towards shared objectives, others struggled with leadership gaps and unequal access to resources. Several CoA members mentioned that there was a lack of horizontality, noting that: "those in leadership positions do not have the same vision as those of us in the field".[81] A degree of "adult-centered" thinking also persisted within certain partner organisations, which at times limited the full representation and decision-making power of young women.[82] While some were eventually given more responsibilities within the We Lead programme, they felt that they did not receive adequate support. Some participants also voiced frustration with international cooperation, describing a sense of being “used by donors” while doing the grassroots work, and critiqued how funding cycles created competition and insecurity.[83]

A significant structural issue was the "disconnect and disengagement" between the main funders, Hivos and FCAM, who had different administrative processes and levels of flexibility. According to some CoA organisations, the programme required them to adjust their work to the administrative and reporting systems of Hivos and FCAM, rather than these being adapted to the organisations’ needs.[84] CoA members also noted high administrative burdens from audits, invoicing, and rigid budget rules that limited flexibility and adaptability. For example, the requirement for invoices for small rural expenses created practical barriers for women participating from isolated communities. Some complained of heavy workloads, overlapping activities, and duplication which led to exhaustion and little space for self-care. Others noted that conflicting organisational agendas and limited staff capacity made it difficult to align with We Lead activities, while delays in funding disbursement put added pressure on already tight implementation deadlines.[85] Specifically, FCAM’s disbursement of funds for 2025 suffered considerable delays, which seriously affected the beneficiary organizations, impacting the timely payment of salaries, causing delays in the implementation of activities, and leading to a backlog of tasks that had to be executed simultaneously.[86] Although the organisations were eventually informed about the difficulties FCAM was facing - including its relocation - the communication occurred with some delay, which affected their visibility and participation in the programme.

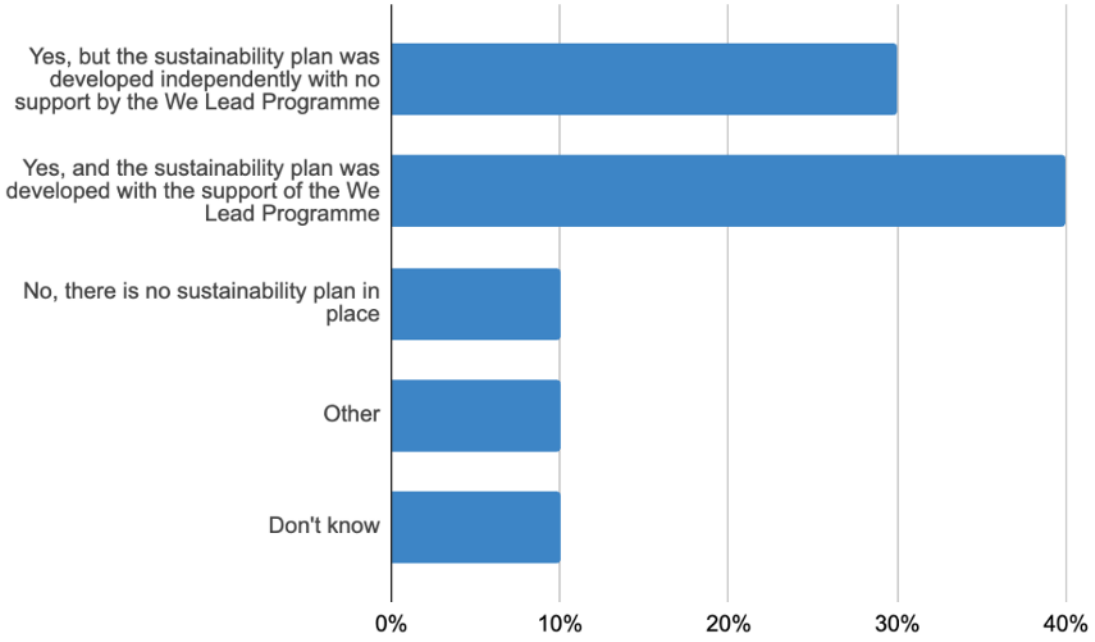
Tensions also emerged with We Lead Honduras staff, with numerous Guatemalan participants perceiving a sense of paternalism during the support they received on outcome harvesting approaches[87]. Participants noted that their understanding of the approach became clearer following an exchange with colleagues from Africa in 2024 who brought new ideas and

[77] CoA survey
[78] CoA survey
[79] CoA survey
[80] CoA survey
[81] FG CoA
[82] CoA survey
[83] FG CoA
[redacted]
[86] Honduras E2, FG15 (the situation with FCAM affected both Honduras and Guatemala)
[87] anonymous participants

perspectives on outcome harvesting and helped restore motivation.[88] One organisation also faced serious conflict with an external partner that misused funds and appropriated their work, exposing gaps in programme protection.[89]

Sustainability

Q: Does your organisation have a sustainability plan in place for when this programme ends?



