



## Closing the Gaps in Sexual and Reproductive Health and Rights for Women and Adolescent Girls

### CONTEXT AND RATIONALE

While most countries in the Region of the Americas have improved coverage of reproductive health services with a focus on primary health care (PHC), reaching just over 81% of the population, barriers to sexual and reproductive health and rights (SRHR) persist. These barriers are greater among populations living in situations of vulnerability, resulting in systematically poorer health outcomes among certain groups. Closing these gaps will be essential to achieving the Sustainable Development Goals and ensuring that all women and girls can fully exercise their SRHR.

A key aspect of closing these gaps is strengthening PHC, an essential pillar of resilient health systems, which serves as the frontline for delivering sexual and reproductive health (SRH) services — especially for populations that are marginalized. Community-centered PHC ensures that services are accessible, acceptable, and tailored to the realities of groups in situations of vulnerability, including women and adolescents, Indigenous and Afro-descendant populations, migrants, and those living in remote or underserved areas, who may face multiple and intersecting forms of exclusion.

Through the Closing the Gaps in Sexual and Reproductive Health and Rights for Women and Adolescent Girls Project, PAHO will provide technical cooperation to strengthen the capacity of health workers to deliver quality, rights-based SRH services; improve access to essential SRH services and supplies; empower women and adolescents through education, leadership, and advocacy initiatives; support governments to develop and implement evidence-based SRHR policies and strategies; strengthen health information systems and the use of disaggregated data for decision-making; and enhance the capacity of civil society organizations, particularly women's rights organizations, to advocate for gender equality and SRHR. The Project will also promote regional knowledge exchange and the dissemination of best practices across participating countries.

### PROJECT OUTCOMES

The **ultimate outcome** of the Project is to improve comprehensive SRHR for women and adolescent girls experiencing vulnerability in Bolivia, Colombia, Ecuador, Guyana, Honduras, and Peru.

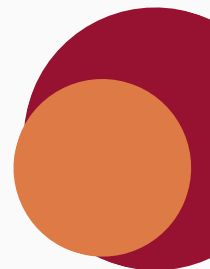
The **three intermediate outcomes** of the Project have both regional and country-level components and are designed to provide technical cooperation to:

- (1) Increase access to comprehensive, gender responsive, culturally-sensitive, rights-based, quality SRH services for women and adolescent girls based on PHC.
- (2) Increase the empowerment and leadership of women and adolescent girls to claim their SRHR.
- (3) Strengthen the promotion and protection of SRHR of women and adolescent girls by governments and other key stakeholders.





## GEOGRAPHIC AREAS OF INTERVENTION



Priority geographic areas for intervention were identified in collaboration with national authorities in each of the six countries. The Project is also expected to generate lessons learned and best practices that can be shared across the Region on strengthening PHC systems and the development, implementation, and monitoring of integrated interventions to address SRH, maternal health, and adolescent health, with a focus on those in situations of vulnerability.

## PROJECT BENEFICIARIES

Direct institutional beneficiaries of the Project include national health authorities represented at different levels of the health system. The Ministry of Health in each participating country serves both as a key implementing partner and as a direct beneficiary of the Project. Additionally, decision-makers, program managers, health service providers, and community health workers are also expected to benefit from the Project.

At the individual level, the Project targets women of reproductive age and adolescent girls in the selected intervention areas. Secondary beneficiaries include family members and communities, men and boys, and children under five years of age, who are expected to benefit indirectly. The specific beneficiary populations have been defined through country-level consultations to ensure that Project interventions are tailored to local contexts, needs, and priorities.



## PROJECT IMPLEMENTATION

The Project is coordinated by the Office of the Assistant Director of PAHO and implemented through PAHO Country Offices in the six participating countries, in collaboration with technical departments at PAHO Headquarters. Key implementing partners include Ministries of Health and other national and subnational government institutions, community-based organizations, other civil society organizations, and United Nations system entities.