The changes supported by the programme are likely to continue through the sustained use of developed capacities by organizations and individuals. Initiatives such as the 2025 Pathways to Sustainability workshop by Positive Vibes, which addressed sustainability and self-management, or [redacted] provision of scholarships to young [redacted] women to facilitate access to education exemplify efforts to embed these approaches. Rightsholders also highlighted activities that they plan to continue beyond the programme such as training the mothers and families of women with disabilities and continuing to strengthen administrative and financial management capacities. CoA members also reported a strong personal commitment to continue the fight for their rights, with many expressing that they will continue to disseminate the knowledge they have gained, even without the programme's direct support.

> *"We rightsholders will continue to fight for the continued use of SRH-R methodologies and the promotion of youth leadership, as well as maintaining the alliances they have formed with other organisations and institutions within the framework of the We Lead programme.*[90]

According to survey respondents, activities that empowered youth directly, strengthened organisations, and built collective structures are likely to be the most sustainable, as they enable continued change without external support. For example, training in advocacy, rights, and project

[88] anonymous participants
[89] FG RH1
[90] FG RH2

management has equipped young leaders with lasting skills and empowerment, enabling them to replicate knowledge and sustain activism. Youth-led advocacy increased public visibility and opened dialogue channels with decision-makers, laying groundwork for ongoing policy influence.[91]

Improvements in healthcare service delivery are likely to be sustained where the programme focused on institutionalizing changes. For example, the development of the "Guidelines for More Humanised Healthcare" in collaboration with the Ministry of Health's Gender Unit is a key achievement, as it is an institutional document that aims to transform the attitude of health personnel. This provides a formal framework for continued progress, even after the programme's end

However, participants noted that without financial resources and dedicated follow up, it will be difficult to sustain capacity gains. Participants gave the example of training in security and self-care which has not been followed up on or supported in order to ensure its continuity.[92] In addition, organizations have their own operational plans and agendas that may not align with continued SRH-R work. The high rate of staff turnover in CoA organisations also poses a threat to sustainability. Meanwhile, deep-seated attitudes and structural barriers within the health system persist. Resistance from parents and teachers also remains a significant obstacle to implementing sexuality education in schools, which limits the potential for long-term change.

The CoA has been a key platform for collective actions that have strengthened youth leadership, promoted the protection and safety of defenders, and facilitated spaces for political advocacy. This is valuable and should not be lost after the programme ends.

Safe space and liaison between sectors: Although with limitations, the CoA has functioned as a space of trust, where young people from historically excluded groups have been able to meet, organise and share strategies, something that is not always possible in other more institutionalised or vertical spaces.

Strengthening of the local organisational fabric: Through its work, the CoA has promoted a collective vision of change, integrating different perspectives and realities. This type of coordination is essential to sustain social processes beyond external funding.

Recommendations from the CoA members if the CoA continues: Strengthen its internal governance by clarifying responsibilities, participation criteria, and inclusive decision-making processes. Seek diversification of funds and strategic alliances with local and international actors committed to sexual and reproductive rights and youth leadership. Invest in the continuous training of members, especially on issues of advocacy, protection, and organisational sustainability. Commit to a horizontal model, led by young people and with clear accountability mechanisms. [93]

E. Recommendations

1. Plan programmes for longer than five years if structural changes are expected, or streamline processes (Theory of Change contextualisation, capacity-building, MEL reporting) to reduce delays.
2. Ensure programme design allows for some degree of flexibility to align with existing activities and processes given CoA organisations have diverse agendas and capacities and rightsholders often have multiple responsibilities.

[91] CoA survey
[92] IES3 & FG CoA
[93] CoA Survey

3. Ensure genuine co-design with young women and girls, recognising them as experts in their own SRH-R needs and priorities. This includes decisions on objectives, methodologies, indicators, success criteria and accountability mechanisms. Consider moving to a programmatic structure where young people from key groups lead strategic and operational processes, including fund management, decision-making and evaluation.
4. Instead of focusing on specific activities or campaigns with high immediate impact but low long-term returns, programmes should invest in strengthening community structures, such as networks, self-managed platforms (such as CoAs), political training processes, and organisational tools for sustainability.
5. Assign dedicated staff for facilitation, MEL, security, and finances from the start to ensure continuity and reduce participant burden; Hire local individuals highly familiar with the context for key positions, including communication and MEL roles.
6. Ensure that reporting, MEL, and financial platforms are user-friendly and accessible for participants with varying levels of education, with sufficient time for submission.
7. Establish partnerships with external organisations and actors early in the programme to ensure smoother collaboration.
8. Expand programme coverage to rural and marginalised communities, including young women with disabilities, and account for logistical and budget implications for mobilisation and participation.
9. Recognise that results depend on the work of CoA organisations and the networks formed by rightsholders; invest in strengthening these networks to sustain outcomes beyond the funding period.
10. Ensure that changes in personnel, budget, or timelines are communicated clearly and transparently to all participating organisations.